

CLIENT QUALIFICATION FORM

Borrower

Co-Borrower / Spouse

Name:	DOB:	AGE:	Name:	DOB:	AGE:
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MORTGAGE INFORMATION

- I have your mortgage amount as: \$_____ Did you recently Purchase __, Refinance __ or was this a Line of Credit __?
- Do you know how much your home is worth or what it was appraised for? \$_____
- Did you get this loan on a 10 __, 15 __, 20 __ or 30 __ year term?
- What is your monthly payment including taxes and insurance altogether? \$_____

Employment: _____ Schedule: _____	Employment: _____ Schedule: _____
Income accustomed to: _____ Month __ Year __	Income accustomed to: _____ Month __ Year __
Life Insurance: Yes No \$_____ Personal __ Work __	Life Insurance: Yes No \$_____ Personal __ Work __

MAIN CONCERN IN TERMS OF PUTTING THIS PROTECTION IN PLACE FOR YOU AND YOUR FAMILY?

MEDICAL INFORMATION

Prescriptions:	Prescriptions:
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Borrower	Co-Borrower / Spouse
Height: _____	Height: _____
Smoker: Yes No	Smoker: Yes No
Weight: _____	Weight: _____
Heart Problems: _____	Heart Problems: _____
Year: _____	Year: _____
High Blood Pressure: _____	High Blood Pressure: _____
# of Meds: _____	# of Meds: _____
Diabetes: Type 1 Type 2 Diagnosed year: _____	Diabetes: Type 1 Type 2 Diagnosed year: _____
Taking: Oral Meds Insulin Diet	Taking: Oral Meds Insulin Diet
Latest A1C Reading: _____	Latest A1C Reading: _____
Ever diagnosed with: Neuropathy Nephropathy Retinopathy	Ever diagnosed with: Neuropathy Nephropathy Retinopathy
Stroke: Minor TIA / Major Year: _____	Stroke: Minor TIA / Major Year: _____
Cancer: Yes No Type: _____ Year: _____	Cancer: Yes No Type: _____ Year: _____
Last treatment date: _____	Last treatment date: _____
Asthma: Mild seasonal Moderate Severe	Asthma: Mild seasonal Moderate Severe
Ever Hospitalized for Asthma? Yes No	Ever Hospitalized for Asthma? Yes No
COPD: Yes No Uses oxygen: Yes No	COPD: Yes No Uses oxygen: Yes No
Arthritis: Rheumatoid Osteoporosis Year: _____	Arthritis: Rheumatoid Osteoporosis Year: _____
Any Disability: Yes No Age of Disability: _____	Any Disability: Yes No Age of Disability: _____
Reason: _____	Reason: _____
Any Dui's, felonies or misdemeanors: Yes No Year: _____	Any Dui's, felonies or misdemeanors: Yes No Year: _____
Explain: _____	Explain: _____

APPOINTMENT:

DAY: _____ DATE: _____ TIME: _____ E-MAIL: _____

ADDITIONAL NOTES: