

Mortgage Prequalification Application

Account Holder Inform			
-		D (D: 1	
Social Security No.: _ Physical Address: _			
Mailing Address:			
City, State Zip:			
Home Phone No.: Cell Phone No.:			ne No.:
Work Phone No.:	E-mail Address:		
Contact Information: Time Available for Co Contact At:	ntact: O Home O Wo	ork O Cell	A.M. P.M.
Mortgage Information Please Select One: If Refinance, Cash of Term Requested:	Purchase	No 15 Year 30 Year	Refinance Other:
Optional Information: To further assist in	pre-qualification, please pro	vide the follow	ving <i>optional</i> information:
Gross Income:		\$	(Borrower)
		\$	(Co-Borrower)
Total Revolving Debt:		\$	per month
Total Installment Debt:			per month
Property Value (for Refinance): \$			
Sales Price of Property (for Purchase): Loan Amount:		<u>\$</u> \$	
		_\Y	
O I cert	ify under penalties of perjury	, the statemen	its checked in this section are true.
as a c			obtain a copy of my current credit report and for the purpose of an extension of or
Please Sign &Mail to:	First National Bank		First National Bank
	P. O. Box 1351 Chadron, NE 69337	or	P. O. Box 45 Ainsworth, NE 69210
A First Natio	•	contacting you	to discuss your prequalification.
			, ,
Signature			Date