

VOLUSIA MORTGAGE

424 Luna Bella Lane, Suite 120-D
New Smyrna Beach, FL 32168

Tel: 386-410-2025 Email: volusiamortgage@gmail.com



Please complete this form to the best of your ability for each person who will apply for the mortgage loan. Using this information, I will be able to calculate the sale price that you will qualify for, the amount of funds you will need at that sale price, and the estimated monthly payment. By signing the form at the bottom, you are authorizing me to order a mortgage credit report. All information is private and kept in strictest confidence. Please let me know if you have any questions. Thank you.

Borrower

Co-Borrower

Name: _____

SSN #: _____

Birth Date: _____

Telephone #: _____

Email Address: _____

Residence Address: _____

Years Lived There: _____

Monthly Mtg/Rent: _____

Employer: _____

Years Worked There: _____

Annual Salary/Hourly Wage: _____

Hours Worked Per Week: _____

Total Funds Available For Down Payment: _____

Child Support/Alimony: Yes / No Monthly Payment Yes / No Monthly Payment?

Bankruptcy/Foreclosure: Yes / No Date: _____ Yes / No Date: _____

Referred By: _____

Signature(s): _____ Date: _____