

## **Adam Long**

Mortgage Loan Officer • NMLS: 353982 ALong@LakeAreaMortgage.com Phone: 651-209-2903 • Fax: 651-305-1565

1200 West County Rd, Ste. #200 • Arden Hills, MN 55112

## **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:	Name:
Social Security #:	Social Security #:
Street:	Street:
City: State: Zip:	City: State: Zip:
☐ Own ☐ Rent \$/month	☐ Own ☐ Rent \$/month
# of Years:	# of Years:
PHONE:	PHONE:
• Home:	
• Work:	
Mobile:	
Email:	
Date of Birth:	
Years of School:	Years of School:
☐ Married ☐ Unmarried ☐ Separated	☐ Married ☐ Unmarried ☐ Separated
# of Dependents: Ages:	# of Dependents: Ages:
FC	DRMER ADDRESS
(If less than	two years at present address.)
Street:	
City: State: Zip:	City: State: Zip:
☐ Own ☐ Rent	☐ Own ☐ Rent
# of Years:	# of Years:
	LOYMENT HISTORY st two years required.
Employer:	
Street:	
City: State: Zip:	City: State: Zip:
Position:	Position:
Gross Monthly Income: Commission: ☐ Yes	□ No Gross Monthly Income: Commission: □ Yes □ No
Dates (From: to:)	Dates (From: to:)
Self-Employed: ☐ Yes ☐ No	Self-Employed: ☐ Yes ☐ No

## **PREVIOUS EMPLOYER**

If less than two years with current employer

Street:State:Zip:City:State:Zip:	□ Yes □ No .)
Position:	□ Yes □ No .)
Gross Monthly Income: Commission: _ Yes _ No _ Gross Monthly Income: Commission: _ Dates (From: to:)	Yes No
Dates (From:	)
Self-Employed:	
ASSET ACCOUNTS Includes checking, savings, money markets, certificates, and cash accounts.  Name of Institution: Account #: / Type: Balance:	
*Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repayment.  ASSET ACCOUNTS  Includes checking, savings, money markets, certificates, and cash accounts.  Name of Institution: Account #: / Type: Balance:	
Includes checking, savings, money markets, certificates, and cash accounts.  Name of Institution: Account #: / Type: Balance:  AUTOS  Year: Make: Model: Value: \$  Year: Make: Model: Value: \$  Year: Model: Value: \$  LANDLORD  (If applicable.)  Landlord: Phone: # of Years:	
Name of Institution: Account #: / Type: Balance: Name of Institution: Account #: / Type: Balance: Name of Institution: Account #: / Type: Balance:	
Name of Institution:         Account #:	
Name of Institution:	
Year:         Make:         Model:         Value: \$           Year:         Model:         Value: \$    OTHER ASSETS  Vested 401K: \$  LANDLORD  (If applicable.)  Landlord:  Phone:  # of Years:  # of Years:	
Year:         Make:         Model:         Value: \$           Year:         Model:         Value: \$    OTHER ASSETS  Vested 401K: \$  LANDLORD  (If applicable.)  Landlord:  Phone:  # of Years:  # of Years:	
Value of Current Home: \$ Vested 401K: \$ IRAs: \$  LANDLORD (If applicable.)  Landlord: Phone: # of Years:	
Value of Current Home: \$ Vested 401K: \$ IRAs: \$	
LANDLORD (If applicable.)  Landlord: # of Years:	
(If applicable.)  Landlord: # of Years:	
Landlord: # of Years:	
ADDITIONAL REAL ESTATE OWNED	
Property Address: City: State: ZIP:	
Mortgage Holder: Payment: Balance: Property Type:	
Property Address: State: ZIP:	
Mortgage Holder: Payment: Balance: Property Type:	
AUTHORIZATION TO OBTAIN CREDIT	
I hereby authorize Lake Area Mortgage, its agents, or assigns, to obtain my/our credit report.	
Signature Date Signature Date	ate