

Rachael Wiesner

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PRE-APPLICATION WORKSHEET

Please complete all information and return by fax, mail, or email prior to our appointment. By being as complete as possible, the formal application process will be much more timely and accurate.

BORROWER	CO-BORROWER
Name:Social Security #:	
Street:	
City: State: Zip	
□ Own □ Rent \$/month	
# of Years:	# of Years:
PHONE: • Home:	PHONE: • Home:
• Work:	• Work:
Mobile:	• Mobile:
Email:	Email:
Date of Birth:	Date of Birth:
Years of School:	Years of School:
☐ Married ☐ Unmarried ☐ Separated	☐ Married ☐ Unmarried ☐ Separated
# of Dependents: Ages:	# of Dependents: Ages:
(If le	FORMER ADDRESS less than two years at present address.)
Street:	Street:
City: State: Zip:	o:
☐ Own ☐ Rent	☐ Own ☐ Rent
# of Years:	# of Years:
	EMPLOYMENT HISTORY Past two years required.
Employer:	Employer:
Street:	Street:
City: State: Zip:	o: State: Zip:
Position:	
Gross Monthly Income: Commission:	n: 🗆 Yes 🗅 No Gross Monthly Income: Commission: 🗅 Yes 🗅 N
Dates (From: to:) Dates (From: to:)
Self-Employed: ☐ Yes ☐ No	Self-Employed: ☐ Yes ☐ No

PREVIOUS EMPLOYER

If less than two years with current employer

Employer:			Employer:			
Street:			Street:			
City:	State:	Zip:	City:		State: Zip:	
Position:			Position:			
Gross Monthly Incor	ne: Com	nmission: 🗆 Yes 📮 No	Gross Monthly Ir	ncome:	Commission: ☐ Yes ☐ No	
Dates (From:	to:)	Dates (From:	1	to:)	
Self-Employed: 🗖 Ye	es 🖵 No		Self-Employed: ☐ Yes ☐ No			
OTHER SOURCES	OF INCOME*					
*Alimony, child support, o	or separate maintenance i	income need not be revealed in	f you do not wish to have i	it considered as a l	pas is for repayment.	
			CCOUNTS			
		ecking, savings, money m				
Name of Institution:		Account #:	/ Type: _		_ Balance:	
Name of Institution:		Account #:	/ Type: _		_ Balance:	
Name of Institution:		Account #:	/ Type: _		_ Balance:	
		AL	JTOS			
Year:	_ Make:	Mo	del:		_ Value: \$	
Year:	_ Make:	Mo	del:		_ Value: \$	
		OTHE	R ASSETS			
Value of Current Ho	me: \$	Vested 401K	: \$	IRAs:	\$	
		LAN	DLORD			
			olicable.)			
Landlord:		Phone	e:		# of Years:	
		ADDITIONAL REA	AL ESTATE OWNE	D		
Property Address:		City	/:	State: _	ZIP:	
Mortgage Holder:		Payment:	Balance: _		Property Type:	
December Address		C'I		Chala	710	
					ZIP:	
Mortgage Holder:		Payment:	Balance: _		Property Type:	
		AUTHORIZATION			Pro .	
	l hereby authorize La	ke Area Mortgage, its ag	gents, or assigns, to o	obtain my/our d	credit report.	
Signature		Date	Signature		Date	