

EZ Application (Fax or Mail Submission)

Upon completion of the EZ Application a 1st Advisors Mortgage representative will contact your client to discuss the various home loan programs available to best fit their particular needs.

FAX TO: 1st Advisors Mortgage

Wholesaler: _____

FAX #: (973) 616-7054

Date: _____

ASSOCIATE INFORMATION:

Name: _____

Associate ID#: 002005

Phone: _____

E-mail: _____

BORROWER INFORMATION:

Name: _____

CO-BORROWER INFORMATION:

Co-Borrower Name: _____

Current Address: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Contact at: Home Work Cell Phone

Contact at: Home Work Cell Phone

SS#: _____ DOB: _____

SS#: _____ DOB: _____

LOAN INFORMATION:

Purpose of Loan: Purchase Refinance

Loan Program: Fixed Variable Please Advise

Loan Amount: _____

% Down Payment: _____

PROPERTY INFORMATION:

Property Value: _____

Property Type: Single 2-4 Family Vacation
 Condo Co-op Townhouse

Property will be: Primary Secondary Investment (rental)

Property Address: _____

City: _____ State: _____ Zip: _____

The applicant(s) credit history is: Excellent OK, but some problems Major credit problems Don't know

By submitting this application, the advisor has received verbal authorization for 1st Advisors Mortgage to pull a credit report and contact with a pre-approval or an alternative loan option based on the information provided.

