Lake Area Mortgage NMLS# 645618 1030 West County Road E - Suite 150 Shoreview, MN 55126

Ofc: 651-209-2900 Fax: 651-209-2929



PRE-APPLICATION WORKSHEET

PLEASE COMPLETE ALL INFORMATION AND RETURN BY FAX, MAIL OR EMAIL PRIOR TO OUR APPOINTMENT. BY BEING AS COMPLETE AS POSSIBLE, THE FORMAL APPLICATION PROCESS WILL BE MUCH MORE TIMELY AND ACCURATE.

BORROWER	<u>CO-BORROWER</u> Name:		
Name:			
Social Security No:	Social Security No:		
Street:	Street:		
City:StateZip	StateZip		
□ Own □ Rent \$/mo.	□ Own □ Rent \$/mo.		
No. of Years:	No. of Years:		
Phone:	Phone:		
(Home):	(Home):		
(Work):	(Work):		
Email:	Email:		
Date of Birth:	Date of Birth:		
Yrs. of school:	Yrs. of school:		
☐ Married ☐ Unmarried ☐ Separated	☐ Married ☐ Unmarried ☐ Separated		
No. of Dependents: Ages:	No. of Dependents:		
·	AN TWO YEARS AT PRESENT ADDRESS)		
	_		
No. of Years:	No. of Years:		
Street:State:Zip: City: State:Zip:	City:State:Zip: □ Own □ Rent		
of Years:	No. of Years:		
EMPLOYMENT HISTORY	(PAST TWO YEARS REQUIRED)		
Employer			
Street			
City State Zip	CityState Zip		
Position	Position		
Gross Monthly Income	Gross Monthly Income		
Commission?: □Yes □No	Commission?: □Yes □No		
Dates (From to)	Dates (From to)		
Self Employed □Yes □No	Self Employed □Yes □No		





PREVIOUS EMPLOYER (If less than 2 years with Current Employer)

Employer		Employer			
Street		Street			
City	State Zip	City		_State Zip	
Position		Position			
Gross Monthly Income	Commission □Yes □No	Gross Monthly Income		_ Commission □Yes	□No
Dates (From	to) Self Employed □Yes □No	Dates (From	to) \$	Self Employed □Yes	□No
Alimony, child support	F INCOME, or separate maintenance income need not be r ASSET AG INCLUDES CHECKING, SAVINGS, MONEY MA	evealed if you do not wish to CCOUNTS			nent.
	Acct No				
Name of Institution	Acct No	/Type	Balance	·	
Name of Institution	Acet No	/Type	Balance		
	OTHER	ASSETS			
	Vested 401K \$	IRAs \$			
	LANDLORD	(If Applicable)			
Landlord	Pho	ne		No. of Years	
	ADDITIONAL REA	L ESTATE OWNED			
Property Address	Cit	у	State	ZIP	
Mortgage Holder	Payment	Balance		_Type of Property	
Property Address	Cit	у	State	ZIP	
Mortgage Holder	Payment	Balance		_Type of Property	
	AUTHORIZATION ' I hereby authorize Lake Area Mortgage, its a	TO OBTAIN CREDIT gents or assigns, to obtain my/or	ur credit report:		
Signature	Date	Signature		Date	



