

Reverse Mortgage Request Form

Kris Buglino Account Executive KBUGLINO@FAR.COM

*Counseling must be done prior to application in TN and VT *No services can be ordered until the 7th day after counseling in CA *NBS in TX is not allowed

Items marked in RED are Required

	☐ PRICING/COUNSELING PKG ☐ APPLICATION PACKAGE ☐ ATTACH TRI-MERGE CREDIT REPORT										
LO NAME:	L	GOAL OF PROGRAM:									
LO COMPANY NAME:		REVERSE PROGRAM:									
LO EMAIL ADDRESS:			PURPOSE OF LOAN:								
LO CELL PHONE:	ELL PHONE: LO OFFICE PHONE:			PROPERTY TYPE:							
BORROWERINFORMATION											
BWR FULL LEGAL NAME		FEMALE MALE EMAIL A				SS					
DATE OF BIRTH		PHONE NUMBER				BWR INCAPACITATED (PHYSICAL)				□ NO	
SOCIAL SECURITY #	TOTAL MONTHLY IN	TOTAL MONTHLY INCOME					BWR INCOMPETENT (MENTAL)				
ARE YOU A US CITIZEN	☐ YES ☐ N	O AVAILABLE ASSETS					OUTSTANDING JUDGMENTS			YES NO	
ARE YOU A PERM RESIDENT ALIEN)						UNRESOLVED BANKRUPTCY			☐ YES ☐ NO	
MARRIED NOT MARRIED	INTEND TO BUY A FI	INTEND TO BUY A FINANCIAL PRODUCT YES NO				PARTY TO A LAWSUIT YES NO					
ETHNICITY	EXISTING FHA LOAN	EXISTING FHA LOAN YES				DEFAULT ON FEDERAL DEBT				□ NO	
RACE	POWER OF ATTORN	POWER OF ATTORNEY YES				ENDORSER ON A NOTE				YES NO	
IF THE BORROWER IS MARRIED, AND HIS/HER SPOUSE RESIDES IN THE SUBJECT PROPERTY, YOU MUST INCLUDE THE SPOUSE'S INFORMATION BELOW											
CO-BORROWER OR NBS (NON BORROWING SPOUSE) INFORMATION											
BWR FULL LEGAL NAME		☐FEMALE ☐MALE EMAIL ADDRE					SS				
DATE OF BIRTH		PHONE NUMBER				BWR INCAPACITATED (PHYSICAL)				☐ YES ☐ NO	
SOCIAL SECURITY #	TOTAL MONTHLY IN	TOTAL MONTHLY INCOME				BWR INCOMPETENT (MENTAL) YES NO					
ARE YOU A US CITIZEN ☐YES ☐ NO AVAILA			VAILABLE ASSETS				OUTSTANDING JUDGMENTS YES NO				
ARE YOU A PERM RESIDENT ALIEN)						UNRESOLVED BANKRUPTCY YES NO				
MARRIED NOT MARRIED	INTEND TO BUY A FI	INTEND TO BUY A FINANCIAL PRODUCT YES			□ио	NO PARTY TO A LAWSUIT				☐ YES ☐ NO	
ETHNICITY	EXISTING FHA LOAN	EXISTING FHA LOAN			□ио	DEFAULT ON FEDERAL DEBT			YES NO		
RACE	POWER OF ATTORN	POWER OF ATTORNEY			□ио	□ NO ENDORSER ON A NOTE				☐ YES ☐ NO	
PROPERTY INFORMATION											
ADDRESS		CITY			STATE		ZIP		YEAR BUILT		
ESTIMATE OF PROPERTY VALUE		PROPERTY SQUARE FOO	TAGE	31/112		IS THI	IIS THE PRIMARY RESIDENCE			YES	□ №
CURRENT MORTGAGE PAYOFF AMT		PROPERTY TAX AMOUN	T/MO.				S ON TIME PAST 24 MOS			YES	□по
YEARS AT PRESENT ADDRESS		HOMEOWNERS INSURA	NCE/ MO.				PAID ON TIME PAST 12 MOS			YES	
PROPERTY HELD IN TRUST	YES NO	HOA AMOUNT/MO.					HOA PAID ON TIME PAST 12 MOS				□ №
REFI IN PAST 12 MOS & RECEIVED \$	500+ cash out	MIN DEBT PAYMENTS/N	лO.	D		DOES	DES THE HOME HAVE SOLAR LEASE			☐ YES	□ NO
BORROWER OWNS ADD'L PROPERTIE	G IN THE HOME			ADD'	LIEN PAYOFF AMOUNT						
AN ALTERNATE CONTACT CANNOT RESIDE IN THE SUBJECT PROPERTY											
ALTERNATIVE CONTACT NAME:						PHONE NUMBER:					
ALTERNATIVE CONTACT ADDRESS:						RELATIONSHIP:					
TELL US THE STORY											

Click to send a copy of this form to Brad

STEP BY STEP PROCESS

1. PROPOSAL → 2. COUNSELING → 3. APPLICATION → 4. FHA CASE # → 5. ORDER SERVICES → 6. SUBMIT TO U/W → 7. CLOSE/FUND