

Reverse Mortgage Eligibility Assessment Form



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

FINANCIAL DATA

Liquid Funds \$ _____

Approx. Household Income \$ _____

Retirement Funds \$ _____

Long-term Care: YES NO

PROPERTY DETAILS

Home value \$ _____

Down Payment \$ _____ (if purchase)

1st Mortgage \$ _____

Monthly Payment \$ _____

2nd Mortgage \$ _____

Monthly Payment \$ _____

Property Type: Single Family House

Townhouse

Condo

Other



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