

Send completed form to SRTeam@GMFSlending.com

Partner Information

Company Name		Application package to be sent via:	<input type="checkbox"/> Esign <input type="checkbox"/> PDF sent to you
Originator Name		Company NMLS #	
Originator phone		Originator NMLS #	

Borrower Information

Borrower Name		Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Social Security #:		Email:		Phone:
Co-Borrower Name		Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Social Security #:		Email:		Phone:
Non-Borrowing Spouse Name		Date of Birth		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Social Security #:		Email:		Phone:
Current Reverse Mortgage(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the most recent mortgage statement			
Is this a purchase transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No Selling current property prior to closing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is their current address: _____			
Estimated Property Value		Zip Code		
Estimated Total Lien(s) Amount		How many years at current address?		
Disbursement Options	Cash \$ _____ LOC Monthly payments _____ Duration: _____			

Declarations

	Borrower		Co-Borrower	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you filed for any bankruptcy that has not been resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you presently delinquent or in default on any federal debt or any loan, mortgage, financial obligation, bond or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are you a lawful permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Were you required to bring money to closing? If yes, did you borrow the money?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
j. Do you intend to use the reverse mortgage to purchase or invest in Financial products such as insurance, mutual funds or annuities? If yes, provide name of financial product and cost to purchase or invest below. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Do you have an existing FHA insured loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Demographic Information

Borrower: <input type="checkbox"/> I do not wish to furnish this information	Co-Borrower: <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Property Details

Property Type How Many Units: _____	<input type="checkbox"/> Single Family <input type="checkbox"/> 2-4 Units <input type="checkbox"/> Manufactured <input type="checkbox"/> PUD <input type="checkbox"/> Condo – Association Name: _____
Subject Property Address:	
Property Square Footage	
Property Year Built	

Processing Details

Has the Borrower(s) Credit Report been pulled?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide.
List any credit issues (lates, collections, etc.)	

Processing Details

Property Title Held in These Names: (list all that apply)	
Trust Information	None <input type="checkbox"/> Living Trust <input type="checkbox"/> Land Trust <input type="checkbox"/>
Estate Type	<input type="checkbox"/> Fee Simple <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Leasehold. Expiration Date: _____ <input type="checkbox"/> Life Estate <input type="checkbox"/> Irrevocable Trust
Total Number of Household Members Living in Subject Property	

Income

	Borrower	Frequency	Co-Borrower	Frequency
Employment		<input type="checkbox"/> Mo <input type="checkbox"/> Annual		<input type="checkbox"/> Mo <input type="checkbox"/> Annual
Employment length				
Pension		<input type="checkbox"/> Mo <input type="checkbox"/> Annual		<input type="checkbox"/> Mo <input type="checkbox"/> Annual
Social Security		<input type="checkbox"/> Mo <input type="checkbox"/> Annual		<input type="checkbox"/> Mo <input type="checkbox"/> Annual
Other: _____		<input type="checkbox"/> Mo <input type="checkbox"/> Annual		<input type="checkbox"/> Mo <input type="checkbox"/> Annual

Assets:
(401k, IRA, etc.)

Type	Balance

Expenses

Monthly Property Charges For Subject Property	Taxes	HOI	Flood Insurance	HOA	Other
Other Assessments (please describe):					
Other Real Estate Owned: Combined Value: \$ _____		Address: _____			
		Taxes: \$ _____	HOI: \$ _____	Flood Ins: \$ _____	HOA: \$ _____

Alternate Contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____

Comments: Example: Spouse not living in home, POA being used, Trust, etc)