

Brookfield Homes Loan Pre-Qualification Form

BROOKFIELD HOMES

PERSONAL INFORMATION

BORROWER

Name _____
Address _____
City, State, Zip _____
Social Security _____
Birth Date _____
Dependants _____ Ages: _____
Marital Status _____
Contact Phone _____
Email Address _____

CO-BORROWER

Name _____
Address _____
City, State, Zip _____
Social Security _____
Birth Date _____
Dependants _____ Ages: _____
Marital Status _____
Contact Phone _____
Email Address _____

EMPLOYMENT INFORMATION

Employer _____
Address _____
Work Phone _____
Length of time in job _____
Length in this field _____
Position _____
Monthly base income _____
Bonus _____ Overtime _____
Other Income _____
Total Amount _____

Employer _____
Address _____
Work Phone _____
Length of time in job _____
Length in this field _____
Position _____
Monthly base income _____
Bonus _____ Overtime _____
Other Income _____
Total Amount _____

ASSETS

Savings \$ _____
Checking \$ _____
Proceeds from Sale of home \$ _____
401K/Retirement \$ _____
Gift \$ _____
Other \$ _____

Savings \$ _____
Checking \$ _____
Proceeds from Sales of home \$ _____
401K/Retirement \$ _____
Gift \$ _____
Other \$ _____

ADDITIONAL INFORMATION

Do you plan to rent or sell your current residence? _____ If you are renting what is the anticipated rental income? _____
What do you pay for taxes, insurance & HOA on your current residence? _____
Do you pay alimony or child support? _____ If so, amount paid \$ _____
What is the minimum amount of your down payment for this purchase? \$ _____
Have you purchased another home within the last 12 months or are you currently in escrow? _____
If yes, please explain: _____
Please check one: Are you a US Citizen _____ Permanent Resident Alien _____ Non Permanent Resident _____

CREDIT CHECK CONSENT

I, _____, the undersigned consumer, directs Countrywide and/or Chase, and/or Wells Fargo to obtain a copy of my credit report. This consent shall automatically expire thirty (30) days from the date of my signature below.

Printed Name _____

Social Security Number _____

Signature/Date _____

Printed Name _____

Social Security Number _____

Signature/Date _____