



Refinance Questionnaire

Borrower 1 Name SSN # Marital Status

Borrower 2 Name SSN # Marital Status

Borrower 1 Phone - Home: Work: Cell:

Borrower 1 Phone - Home: Work: Cell:

Borrower 1 Email: Borrower 2 Email:

Address of Property Being Refinanced:

Is the primary residence of Borrower 1 Yes No Of Borrower 2 Yes No

Please list all current Mortgages pertinent to this property, including loans with a zero dollar balance

1. Bank/Mortgage Company FHA Mortgage? Yes No

Phone No: Acct. No.:

2. Bank/Mortgage Company FHA Mortgage? Yes No

Phone No: Acct. No.:

3. Bank/Mortgage Company FHA Mortgage? Yes No

Phone No: Acct. No.:

**It is your responsibility to cancel any automatic withdrawals, if applicable.*

Homeowners Insurance Info:

Agent Phone:

Annual Premium Renewal Date:

(For Condominium Borrowers Only) Association Name:

Management Company Phone

We hereby authorize Barristers Title and Closing Services to receive verbal and written payoff information with regard to our outstanding mortgage with our lender or financial institution.

Signature *Print or type name here:* Date

Signature *Print or type name here:* Date