



SUCCESS MORTGAGE & FINANCIAL SERVICES



PRE-QUALIFICATION ANALYSIS LEAD SOURCE _____

CREDIT REPORT

AUTHORIZATION TO RUN CREDIT: PER. PH. MAIL TRANS EXP EQUI TRI-
MERGE _____

PURCHASE _____ REFINANCE _____ EQUITY _____ DEBT CONSOLIDATION _____ REQUESTED LOAN AMT. _____
 BORROWER NAME _____ SSN# _____ - _____ - _____ DOB ____/____/____
 CO-BORROWER NAME _____ SSN# _____ - _____ - _____ DOB ____/____/____
 HOME#(____) _____ WORK#(____) _____ CELL#(____) _____
 ADDRESS _____ E-MAIL ADDRESS _____
 CITY _____ STATE _____ ZIP _____ COUNTY _____ YRS OWNED /RENTED _____
(IF RESIDED AT PRESENT ADDRESS LESS THAN TWO YEARS THEN FILL IN BELOW)
 PREV ADDRESS _____ STATE _____ ZIP _____

PROPERTY INFORMATION

PROPERTY ADDRESS _____
 PROPERTY TYPE SFR 1 2 3 4 FLAT (CIRCLE ONE) CONDO TOWNHOUSE OTHER _____
 EXTERIOR BRICK _____ FRAME _____ ALM _____ SUBDIVISION NAME (IF ANY) _____
 GARAGE 1 2 3 4 1/2 CAR (CIRCLE ONE) ATTACHED _____ DETACHED _____ CENTRAL AIR YES _____ NO _____
 BEDROOMS 1 2 3 4 5 6 BATHROOMS _____ YEAR BUILT _____ YR BOUGHT _____ \$ _____
 BASEMENT YES NO (IF YES) FULL _____ HALF _____ FINISHED _____ # OF BATH/BR _____
 TYPE / STYLE RANCH _____ 2 STORY _____ SPLIT LEVEL _____ OTHER _____
 ANY EXTRAS (CIRCLE ONE) LIVING ROOM _____ DINING ROOM _____ KITCHEN _____ FAMILY ROOM _____ DECK _____ POOL _____ FIRE PLACE _____
 FAIR MARKET VALUE _____ YEAR LAST APPRAISED _____

MORTGAGE INFORMATION

TERM 30 20 15 10 (CIRCLE ONE) PROGRAM FIXED ADJ BALLOON OTHER _____
 INTEREST RATE _____ % MORTGAGE BALANCE \$ _____ R.E. TAXES 1 YR _____
 PAYMENTS \$ _____ DOES YOUR PAYMENT INCLUDE TAXES AND INSURANCE? YES _____ NO _____
 ORIGINAL PURCHASE PRICE _____ HOMEOWNERS INSURANCE PREMIUM ANNUALLY _____
 CURRENT MORTGAGE COMPANY _____ 2ND MTG. CO. _____
 2ND MTG. INTEREST RATE _____ % 2ND MTG. BALANCE _____ 2ND MTG. PAYMENT _____

CREDIT ANALYSIS

ANY LATE MTG. PAYMENTS IN THE LAST 12 MONTHS? YES _____ NO _____ IF YES HOW MANY _____
 ANY BANKRUPTCIES? YES _____ NO _____ IF YES WHAT TYPE 7 13 11 (CIRCLE ONE) _____
 WAS IT: DISCHARGED _____ DISMISSED (CIRCLE ONE) _____ IF DISCHARGED, WHAT YEAR _____

EMPLOYMENT INFORMATION

EMPLOYMENT NAME _____ YRS ON JOB _____ YRS IN FIELD _____ YRS IN SCHOOL _____
 EMPLOYER ADDRESS _____
 SELF EMPLOYED? YES NO MONTHLY SALARY _____ POSITION _____
 EMPLOYMENT NAME _____ YRS ON JOB _____ YRS IN FIELD _____ YRS IN SCHOOL _____
 EMPLOYER ADDRESS _____
 SELF EMPLOYED? YES NO MONTHLY SALARY _____ POSITION _____
 ADDITIONAL VERIFIABLE INCOME? SALARY _____ POSITION _____

ASSETS/LIABILITIES

TYPE OF LIFE INSURANCE: WL UL VL (CIRCLE ONE) TERM: 10 15 20 30 AMT. OF INSURANCE _____ MTHLY PRICE _____
 BANK NAME _____ BANK ACCT.# / BALANCE _____
 AUTOMOBILE OWNED _____ MAKE _____ MODEL _____ VALUE _____
 AUTOMOBILE OWNED _____ MAKE _____ MODEL _____ VALUE _____
 PERSONAL PROPERTY (CIRCLE ONE) 10K 20K 30K 50K _____
 SOURCE OF DOWN PAYMENT: (CIRCLE ONE) CHECKING, SAVING, IRA, MUTUAL FUND, CD, OTHER AMT:\$ _____
 SOURCE OF CLOSING COST: (CIRCLE ONE) CHECKING, SAVING, IRA, MUTUAL FUND, CD, OTHER AMT:\$ _____

BALANCE OF RETIREMENT _____

BALANCE OF STOCKS, BONDS, AND FUNDS _____