

GENESEE CO-OP FEDERAL CREDIT UNION

A Community Development Credit Union

395 Gregory Street, Rochester, New York 14620-1327
phone 585-461-2230 ext. 10 fax 585-461-3189
David Knoll, Mortgage Officer (david@[genesee.coop](mailto:david@genesee.coop))

MORTGAGE PRE-QUALIFICATION REQUEST FORM

Please complete the form below for each prospective applicant and return to the credit union promptly.

Account #:	_____	Name	_____	Co-Borrower	_____
Complete Address	_____	Address	_____		_____
Phone(s):					
() Home () Cell	(____)-____-____	() Home () Cell	(____)-____-____		
Work Phone	(____)-____-____	Work Phone	(____)-____-____		
E-mail address	_____	E-mail address	_____		
Social Security #	_____	Social Sec. #	_____		
Birth Date	_____	Birth Date	_____		
Gross Annual Income	_____	Gross A. Income	_____		
Self Employed?	_____ yes _____ no	Self Employed?	_____ yes _____ no		

Please check the type of mortgage loan you want, and answer the questions for that type:

() PURCHASE for a () home () 2nd home () residential investment property First-time buyer? _____
Purchase price range: \$ _____ Money available for down payment/closing costs: \$ _____

() REFINANCE for () my home () my 2nd home () investment property Do you want cash out? _____
If yes, how much? \$ _____ Estimated value of property: \$ _____ Total of all liens: \$ _____

() HOME EQUITY LINE OF CREDIT (HELOC) for my home (*available for your primary residence only*)
Total of all mortgages/liens on the property: \$ _____ (a) Amount you would like to borrow: \$ _____ (b)
Estimated value of your property: \$ _____ NOTE: (a) + (b) combined should be 90% or less of
the value of your property. If they will exceed 90%, a fixed rate Second Mortgage might be possible. .

MEMBER OR STAFF NOTES: _____

Please confirm that you consent to a credit report being drawn to help with prequalification: () Yes () No

<u>Borrower please sign above</u>	<u>Date</u>	<u>Co-Borrower please sign above</u>	<u>Date</u>

FOR OFFICE: _____	() Anitra/CUC 1-518-782-4228 (voice1-800-342-4998x8234)		
USE ONLY Faxed by _____	Date/time faxed to: () Kent/AHF 223-0846 (voice223-0480)		