

# Alder Woods

Date: \_\_\_\_\_

Floor Plan / Unit: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Down Payment: \_\_\_\_\_

## Quick Qualifier Worksheet

Borrower Information	
Name: _____	Will this property be a primary residence, second home or rental? _____
Social Security #: _____	Do you rent or own and what is your monthly housing expense? _____
Name: _____	Do you plan to sell your home or rent? _____
Social Security #: _____	How much could you rent your home for? _____
Current Address: _____ _____	What is the value of your current home? _____
	How much do you currently owe on your home? _____
Phone Number: Home _____ Cell _____ Work _____	Do you own any rental properties? If so please supply the mortgage payment and current rent received. _____
	Do you have any derogatory marks on your credit? _____
	Have you had a bankruptcy, foreclosure, lien or judgement? _____
Email Address: _____	If yes, chapter 7 or 13 and what is the discharge date? _____
	Do you pay alimony and / or child support? How much per month? _____

What is your monthly gross income? (current job, retirement, alimony, child support etc...)	What is your current job and how long have you been there? (Please differentiate between commission, base, overtime, bonus, etc...)
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
<b>Total:</b>	_____

<b>Liabilities</b>			<b>Assets</b>	
<i>(credit card minimums, student loans, car payments, alimony, child support, etc.)</i>			<i>(checking, savings, investments, retirement, gift)</i>	
<b>Item</b>	<b>Balance</b>	<b>Monthly Payment</b>	<b>Bank</b>	<b>Balance</b>
<b>Total:</b>			<b>Total:</b>	

*We hereby give our consent to have National City Mortgage, it's secondary market investors or any credit reporting bureau which it may designate, to obtain any and all information concerning our credit matters which they may require in connection with our pre-qualification for a loan. This form may be reproduced or photocopied and a copy shall be as effective as the original which we have signed.*

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

**Please Fax To:  
619.401.6464  
Attn: Sales**