

BROKER REFERRAL PRE-QUALIFICATION WORKSHEET

PRE-QUALIFICATION

DATE: _____

Broker Contact Name:	PHILLIP WALKER	Broker Phone Number:	(510) 575-1709
Broker Email:	stonecreekfs@yahoo.com	Broker Fax Number:	1-855-203-6080

Borrower Info:

Name:			
Address:			
City:	State:	Zip:	
Phone:			
Email:			

*Borrower Credit Scores:

Have they had any rehab experience?	YES <input type="checkbox"/> # of years _____	NO <input type="checkbox"/> # of properties in past year?	
Do they have a Deal Right Now?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Closing Deadline?	

Property Info: (Current Deal Info ☐ Target Deal Info ☐)

Property Location: <i>Please include State(s)</i>	Property can not be Owner-Occupied.		
Type of Property:	Single Family <input type="checkbox"/>	2-4 Family <input type="checkbox"/>	5-Plus <input type="checkbox"/> Condo Conversion <input type="checkbox"/> Other <input type="checkbox"/>
Purchase Price:		Rehab Cost (if any):	
After-Repair Value:		Dates & Deadlines:	

Financial Details:

*Cash & Liquid Assets? (Stocks, Bank Accounts, CD's, Mutual Funds)	\$
Do they Own their own Home? Equity Available?	YES <input type="checkbox"/> NO <input type="checkbox"/> \$
Do they currently have a HELOC (Line Amount)? How much Available?	YES <input type="checkbox"/> NO <input type="checkbox"/> \$
Own additional properties? How Many? Equity Available?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Revolving or Credit Card debt? If Yes, how much?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Other Information:

Employment Status and Annual Income	Full <input type="checkbox"/> Self <input type="checkbox"/> \$
Additional information & Comments:	

*Asterisked field items on form MUST be completed for pre-approval.