## Joe Lanser

Mortgage Banker NMLS #: 695807

e-mail: jlanser@lakeareamtg.com

Phone: (612) 270-4048

Fax (toll free): 1 (888) 763-8902 1030 West County Road E - Suite 200

**BORROWER** 

Shoreview, MN 55126



**CO-BORROWER** 

## PRE-APPLICATION WORKSHEET

PLEASE COMPLETE ALL INFORMATION AND RETURN BY FAX, MAIL OR EMAIL PRIOR TO OUR APPOINTMENT. BY BEING AS COMPLETE AS POSSIBLE, THE FORMAL APPLICATION PROCESS WILL BE MUCH MORE TIMELY AND ACCURATE.

Name:	Social Security No:			
Social Security No:.				
Street:				
City:StateZip				
□ Own □ Rent \$/mo.	□ Own □ Rent \$/mo.			
No. of Years:	No. of Years: <u>Phone:</u> (Home):			
Phone:				
(Home):				
(Work):	(Work):			
(Mobile):	(Mobile):			
Email:	Email:			
Date of Birth:	Date of Birth:			
Yrs. of school:	Yrs. of school:			
□ Married □ Unmarried □ Separated	☐ Married ☐ Unmarried ☐ Separate			
No. of Dependents:	No. of Dependents:			
Ages:  FORMER ADDRESS (IF LESS THA	Ages: AN TWO YEARS AT PRESENT ADDRESS)			
FORMER ADDRESS (IF LESS THA	Ages: AN TWO YEARS AT PRESENT ADDRESS) Street:			
FORMER ADDRESS (IF LESS THA  Street: City:State:Zip:	Ages: AN TWO YEARS AT PRESENT ADDRESS)  Street: City:State:Zip:			
FORMER ADDRESS (IF LESS THA)           Street:	Ages: AN TWO YEARS AT PRESENT ADDRESS)  Street: State: Zip: Own Rent			
FORMER ADDRESS (IF LESS THA  Street: City:State:Zip:	Ages: AN TWO YEARS AT PRESENT ADDRESS)  Street: City:State:Zip:			
FORMER ADDRESS (IF LESS THA  Street:State:Zip:  Own	Ages:AN TWO YEARS AT PRESENT ADDRESS)  Street:State:Zip: Own Rent     No. of Years:  (PAST TWO YEARS REQUIRED)			
FORMER ADDRESS (IF LESS THA  Street:	Ages: AN TWO YEARS AT PRESENT ADDRESS)  Street: City: State:Zip: Own Rent     No. of Years:  (PAST TWO YEARS REQUIRED)  Employer			
FORMER ADDRESS (IF LESS THA  Street:State:Zip:  Own	Ages:AN TWO YEARS AT PRESENT ADDRESS)  Street:State:Zip: Own			
FORMER ADDRESS (IF LESS THA  Street:	Ages:AN TWO YEARS AT PRESENT ADDRESS)  Street: State:Zip: Own			
FORMER ADDRESS (IF LESS THA  Street:	Ages:			
FORMER ADDRESS (IF LESS THA  Street:State:Zip:  Own	Ages:			
FORMER ADDRESS (IF LESS THA  Street:	Ages:			



## PREVIOUS EMPLOYER (If less than 2 years with Current Employer)

Employer			Employer		
Street			Street		
City		State Zip	City		_State Zip
Position			Position		
Gross Monthly Inco	ome	Commission □Yes □No	Gross Monthly Income _		_ Commission □Yes □No
Dates (From	to	) Self Employed □Yes □No	Dates (Fromto	)) S	Self Employed □Yes □No
OTHER SOURCE *Alimony, child sup		ME* ate maintenance income need not be re	evealed if you do not wish to h	ave it consider	ed as a basis for repayment.
	INCLUDE	ASSET AC	C <b>COUNTS</b> RKETS, CERTIFICATES AND C	CASH ACCOUN	TS.
Name of Institution		Acct No	/Type	Balance	
Name of Institution		Acct No	/Type	Balance	
Name of Institution		Acct No	/Type	Balance	
Year	Make	AU' Model_	ros	Value \$_	
Year	Make	Model_		Value \$_	
		ОТИЕВ	ASSETS		
Value of Current Home \$Vested 401K			IRAs \$_		
		LANDLORD	(If Applicable)		
Landlord		Pho	ne		No. of Years
		ADDITIONAL REA	L ESTATE OWNED		
Property Address		City	у	State	ZIP
Mortgage Holder _		Payment	Balance		Type of Property
Property Address		City	у	State	ZIP
		Payment			
II	hereby authorize	AUTHORIZATION That Lake Area Mortgage, a division of Lake A	TO OBTAIN CREDIT area Bank, its agents or assigns, to	obtain my/our cr	redit report:
Signature		Date	Signature		Date



