



## Pre-Approval Worksheet

**Loan Amount Requested:** \$ \_\_\_\_\_ **Interest Rate Requested:** \_\_\_\_\_ %  
Type of Loan: \_\_\_ Fixed Rate \_\_\_ GPM \_\_\_ ARM \_\_\_ Other \_\_\_ # Months

**Purpose of this loan:**

- ☐ Purchase  
☐ Refinance – No cash out  
☐ Refinance – Cash Out  
☐ Construction  
☐ Commercial

**Property will be:**

- ☐ Primary Residence  
☐ Secondary Home  
☐ Investment Property

**Type of Loan:**

- ☐ Conventional  
☐ VA  
☐ 2<sup>nd</sup> Mortgage/Line of Credit

If refinance, present mortgage balance: \$ \_\_\_\_\_ House Market Value \$ \_\_\_\_\_

**Borrower Name:** \_\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Present Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Borrower Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Work Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Cell Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

- ☐ Own  
☐ Rent

Number of years at this residence: \_\_\_\_\_

How do you rate your credit: ☐ Excellent ☐ Good ☐ Fair

Explain Issues: \_\_\_\_\_

- ☐ Married  
☐ Separated

☐ Unmarried (Circle One) Single, Divorced, or Widowed

**If residing less than two years:**

**Former Address (City, State & Zip):** \_\_\_\_\_

- ☐ Own  
☐ Rent

Number of years at this residence: \_\_\_\_\_

**Employment:**

**Employer Name:** \_\_\_\_\_ **Yrs on this job:** \_\_\_\_ **Yrs employed in profession:** \_\_\_\_

☐ Self Employed **Position/Title:** \_\_\_\_\_ **Business Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**If employed in current position less than 2 years currently or employed in multiple positions:**

**Employer Name:** \_\_\_\_\_ **Yrs on this job:** \_\_\_\_ **Monthly Income:** \$ \_\_\_\_\_

☐ Self Employed **Position/Title:** \_\_\_\_\_ **Business Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Co-Borrower Name:** \_\_\_\_\_ **SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Present Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Borrower Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Work Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Cell Phone:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

- ☐ Own  
☐ Rent

Number of years at this residence: \_\_\_\_\_

How do you rate your credit: ☐ Excellent ☐ Good ☐ Fair

Explain Issues: \_\_\_\_\_

- ☐ Married  
☐ Separated

☐ Unmarried (Circle One) Single, Divorced, or Widowed

**If residing less than two years:**

**Former Address (City, State & Zip):** \_\_\_\_\_

- ☐ Own  
☐ Rent

Number of years at this residence: \_\_\_\_\_

**Employment:**

Employer Name: \_\_\_\_\_ Yrs on this job: \_\_\_\_ Yrs employed in profession: \_\_\_\_

☐ Self Employed Position/Title: \_\_\_\_\_ Business Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_**If employed in current position less than 2 years currently or employed in multiple positions:**

Employer Name: \_\_\_\_\_ Yrs on this job: \_\_\_\_ Monthly Income: \$ \_\_\_\_\_

☐ Self Employed Position/Title: \_\_\_\_\_ Business Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_**Gross Monthly Income:**

	<b><u>Borrower:</u></b>	<b><u>Co-Borrower:</u></b>	<b><u>Total:</u></b>
Base Employment Income	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Bonuses	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Dividends/Interest	\$ _____	\$ _____	\$ _____
Net Rental Income	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
<b>Total:</b>	\$ _____	\$ _____	\$ _____

**Other Assets:**

	<b><u>Borrower:</u></b>	<b><u>Co-Borrower:</u></b>	<b><u>Total:</u></b>
Checking	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____
Investment Accounts	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Other Misc. Accounts	\$ _____	\$ _____	\$ _____
<b>Total:</b>	\$ _____	\$ _____	\$ _____

**Combined Monthly Housing Expenses:**

Rent	\$ _____
First Mortgage (P&I)	\$ _____
Other Financing (P&I)	\$ _____
Hazard Insurance	\$ _____
Real Estate Taxes	\$ _____
Mortgage Insurance	\$ _____
Homeowner Assoc. Dues	\$ _____
Other	\$ _____
<b>Total Monthly Housing Exp</b>	\$ _____

**Other Monthly Installment Payments**

	<b><u>Company</u></b>	<b><u>Payment</u></b>
Auto Loan	_____ (Yr) _____	\$ _____
Auto Loan	_____ (Yr) _____	\$ _____
Credit Card	_____	\$ _____
Credit Card	_____	\$ _____
Other	_____	\$ _____
<b>Total</b>		\$ _____

*\* Use additional paper if necessary**\* All information must be filled out for "Rapid" Pre-Approval (Under 12 Hours).*☐ YES ☐ NO Run credit report(s) for Pre-Approval Process. (Must include Borrower Signature Authorization Form and Underwriting Fee of \$34.00)☐ YES ☐ NO To the best of my knowledge all information provided is complete and truthful.\_\_\_\_\_  
Signature Date\_\_\_\_\_  
Signature Date

## Declarations

If you answer "yes" to any questions a through l, please use continuation sheet for explanations

	Borrower	Co-Borrower
a. Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed upon given title or deed in lieu thereof in the last 7 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a party to a lawsuit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Is any part of the down payment borrowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a co-maker or endorser on a note?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Are you a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Do you intend to occupy the property as your permanent residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) What type of property did you own - principle residence (PR), second home (SH), or investment property (IP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) How long did you hold title to the home - solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Information for Government Monitoring Purposes

Borrower	<input type="checkbox"/> I do not wish to furnish this information	Co-Borrower	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American <input type="checkbox"/> White		<input type="checkbox"/> Black or African American <input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander		<input type="checkbox"/> Native Hawaiian or other Pacific Islander
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Female <input type="checkbox"/> Male