

# GOLDEN EAGLE MORTGAGE GROUP

*"We Soar Above the Rest"*

## MORTGAGE APPLICATION QUESTIONNAIRE

*Please fill out the following questionnaire to the best of your ability. The information requested is required by our lender for the Mortgage Loan Application.*

BORROWER INFORMATION		
Name:	Email:	
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own    Rent    (Please circle)	Monthly payment or rent:\$	Years Lived Here:
Landlord Information (If rent)		
Name:	Phone Number:	
Previous Address(If within the last two years)		
City:	State:	ZIP Code:
Owned    Rented    (Please circle)	Monthly payment or rent:	Years Lived Here:
Landlord Information (If rented)		
Name:	Phone Number:	
Marital Status.		
<input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Married(registered domestic partners) <input type="checkbox"/> Separated		
Number of Dependents:	Ages of Dependents:	
Automobiles Owned (Make, Year & Estimated Worth):		
Number of Years in School:		

EMPLOYMENT INFORMATION		
Current employer:	Years in this line of Work:	
Employer address:	Years on job:	
City:	State:	ZIP Code:
Phone:		
Position:	Hourly    Salary    (Please circle)	
<i>Previous employer(If within the last two years):</i>		
Address:	Dates of Employment:	
City:	State:	ZIP Code:
Phone:		
Position:	Hourly    Salary    (Please circle)	
<i>Previous employer(If within the last two years):</i>		
Address:	Dates of Employment:	
City:	State:	ZIP Code:
Phone:		
Position:	Hourly    Salary    (Please circle)	

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COMPLETE THIS IF THIS IS A REFINANCE LOAN	
Year the Property was Acquired:	Year Built:
Original Cost:	Amount Existing Liens:
Purpose of Refinance:	
Homeowners Insurance Company:	
Agent:	Phone:

COBORROWER INFORMATION			
Name:		Email:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own    Rent    (Please circle)	Monthly payment or rent:	Years Lived Here:	
Previous address(If within the last two years):			
City:	State:	ZIP Code:	
Owned    Rented    (Please circle)	Monthly payment or rent: \$	Year Lived Here:	
Marital Status: <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Married(registered domestic partners) <input type="checkbox"/> Separated			
Number of Dependents:		Ages of Dependents:	
Automobiles Owned (Make and Year):			
Number of Years in School:			

COBORROWER EMPLOYMENT INFORMATION			
<i>Current employer:</i>		Years in this line of work:	
Employer address:		Years on job:	
City:	State:	ZIP Code:	
Phone:			
Position:		Hourly    Salary    (Please circle)	
<i>Previous employer(If within the last two years):</i>			
Address:		Dates of employment:	
City:	State:	ZIP Code:	
Phone:			
Position:		Hourly    Salary    (Please circle)	
<i>Previous employer(If within the last two years):</i>			
Address:		Dates of Employment:	
City:	State:	ZIP Code:	
Phone:			
Position:		Hourly    Salary    (Please circle)	