

Please tax completed form to (9/2)၁၁၁-၁၁၁၁
BORROWER:	CO-BORROWER
Name:	Name:
Email:	Email:
Social Security #:	<i>SS#</i> :
Age: Years in school:	
Home Phone #:	
Cell Phone #:	Cell Phone #:
Please check any of the following which	may benefit you if you refinance your
current mortgage:	
Children's Education fund/needs	
Decrease fixed monthly expenses	for retirement
Increase investment account bala	inces
Buyout of former spouse	
Reduce overall cost of your loan	
How long do you plan on staying in your	home?
<1 year1-3 years	
What type of loan do you currently have	•
FixedConventional	
What is the value of your current home	
What is the approximate loan balance?	
Current interest rate	
Total Monthly Loan Payment	Start Bare of Boan Term
What are your yearly taxes?	- ncluded in your mo. Payment?YN
What is your yearly homeowners insura	· · · · · · · · · · · · · · · · · · ·
• • •	
Do you have a second lien?	. h. d
If yes, what is approximate loar	
How much is your monthly payme	nt?
maximize your overall financial goals or if your currer the undersigned hereby authorize me to order a pr Mortgag	e whether or not your current loan is structured to it interest rate is saving you money at this time. I/W eliminary credit report for evaluation purposes of the e Checkup.
Borrower's Signature:	
Co-Borrower's Signature:	Date:

Jim McMahan

Founder of Certified Scripts for Success