

# Reverse Mortgage

## Eligibility Assessment Form for Financial Advisors



### CLIENT INFORMATION

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

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

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

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

Line of Credit

Cash Out

Additional Income

Purchase or Refinance

### NEST EGG

Qualified Funds \$ \_\_\_\_\_

Approx. Household Income \$ \_\_\_\_\_

Non-Qualified Funds \$ \_\_\_\_\_

Approx. Net Worth \$ \_\_\_\_\_

Long-term Care: YES NO

### PROPERTY DETAILS

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

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

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

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

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

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

(Includes Home Equity Lines of Credit)

Property Type: Single Family House

Townhouse

Condo

Other

### YOUR INFORMATION

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

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

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

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



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