

FOR THE FASTEST SERVICE COMPLETE THIS FORM PRIOR TO FORMAL LOAN APPLICATION & RECEIVE A FREE CREDIT REPORT & FINANCE STRATEGY

Quick Start Form



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Simply provide us with the information requested below. We'll quickly determine the approximate loan amount you qualify for, and suggest several strategies. FAX to 1-410-729-9383. This is not a mortgage loan application. (You may also mail this form to: Joseph Child, 419 Severnside Dr. Severna Park, MD, 21146 or call Joe to complete the form - 443-336-7000) NAME(S) ADDRESS: (H)____(W#1)___(W#2)___ PHONE FAX_____E-mail / Other____ How did you hear about Josephchild.com? (Circle the answer that applies) 1. You are a client, or referred from a Realtor - Builder - Customer - Friend Name 2. Advertisement from E-mail Blast ____ Print Ad ____ Location _____ 3. Internet Site - www.josephchild.com _____ or blog.josephchild.com _____ Phone # 4 facebook **Ewitter** General Information: I'm interested in: Refinancing ____ Qualifying ability to purchase ____ Just Checking my options ____ I currently: Own ___ Rent ___ How long ? ____ My current monthly payment is: _____ Attached payment coupon Y/N If you own: Current value of your home? _____ Mortgage Balance? _____ *Use a separate sheet for additional information or notes -Enter home price or monthly payment target range you desire, or amount of cash out if refinancing to pay off debt: Qualifying Information: Minimum Monthly Payments Income per month Attached pay stub Y/N Debt per month Income: Borrower Revolving Cards " "Co-Borrower Car Loans Overtime: (Two Yr Avrg) \$ Installment Loans \$_____ Commission: " " Credit Lines \$_____ Reimbursed \$? Y / N Mortgages Other Debt Expenses: Alimony / Support: \$ Court Ordered ? Y / N Total = Total Assets: Source of funds for closing? Checking: ______ Savings: _____ Gift: _____ Other: ____ Are you a Veteran? Y / N Estimated proceeds from the sale of your current Home? I authorize Academy Mortgage to print a copy of my in-file credit report to assist in this qualifying analysis. I understand there is no cost or obligation for this service, and that all information is strictly confidential. Signature Date Signature Date



Social Security Number Date of Birth:

Social Security Number

Date of Birth: