

# mortgage loan quick application



Fax complete the following form and fax to 949) 600.7292 / ATTN: Dan Minnick, Mortgage Specialist. If you have any questions, please call the credit union at 818) 238.2900.

Referred By: \_\_\_\_\_

Loan Type:     Pre-Qualification     Purchase     Refinance     2nd Trust Deed

Applicant Name \_\_\_\_\_ UMe Account Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number                      Cell Phone Number                      Work Number

Email Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Property Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Type:     Single Family Home     Condo

*If refinancing, please provide the following additional information:*

Original Purchase Price: \$ \_\_\_\_\_ Year Purchased: \_\_\_\_\_

Purchase Price or Appraised Value: \$ \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_

Loan Amount Requested: \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Do you consent to a credit check?     Yes     No

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

