

HOME EQUITY ACCELERATION PROGRAM – Personal Financial Profile

Last Name: _____ First Name: _____ Spouse's First Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Client:

Spouse:

Business Phone: _____

Business Phone: _____

Current Age: _____

Current Age: _____

Date of Birth: _____

Date of Birth: _____

Occupation: _____

Occupation: _____

Social Security: _____ - _____ - _____

Social Security: _____ - _____ - _____

Employer: _____

Employer: _____

Annual Income (Gross): \$ _____

Annual Income (Gross): \$ _____

(After Tax Net): \$ _____

(After Tax Net): \$ _____

CURRENT MORTGAGE DETAILS

1st Mortgage

2nd Mortgage

Beginning Date: ____/____/____

____/____/____

Original Purchase Price: \$ _____

\$ _____

Down Payment: \$ _____

\$ _____

Term: _____ years

_____ years

Payment Mode: (Monthly?) _____

Type: (Fixed, ARM?) _____

Original Mortgage Principal Amount: \$ _____

\$ _____

Interest Rate: _____ %

_____ %

Payment: \$ _____

\$ _____

Outstanding Balance: \$ _____

\$ _____

Current Fair Market Value of Home: \$ _____

I hereby grant permission to have my credit accessed and reviewed for purposes of a mortgage application. I understand that all information is strictly confidential and disclosed to anyone except the loan department.

Borrower Signature: _____ Co-Borrower: _____ Date: _____

Referred By: _____

Return To:

Dave Henning, Loan Officer • Equity Management Mortgage • FAX: 888-781-1533 • DHenning@messerfinancial.com

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Name: _____

Phone: _____

MONTHLY ITEMIZED EXPENSES

“How much am I spending?”

Groceries	_____	Charitable Contributions	_____
Power	_____	Investments	_____
Gas	_____	Child Support	_____
Sewer/Trash	_____	Alimony	_____
Water	_____	Public School Fees	_____
Car Insurance	_____	Private School Fees (<i>Tuition</i>)	_____
Life Insurance	_____	Family Expenses (<i>Misc</i>)	_____
401k (<i>if not taken from income</i>)	_____	Home Owners Association	_____
Student Loans	_____	2nd Properties (<i>Taxes, Ins., Escrow</i>)	_____
Entertainment	_____	Consumer Credit (<i>Not Consolidated</i>)	_____
Gasoline	_____	Maid Service	_____
Household Items	_____	Holiday Fund	_____
Cell Phone	_____	Vacations	_____
Home Phone	_____	Repair Fund (<i>Home or Vehicle</i>)	_____
Cable	_____	Taxes/Insurance (<i>if not included above</i>)	_____
Internet	_____	Other-	_____
Medical Co-Pays	_____	Other-	_____
Prescriptions	_____	Other-	_____
Dental	_____	Other-	_____
		Total:	\$ _____

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CONSUMER CREDIT

Liabilities:	Balance:	Monthly Payments:	Payments Remaining:	Interest Rate:
VISA _____	\$ _____	\$ _____	_____	_____ %
Mastercard _____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
_____	\$ _____	\$ _____	_____	_____ %
TOTAL:	\$ _____	\$ _____		

Assets:	Balance:	Assets:	Balance:
Savings _____	\$ _____	401K _____	\$ _____
Life Insurance _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL:	\$ _____	TOTAL:	\$ _____

Short Term Objectives

- _____ Family Income Protection
- _____ Reduce Current Monthly Debt Load
- _____ Create Short Term Emergency Fund
- _____ Increase Yield on Savings/Investments
- _____ Equity and/or Asset Protection
- _____ Other _____

Long Term Objectives

- _____ A Comfortable Retirement
- _____ Education Funding
- _____ Estate Planning
- _____ Other _____
- _____ Other _____
- _____ Other _____

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