

# Reverse Mortgage

## Eligibility Assessment Form for Real Estate Professionals



### CLIENT INFORMATION

Client's Name(s): \_\_\_\_\_

Client's Age or DOB: \_\_\_\_\_

Clients's Age or DOB: \_\_\_\_\_

### CLIENT'S GOALS

Goals: \_\_\_\_\_

Line of Credit

Cash Out

Additional Income

Purchase or Refinance

### PROPERTY DETAILS

Home value \$ \_\_\_\_\_

1st Mortgage \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

2nd Mortgage \$ \_\_\_\_\_

Monthly Payment \$ \_\_\_\_\_

(Includes Home Equity Lines of Credit)

Purchase Price \$ \_\_\_\_\_

Down Payment \$ \_\_\_\_\_

Property Type: Single Family House

Townhouse

Condo

Other

### YOUR INFORMATION

Name: \_\_\_\_\_

Company: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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