



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: _____

HUSBANDS WORK / CELL: (W): _____ (C): _____

HUSBANDS INCOME: \$ _____

YEARS ON JOB: _____

PREVIOUS JOB: _____

CREDIT: EXCELLENT VERY GOOD GOOD POOR

EXPERIAN _____ TRANSUNION _____ EQUIFAX _____

WIFES WORK / CELL: (W): _____ (C): _____

WIFES INCOME: \$ _____

YEARS ON JOB: _____

PREVIOUS JOB: _____

CREDIT: EXCELLENT VERY GOOD GOOD POOR

EXPERIAN _____ TRANSUNION _____ EQUIFAX _____

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: 520 White Plains Road, # 5088,

Tarrytown, New York 10591

Phone: (914) 965-9106 ♦ Fax: (914) 965-9107

Registered Mortgage Broker - NYS Banking Department. Loans Arranged with 3rd Party Lenders