

REFINANCE QUESTIONNAIRE

Borrower 1 Name: _____ SSN # _____
Marital Status: _____

Borrower 2 Name: _____ SSN # _____
Marital Status: _____

(B1)Phone- Home: _____ Work: _____ Cell: _____

(B2)Phone- Home: _____ Work: _____ Cell: _____

(B1)Email: _____ (B2)Email: _____

Address of Property Being Refinanced:

Is the primary residence of Borrower 1: Yes ___ No ___ Of Borrower 1: 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

Date:

Signature

Date: