



## Customer Information Form

In order to qualify for a FREE consultation on your Best Mortgage opportunity and/or a Credit Report Consultation, please answer the following questions below:

REFERRED BY \_\_\_\_\_ DATE REFERRED \_\_\_\_\_

HUSBAND NAME: \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
WIFE NAME: \_\_\_\_\_ SOCIAL SECURITY \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_

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HUSBANDS WORK / CELL: (W): \_\_\_\_\_ (C): \_\_\_\_\_  
HUSBANDS INCOME: \$ \_\_\_\_\_  
YEARS ON JOB: \_\_\_\_\_  
PREVIOUS JOB: \_\_\_\_\_

CREDIT:  EXCELLENT  VERY GOOD  GOOD  POOR  
EXPERIAN \_\_\_\_\_ TRANSUNION \_\_\_\_\_ EQUIFAX \_\_\_\_\_

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WIFES WORK / CELL: (W): \_\_\_\_\_ (C): \_\_\_\_\_  
WIFES INCOME: \$ \_\_\_\_\_  
YEARS ON JOB: \_\_\_\_\_  
PREVIOUS JOB: \_\_\_\_\_

CREDIT:  EXCELLENT  VERY GOOD  GOOD  POOR  
EXPERIAN \_\_\_\_\_ TRANSUNION \_\_\_\_\_ EQUIFAX \_\_\_\_\_

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### CHECK ONE BELOW:

PURCHASE: ( )  
REFINANCE: RATE/ TERM: ( ) BALANCE OF MORTGAGE: \$ \_\_\_\_\_  
CURRENT INTEREST RATE: \_\_\_\_\_ % FIXED ( ) ADJUST ( )  
LINE OF CREDIT: ( )

One of our Mortgage Specialists will contact you shortly to schedule your free consultation.

**SUBMIT by Fax or Mail**

**Home Capital Mortgage Corp.**

**Mail to main office: 3101 Eastchester Road, #102**

**Bronx, New York 10469**

**Phone: (914) 965-9106 ♦ Fax: (914) 992-9500**

Registered Mortgage Broker - NYS Banking Department. Loans Arranged with 3<sup>rd</sup> Party Lenders