



# Prequalification Form

REFERRED BY: \_\_\_\_\_

Jason Gill  
Phone. 858-436-1955  
Fax. 858-332-1788  
Email. Jason@samuelscottfg.com  
Broker License#01356686

## BORROWER INFORMATION

BORROWER NAME \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_  
 CELL NUMBER ( ) \_\_\_\_\_ MARRIED  UNMARRIED  SEP   
 EMAIL ADDRESS \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D.O.B. \_\_\_\_\_  
 NUMBER OF YEARS IN CURRENT HOME \_\_\_\_\_ RENT/ OWN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 FORMER ADDRESS (IF LESS THAN TWO YEARS AT CURRENT ADDRESS)  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 NUMBER OF YEARS AT CURRENT POSITION \_\_\_\_\_  
 EMPLOYER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 FORMER EMPLOYER'S NAME (IF LESS THAN TWO YEARS AT CURRENT JOB)  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## CO-BORROWER INFORMATION

BORROWER NAME \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_  
 CELL NUMBER ( ) \_\_\_\_\_ MARRIED  UNMARRIED  SEP   
 EMAIL ADDRESS \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_ - \_\_\_\_ - \_\_\_\_ D.O.B. \_\_\_\_\_  
 NUMBER OF YEARS IN CURRENT HOME \_\_\_\_\_ RENT/ OWN \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 FORMER ADDRESS (IF LESS THAN TWO YEARS AT CURRENT ADDRESS)  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 NUMBER OF YEARS AT CURRENT POSITION \_\_\_\_\_  
 EMPLOYER'S NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 FORMER EMPLOYER'S NAME (IF LESS THAN TWO YEARS AT CURRENT JOB)  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

## GROSS MONTHLY INCOME

	Borrower	Co-Borrower
BASE EMPLOYMENT INCOME .....	\$ _____	_____
OVERTIME .....	\$ _____	_____
BONUS/ COMMISSION .....	\$ _____	_____
DIVIDEND/ INTEREST .....	\$ _____	_____
NET RENTAL INCOME .....	\$ _____	_____
OTHER _____	\$ _____	_____
(SPECIFY)		
TOTAL .....	\$ _____	_____

## ASSETS

CHECKING .....\$ \_\_\_\_\_  
 SAVING .....\$ \_\_\_\_\_  
 STOCK/ BONDS .....\$ \_\_\_\_\_  
 EQUITY IN YOUR PRESENT HOUSE \$ \_\_\_\_\_  
 OTHER \_\_\_\_\_ \$ \_\_\_\_\_  
 (SPECIFY)  
 TOTAL .....\$ \_\_\_\_\_

PLEASE FAX THE FOLLOWING : 858-332-1788 PRIVATE / SECURE

- W2'S FOR PREVIOUS 2 YEARS & 1040'S FOR MOST PREVIOUS 2 YEARS
- PAY STUBS FOR 1 MONTH OF INCOME (MOST RECENT)
- 2 MONTHS OF YOUR MOST RECENT BANK STATEMENTS AND ASSET STATEMENTS (PLEASE INCLUDE ALL PAGES) TO DOCUMENT THE CASH TO CLOSE

## DECLARATIONS

	YES	NO
ARE YOU AWARE OF ANY DEROGATORY INFORMATION ON YOUR CREDIT REPORT?	<input type="checkbox"/>	<input type="checkbox"/>
WILL ANY PORTION OF YOUR DOWN PAYMENT BE BORROWED?	<input type="checkbox"/>	<input type="checkbox"/>
DO YOU INTEND TO OCCUPY THIS PROPERTY	<input type="checkbox"/>	<input type="checkbox"/>

## AUTHORIZATION

BY SUBMITTING THIS FORM, I/ WE AGREE THAT VERIFICATION OR REVERIFICATION OF ANY OF THE INFORMATION HEREIN INCLUDING A COMPLETE CREDIT PROFILE, MAY BE MADE AT ANY TIME BY SAMUEL SCOTT FINANCIAL GROUP OR IT'S AGENTS, SUCCESSORS AND ASSIGNS, EITHER DIRECTLY OR THROUGH A CREDIT REPORTING AGENCY, FROM ANY SOURCE NAME HEREIN, AND THE ORIGINAL COPY OF THIS FORM WILL BE RETAINED BY SAMUEL SCOTT FINANCIAL GROUP EVEN IF RESPONSE TO THE PREQUALIFICATION IS UNFAVORABLE.

I/ WE CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF OUR KNOWLEDGE AS OF THE DATE SET FORTH BELOW.

\_\_\_\_\_  
BORROWER NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-BORROWER

\_\_\_\_\_  
DATE