YourOrlandoMortgage.com

Home Financing that Meets YOUR Needs!

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FAX FORM TO (407) 539-2710 ATTN: Travis

Applicant			Co-Applicant		
Social Security Number	Home Phone	Date of Birth	Social Security Number	Home Phone	Date of Birth
Married Unmarried Separated	Number of Dependants		Married Unmarried Separated	Number of Dependants	
Home Address (street,city,state, ZIP)		Own/Rent	Home Address (street,city,state, ZIP)		Own/Rent
No. Yrs	Rent/Mortgage Pymt		No. Yrs	Rent/Mortgage Pymt	
Employer Name			Employer Name		
Job Title		No. Yrs	Job Title		No. Yrs
Work Phone	Monthly Income		Work Phone	Monthly Income	
Other Income Source	Monthly Amount		Other Income Source	Monthly Amount	
Checking Account	Average Monthly Balance		Checking Account	Average Monthly Balance	
Savings Account	Average Monthly Balance		Savings Account	Average Monthly Balance	
Investment/Retirement Account	Average Monthly Balance		Investment/Retirement Account	Average Monthly Balance	
Email Address	Cell Phone		Email Address	Cell Phone	

Are You Currently Working with a Realtor? _____ If so, who? _____

Have you selected a property? _____ If so, address? _____

Do you have a price range in mind? _____ If so, how much? _____

You warrant that the above information is accurate and true. You hereby authorize The Mortgage Firm to investigate and verify any information provided includin obtaining a credit report.

_____ _____

Borrower Signature Date Co-Borrower Signature Date