

CONSULTATION QUESTIONNAIRE

Name: _____

Phone Number: _____

E-mail Address: _____

Property Address: _____

FIRST MORTGAGE

Lender: _____

Loan Number: _____

Loan Balance: _____

Original Loan Amount: _____

Original Purchase Price: _____

Date of Purchase: _____

Mortgage Insurance: YES / NO (circle one)

If yes:

Date took out: _____

Refinanced: YES / NO (circle one)

If yes:

Date: _____

Pre-Refi Loan Amount and Monthly Payment: _____

Post-Refi Loan Amount and Monthly Payment: _____

Modified: YES / NO (circle one)

If yes:

Date: _____

Pre-Mod Loan Amount and Monthly Payment: _____

Post-Mod Loan Amount and Monthly Payment: _____

SECOND MORTGAGE

Lender: _____

Loan Number: _____

Loan Balance: _____

Original Loan Amount: _____

Original Purchase Price: _____

Date of Purchase: _____

Mortgage Insurance: YES / NO (circle one)

If yes:

Date took out: _____

Refinanced: YES / NO (circle one)

If yes:

Date: _____

Pre-Refi Loan Amount and Monthly Payment: _____

Post-Refi Loan Amount and Monthly Payment: _____

Modified: YES / NO (circle one)

If yes:

Date: _____

Pre-Mod Loan Amount and Monthly Payment: _____

Post-Mod Loan Amount and Monthly Payment: _____