



Application Taken By	<input type="checkbox"/> Face to Face <input type="checkbox"/> Mail <input type="checkbox"/> Telephone
Application Delivery Date	

- ☐ Counseling Package    ☐ Application Package  
☐ Attach Tri-Merge Credit Report

Reasons/Purpose for Reverse Mortgage: **Cash Out Request**  
Remove mortgage payment for ease of bills

Loan Officer Name	
Loan Officer NMLS ID	
Loan Officer Phone No.	

Program	Monthly CAP 10 Margin: _____ Fixed Rate: _____ Monthly CAP 5 Margin: _____
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Borrower Full Name				<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		SSN		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Home Phone		Email Address		
Ethnicity	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Disclosed	Race	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Disclosed

**\*If The Borrower is Married We Must Know the Spouse's DOB Unless The Spouse Does Not Reside in the Subject Property**

Co-Borrower Full Name				<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		SSN		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Home Phone		Email Address		
Ethnicity	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Disclosed	Race	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Not Disclosed

Property Address +Zip					
Monthly Income	\$	Est. Property Value	\$	Primary Residence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Assets	\$	Existing Mortgage Bal	\$	Owner Occupied	<input type="checkbox"/> Yes <input type="checkbox"/> No
Debt Monthly Min Pmnts	\$	Add'l Liens to pay off	\$	Existing FHA Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Tax Amount	\$	Outstanding Judgments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property in Bankruptcy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hazard Insurance Amt	\$	Default on Federal Debt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property in Foreclosure	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sq Ft of Home		Power of Attorney	<input type="checkbox"/> Yes <input type="checkbox"/> No	Property held in Trust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Years at Address		Borrower Competency Mental condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Borrower incapacitated Physical condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Month/Year Built					
Property type	<input type="checkbox"/> SFR <input type="checkbox"/> Multi-unit <input type="checkbox"/> Condo FHA Approved <input type="checkbox"/> Manufactured Home Built after 6/15/76 <input type="checkbox"/> Modular Home				
Purpose of Loan	<input type="checkbox"/> Addt'l Income <input type="checkbox"/> Home Improvement <input type="checkbox"/> Eliminate mortgage <input type="checkbox"/> Medical <input type="checkbox"/> Pay Tax/Ins <input type="checkbox"/> Other:				