

## **Brian Lindstrom**

Mortgage Loan Officer • NMLS: 695808 blindstrom@LakeAreaMortgage.com Phone: 651-209-2922 • Fax: 651-209-2929 1200 West County Rd, Ste. #200 • Arden Hills, MN 55112

## **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:	CO-BORROWER  Name:			
Social Security #:				
Street:	Street:			
City: State: Zip:	City: Zip:			
☐ Own ☐ Rent \$/month	☐ Own ☐ Rent \$/month			
# of Years:	# of Years:			
PHONE:	PHONE:			
• Home:				
• Work:				
Mobile:				
Email:				
Date of Birth:				
Years of School:	Years of School:			
☐ Married ☐ Unmarried ☐ Separated	☐ Married ☐ Unmarried ☐ Separated			
# of Dependents: Ages:	# of Dependents: Ages:			
	ER ADDRESS ears at present address.)			
Street:	Street:			
City: State: Zip:	City: State: Zip:			
□ Own □ Rent	☐ Own ☐ Rent			
# of Years:	# of Years:			
Past two y	MENT HISTORY years required Employer:			
Street:				
City: State: Zip:				
Position:				
Gross Monthly Income: Commission: ☐ 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:Street:						
Position:			Position:			
Gross Monthly Incor	ne: Com	nmission: 🗖 Yes 📮 No	Gross Monthly Ir	ncome:	Commission: ☐ Yes ☐ No	
Dates (From: to:)			Dates (From: 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	