

Residential Loan Information for Refinance

Property & Mortgage Network, Inc.

Date _____

I. BORROWER INFORMATION

Borrower's Name (First Mi Last)		Co-Borrower's Name (First Mi Last)	
Date of Birth	Social Security Number	Date of Birth	Social Security Number
Name of Employer	<input type="checkbox"/> Self Employed	Name of Employer	<input type="checkbox"/> Self Employed
Address of Employer (Address, City, State, Zip)		Address of Employer (Address, City, State, Zip)	
Position/Title	Type of Business	Position/Title	Type of Business
Yrs. On this Job	Yrs. In this line of work	Yrs. On this Job	Yrs. In this line of work
Business Phone	E-mail	Business Phone	E-mail
Income (Y or M)	Are you a US Citizen: <input type="checkbox"/> Yes, or <input type="checkbox"/> Green Card <input type="checkbox"/> Visa:	Income (Y or M)	Are you a US Citizen: <input type="checkbox"/> Yes, or <input type="checkbox"/> Green Card <input type="checkbox"/> Visa:
Contact	<input type="checkbox"/> Cell or <input type="checkbox"/> Home Phone	E-mail	

II. PROPERTY INFORMATION

Property Address		City, Zip, County	Year Built	Type (Single Family or Condo?)
Year Acquired	Original Cost	Current Valume (Estimate)	Current Loan Term, Rate and Monthly payment:	
Existing 1st Loan Amount	Existing 2nd Loan Amount	Property is <input type="checkbox"/> Keep <input type="checkbox"/> Pay Off <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Investment		
New Loan Amount, Term and Rate (Target)		Who Pay the Closing Costs? (Lender or Borrower) <input type="checkbox"/> Borrower <input type="checkbox"/> Lender <input type="checkbox"/> Roll into the Loan		

III. ADDITIONAL INFORMATION

Home Owner Insurance Agent's Name: _____ Phone: _____ Fax: _____

Insurance Policy #: _____ Annual Premium: _____; Annual Property Tax: _____

Who is your current Lender: _____

Please Fax or mail the following documents with this form: (1) Current 30 Days paystubs; (2) W2 for 2005 (3) Current Mortgage Statement; (4) For Self Employed, last 2 year Tax Return (Form 1040 and Form 1120) all pages required; (5) Current 1 month Bank Statement; (6) Copy of Green Card or Visa (Form I-941) if borrower is not US citizen. (7) If you have 2nd loan, we need the statement showing loan amount, loan number and customer service phone number (8) If residing at present address for less than two years, please complete the following:

Address: _____ Own Rent _____ No Yrs

(9) If employed in curent position for less than two years, please complete the following:

Name of Employer: _____ Position: _____ Dates (from ~ to): _____

I/We authorize to check my/our credit history.

Referred By: _____

Appraisal	Binder	Tital	Rate Lock	Product	No Cost	Doc	Hud-1	Fund	\$320
					Yes No				

Please fax this form to: (206)367-2542

Borrower's Signature and Date _____

ATTN: _____