

# Reverse Mortgage

## Eligibility Assessment Form

### for Loan Officers



## CLIENT INFORMATION

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

Co-Borrower: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Age or Birthday: \_\_\_\_\_

Age or Birthday: \_\_\_\_\_

## CLIENT'S GOALS

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

Line of Credit

Cash Out

Additional Income

Purchase

Refinance

## PROPERTY DETAILS

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

Down Payment \$ \_\_\_\_\_ (if purchase)

1<sup>st</sup> Mortgage \$ \_\_\_\_\_

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

2<sup>nd</sup> Mortgage \$ \_\_\_\_\_

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

Property Type: Single Family House

Townhouse

Condo

Other

## YOUR INFORMATION

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

Company/Branch: \_\_\_\_\_

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

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



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