

MORTGAGE INQUIRY FORM

Alternative Mortgage Solutions



CLIENT(S): _____
TEL: (H) _____ (CELL) _____
(W) _____ BEST CONTACT #? _____

FINANCING OPTIONS:

<input type="checkbox"/> 1st mortgage	<input type="checkbox"/> Refinance
<input type="checkbox"/> 2nd mortgage	<input type="checkbox"/> Pre-approval
	<input type="checkbox"/> Purchase

Condition/subject removal date _____

REQUIREMENTS:

HOUSE VALUE: _____

1st MORTGAGE/LOC OUTSTANDING*: _____

***PLEASE INCLUDE LOCs OR ANY OTHER SECURED LOANS**

2nd MORTGAGE OUTSTANDING: _____

NEW MORTGAGE REQUIRED: _____

PAYMENT (PI) _____

RATE: _____

MATURITY DATE: _____

PAYMENT (PI) _____

RATE: _____

MATURITY DATE: _____

WHY WAS THE BRANCH UNABLE TO ASSIST THE MEMBER(S)?

BRANCH LENDER COMMENTS / BRIEF EXPLANATION OF CLIENTS REQUIREMENTS

REFERRED BY: _____

DATE: _____

CREDIT UNION: _____

TEL (DIRECT:): _____

FAX: _____



PLEASE ATTACH ANY SUPPORTING DOCUMENTATION YOU HAVE I.E.

Credit Bureau
Income Verification

Thank you for the inquiry!

TOLL FREE FAX: 1 888 488-9922

Email: info@spectrum-canada.com