

Referring Customer: \_\_\_\_\_ Loan Officer: \_\_\_\_\_

# FAX-IN PRE-APPROVAL FORM

PLEASE FAX TO: Toll Free 1-866-224-6630 24 Hours a Day/7 Days a Week

HOME TEAM LENDING - Toll Free 866-667-5363, Open Evenings until 8:00.

Customer

Borrower1: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Borrower2: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work or Cell Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

What is the Best Time to Reach You? \_\_\_\_\_

Credit

Reason for Loan: Consolidate Bills Lower Rate Purchase Construction \_\_\_\_\_

Amount Wanted: \_\_\_\_\_

Credit History: Excellent Good Fair Poor

Property

Value of Home: \_\_\_\_\_ Last Time Appraised: \_\_\_\_\_

TYPE: Single Family Duplex Modular/Mobile \_\_\_\_\_ Sq. Footage: \_\_\_\_\_

When Purchased: \_\_\_\_\_ Purchase Price: \_\_\_\_\_

Number of Years in Home: \_\_\_\_\_ Improvements Made: \_\_\_\_\_

Mortgages

First Mortgage: \_\_\_\_\_ Balance: \_\_\_\_\_

Pmt: \_\_\_\_\_ Rate: \_\_\_\_\_

Second Mortgage: \_\_\_\_\_ Balance: \_\_\_\_\_

Pmt: \_\_\_\_\_ Rate: \_\_\_\_\_

Income

Borrower1 Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Time on Job: \_\_\_\_\_ Time in Industry: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

Borrower2 Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Time on Job: \_\_\_\_\_ Time in Industry: \_\_\_\_\_ Pay Rate: \_\_\_\_\_

The following information may be faxed to aid us in processing your loan quickly.

- 2 Current Pay Stubs for All Borrowers
- Last 2 Years W2's for All Borrowers
- Property Tax Bills
- Homeowners Insurance Policy
- 2 Current Bank Statement
- Investment or 401k Statements
- List of Bills for a Consolidation Loan
- Purchase Agreement if a Purchase