

Michelle Robinson

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PRE-APPLICATION WORKSHEET

Please complete all information and return by fax, mail, or email prior to our appointment. By being as complete as possible, the formal application process will be much more timely and accurate.

Name:			Name:	_			
Social Security #:							
Street:			Street:				
City:	State:	Zip:	City:		State:	Zip:	
□ Own □ Rent \$	/m	onth	□ Own □	1 Rent \$	/n	nonth	
# of Years:			# of Years: _				
PHONE: • Home:			PHONE: • Home:				
• Work:			• Work: _				
Mobile:			• Mobile:				
Email:			Email:				
Date of Birth:			Date of Birth	n:			
Years of School:			Years of Sch	ool:			
☐ Married ☐ Unmarried	☐ Separate	d	☐ Married	☐ Unmarried	☐ Separate	ed	
# of Dependents:	Ages:		# of Depend	ents:	Ages:		
Street:		(If less than two year					
City:	State:	_ Zip:	City:		State:	Zip:	
□ Own □ Rent			□ Own □	l Rent			
# of Years:			# of Years: _		_		
			INT HISTORY ars required.				
Employer:			Employer: _				
Street:			Street:				
City:	State:	_ Zip:	City:		State:	Zip:	
Position:			Position:				
Gross Monthly Income:	Comm	ission: 🗖 Yes 📮 No	Gross Month	nly Income:	Comr	nission: 🗆 Yes 📮 No	
Dates (From:	to:)	Dates (From	:	_ to:)	
Self-Employed: ☐ Yes ☐ No	Self-Employed: ☐ Yes ☐ No						

PREVIOUS EMPLOYER

If less than two years with current employer

Employer:			Employer:					
Street:			Street:					
City:	State:	Zip:	City:		State: Zip:			
Position:			Position:					
Gross Monthly Incor	ne: Com	nmission: 🗖 Yes 📮 No	Gross Monthly Ir	ncome:	Commission: ☐ Yes ☐ No			
Dates (From:	to:)	Dates (From:	1	to:)			
Self-Employed: 🗖 Ye	es 🖵 No		Self-Employed: ☐ Yes ☐ No					
OTHER SOURCES	OF INCOME*							
*Alimony, child support, o	or separate maintenance i	income need not be revealed in	f you do not wish to have i	it considered as a l	pas is for repayment.			
			CCOUNTS					
		ecking, savings, money m						
Name of Institution:		Account #:	/ Type: _		_ Balance:			
Name of Institution:		Account #:	/ Type: _		_ Balance:			
Name of Institution:		Account #:	/ Type: _		_ Balance:			
		AL	JTOS					
Year:	_ Make:	Mo	del:		_ Value: \$			
Year:	_ Make:	Mo	del:		_ Value: \$			
		OTHE	R ASSETS					
Value of Current Ho	me: \$	Vested 401K	: \$	IRAs:	\$			
		LAN	DLORD					
			olicable.)					
Landlord:		Phone	e:		# of Years:			
		ADDITIONAL REA	AL ESTATE OWNE	D				
Property Address:		City	/:	State: _	ZIP:			
Mortgage Holder:		Payment:	Balance: _		Property Type:			
December Address		C'I		Chala	710			
					ZIP:			
Mortgage Holder:		Payment:	Balance: _		Property Type:			
		AUTHORIZATION			Pro .			
	l hereby authorize La	ke Area Mortgage, its ag	gents, or assigns, to o	obtain my/our d	credit report.			
Signature		Date	Signature		Date			