

Reverse Mortgage Request

Complete, sign and return with documents listed below email to Ray@OneRay.com

REFERRAL SOU	RCE:	Referred by a frie	end [Advertisement [HUD W	ebsite [Existing Custo	omer W	eb Search
Whom may I thank for our introduction? What advertisement or website?									
APPLICANT(S): (All owners must be 62+ years of age and must be loan applicants.)									
Borrower's Name			ed	Spouse's Name					
★ e-mail address -			rried	★ e-mail address -					
- C man addition -			ated	C Ullian address -					
SS#	Contact Phone	D.O.B.		SS# Contact Phone D.O.B.					
SUBJECT PROPERTY:									
Street Address, Zip code				1			Ins Prem \$	ns Prem \$ Units	
LIENO O OTHER REPTO TO DAYOU					Prop Tax \$				
LIENS & OTHER DEBTS TO PAYOFF: (Property tax & hazard insurance must always be current.) 1st Mortgage Lender Balance									
1.)						Balance Due:	^{:e} \$		
2.)						Balance Due:	se \$		
3.)						Balance Due:	^{ce} \$		
MONTHLY INCOME:									
Source: \$				Source:				\$	
Source: \$				Source:			\$		
PAYMENT OPTIONS: (Choose all that apply - proceeds are allowed in any combination)									
Stop my monthly house payment.				Pay me \$ monthly for				ye	ears
Give me \$ cash				☐ Pay me the maximum every month for life.					
☐ Give me a Line Of Credit to use as I wish ☐ I'm not sure. Let's talk about it.									
AUTHORIZATION: (Required from all applicants including any non-borrowing spouse's)									
I have requested to be pre-qualified by Land/Home Financial Services. Authorization is hereby granted to obtain a credit report through a credit-reporting agency chosen by Land/Home Financial Services. Land/Home Financial Services may charge my account listed below for the cost of that report. Approximately \$15 to \$25. *Requests cannot be processed without photo ID of each applicant.									
Charge my account:: Card #									
Name on card:			_ Ex		Security cod	de:	Billing Zi	ip Code	
X				Χ					
Borrower's Signature Date				Co-Borrower's Signature				Dat	e
X Co-Borrower's Signature	Doto		* * Card Holder's Signature if other than applicant Date						
CO-DOLLOWEL S SIGNATULE		Date		Card Holder's 3	oiunaiure II (omer ma	u addicalli	1 121	_

Please provide at your earliest opportunity: (Fax or scan on high resolution, photo mode for best results.)

- LEGIBLE copy of photo ID. * Required
- Social Security card.
- Current mortgage statement(s)

- Current hazard insurance information page.
- ORIGINAL signed counseling certificate.