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Mortgage Direct Corporation



Time For Your Mortgage Check-Up

Please fax completed form to (714) 459-7327

BORROWER:

Name: _____
 Email: _____
 Social Security #: _____
 Age: _____ Years in school: _____
 Home Phone #: _____
 Cell Phone #: _____

CO-BORROWER

Name: _____
 Email: _____
 SS#: _____
 Age: _____ Years in School: _____
 Home Phone #: _____
 Cell Phone #: _____

Please check any of the following which may benefit you if you refinance your current mortgage:

- Children's Education fund/needs
- Decrease fixed monthly expenses for retirement
- Increase investment account balances
- Buyout of former spouse
- Reduce overall cost of your loan

How long do you plan on staying in your home?

<1 year 1-3 years 5-7 years over 7 years

What type of loan do you currently have?

Fixed Conventional Non-conforming Other

What is the value of your current home? _____

What is the approximate loan balance? _____

Current interest rate _____ Start Date of Loan Term _____

Total Monthly Loan Payment _____

What are your yearly taxes? _____ Included in your mo. Payment? Y N

What is your yearly homeowners insurance? _____ Y N

Do you have a second lien?

If yes, what is approximate loan balance? _____

How much is your monthly payment? _____

Based upon the above information, we will evaluate whether or not your current loan is structured to maximize your overall financial goals or if your current interest rate is saving you money at this time. I/We the undersigned hereby authorize me to order a preliminary credit report for evaluation purposes of the Mortgage Checkup.

Borrower's Signature: _____ Date: _____

Co-Borrower's Signature: _____ Date: _____