

#### Sunny Moosai

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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.

## BORROWER

### **CO-BORROWER**

Name:		Name:			
Social Security #:		Social Security #:			
Street:		Street:			
City:	State: Zip:	City:	State:	_ Zip:	
🗅 Own 🛛 Rent \$	/month	🛛 Own 🗳 Rent \$	/mo	onth	
# of Years:		# of Years:			
<b>PHONE:</b> • Home:		• Home:			
• Work:		• Work:			
Mobile:		Mobile:			
Email:		Email:			
Date of Birth:		Date of Birth:		_	
Years of School:		Years of School:			
Married     Unmarried	☐ Separated	🗅 Married 🛛 Unmarried 🖓 Separated			
# of Dependents: A	Ages:	# of Dependents: Ages:			
Street	FORMER A (If less than two years a				
	State: Zip:	City:			
Own Rent		Own Rent			
# of Years:		# of Years:			
	<b>EMPLOYMEN</b> Past two year				
Employer:		Employer:			
Street:		Street:			
City:	State: Zip:	City:	State:	_ Zip:	
Position:		Position:			
Gross Monthly Income:	Commission: 🛛 Yes 📮 No	Gross Monthly Income:	Commis	ssion: 🛛 Yes 📮 No	
Dates (From: to	o:)	Dates (From:	to:	)	
Self-Employed: 🗖 Yes 🛛 No		Self-Employed: 🛛 Yes 🗳 No			

#### **PREVIOUS EMPLOYER**

If less than two years with current employer

Employer:			Employer:		
Street:					
		Zip:		State: Zip:	
Position:			Position:		
Gross Monthly Inco	me: Co	mmission: 🗖 Yes 📮 No	Gross Monthly Inco	ome: Commission: 🗆 Yes 📮	
Dates (From:	to:	)	Dates (From:	to:)	
Self-Employed: 🛛 Y	es 📮 No		Self-Employed: 🗖 Y	Yes 🛛 No	
		e income need not be revealed if	you do not wish to have it co	onsidered as a bas is for repayment.	
		ASSET A	CCOUNTS		
	Includes ch	necking, savings, money m	arkets, certificates, and	d cash accounts.	
Name of Institution	:	Account #:	/ Туре:	Balance:	
Name of Institution	:	Account #:	/ Type:	Balance:	
Name of Institution	:	Account #:	/ Type:	Balance:	
		AU	TOS		
Year:	Make:	Moc	del:	Value: \$	
Year:	Make:	Moc	del:	Value: \$	
			ASSETS		
Value of Current Home: \$		Vested 401K: \$		IRAs: \$	
			DLORD licable.)		
Landlord:		Phone	:	# of Years:	
		ADDITIONAL REA	AL ESTATE OWNED		
Property Address:		City			
Mortgage Holder:		Payment:	Balance:	Property Type:	
Droporty Addros		<b>C</b> 1.		Stata, ZID.	
	erty Address: City: gage Holder: Payment:				
wortgage Holder: _		Payment:	Balance:	Property Type:	
	I hereby authorize L	AUTHORIZATION ake Area Mortgage, its ag	TO OBTAIN CREDIT ents, or assigns, to obta		
Signature		Date S	Signature	Date	