

REVERSE MORTGAGE WORKSHEET

Date: _____ LO/Lender: _____ Phone: _____

Borrower's Name: _____ Date of Birth: _____
Social Security #: _____ Credit Score: _____
Consumer Total Debt: _____ Mortgage History: ___ x30 ___ x60 ___ x90
Borrower Income: _____ Family Size: _____

Co-Borrower's Name: _____ Date of Birth: _____
Social Security #: _____ Credit Score: _____
Consumer Total Debt: _____ Mortgage History: ___ x30 ___ x60 ___ x90
Borrower Income: _____ Family Size: _____

Address: _____
City: _____ State: _____ Property Zip Code: _____
Square Feet: _____ R. E. Taxes: _____ Insurance: _____
Estimated Property Value: _____ Home Phone#: _____

Residual Income: _____ Table: 1 x 529 2 x 886 3 x 1039

Non-Borrowing – Non-Occupant: _____

RV LESA Recommendation: _____

LESA Total: _____ Partial: _____ Fully Funded: _____

Primary Residence? ___ Yes ___ No
Receives Medicaid? ___ Yes ___ No
Receives Food Stamps? ___ Yes ___ No
Are you in Bankruptcy? ___ Yes ___ No

1st Mortgage Balance: \$ _____

2nd Mortgage or

Credit Line Balance: \$ _____ Total Mortgage Debt: \$ _____

Property Type: ___ SFR ___ Condo ___ Townhouse ___ Duplex ___ 3 to 4 Units ___ Townhouse - Condo

Notes and Comments: _____

Loan Officer's Name: _____

Phone #: _____