

**Mortgage Pre-Qualification**

APPLICANT				CO-APPLICANT				
NAME (FIRST, MIDDLE INT., LAST)		BIRTH DATE		NAME (FIRST, MIDDLE INT., LAST)		BIRTH DATE		
HOME PHONE		CELLULAR		HOME PHONE		CELLULAR		
E-MAIL ADDRESS				E-MAIL ADDRESS				
SOCIAL SECURITY #		MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED <input type="checkbox"/>	YRS. OF SCHOOL	SOCIAL SECURITY #		MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED <input type="checkbox"/>	YRS. OF SCHOOL	
ADDRESS (STREET, CITY, STATE, ZIP)		NUMBER OF DEPENDENTS _____ AGES _____		ADDRESS (STREET, CITY, STATE, ZIP)		NUMBER OF DEPENDENTS _____ AGES _____		
		# YEARS THERE?				# YEARS THERE?		
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	MONTHLY HOUSING PAYMENT \$		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	MONTHLY HOUSING PAYMENT \$		
FORMER ADDRESS (IF LESS THAN TWO YRS. ABOVE)		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	FORMER ADDRESS (IF LESS THAN TWO YRS. ABOVE)		OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	
		# YEARS THERE?				# YEARS THERE?		
EMPLOYER		HIRE DATE		EMPLOYER		HIRE DATE		
ADDRESS (STREET, CITY, STATE, ZIP)				ADDRESS (STATE, CITY, STATE, ZIP)				
POSITION/TITLE		WORK PHONE	SELF EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>	POSITION/TITLE		WORK PHONE	SELF EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>	
INCOME BEFORE TAXES \$		NUMBER OF YEARS IN SAME LINE OF WORK _____		INCOME BEFORE TAXES \$		NUMBER OF YEARS IN SAME LINE OF WORK _____		
PER: HOUR <input type="checkbox"/>	WEEK <input type="checkbox"/>	MONTH <input type="checkbox"/>	YEAR <input type="checkbox"/>	PER: HOUR <input type="checkbox"/>	WEEK <input type="checkbox"/>	MONTH <input type="checkbox"/>	YEAR <input type="checkbox"/>	
PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS ABOVE)		YRS. THERE		PREVIOUS EMPLOYER (IF LESS THAN TWO YEARS ABOVE)		YRS. THERE		
POSITION/TITLE		MONTHLY INCOME AT PREVIOUS EMPLOYER \$		POSITION/TITLE		MONTHLY INCOME AT PREVIOUS EMPLOYER \$		
INCOME FROM OTHER SOURCE (SOCIAL SECURITY, PENSION, DISABILITY, CHILD SUPPORT)		MONTHLY AMOUNT \$		INCOME FROM OTHER SOURCE (SOCIAL SECURITY, PENSION, DISABILITY, CHILD SUPPORT)		MONTHLY AMOUNT \$		
BANK NAME	CHECKING BAL \$	SAVINGS BAL \$		BANK NAME	CHECKING BAL \$	SAVINGS BAL \$		
BRANCH	401K / IRA BAL \$	OTHER \$		BRANCH	401K / IRA BAL \$	OTHER \$		
IN THE PAST 7 YEARS, HAVE YOU HAD:		BANKRUPTCY <input type="checkbox"/>	FORECLOSURE <input type="checkbox"/>	COLLECTIONS <input type="checkbox"/>	JUDGMENTS <input type="checkbox"/>	TAX LIENS <input type="checkbox"/>	ARE YOU A U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU A VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>

Are you a first time buyer? YES  NO

Do you have a home to sell? YES  NO

If YES what is the value of your current home? \$ \_\_\_\_\_

What price range are you looking at for your new home? \$ \_\_\_\_\_

Child Support/Alimony: Paying \$ \_\_\_\_\_ Receiving \$ \_\_\_\_\_

**For questions or more information, please call:**  
 Sandra Alvarez, (602) 264-6421, ext. 8163  
 Kristi Miller, (602) 264-6421, ext. 8177  
 Toll free: 1-866-264-6421  
[www.azcentralcu.org](http://www.azcentralcu.org)



I hereby authorize Arizona Central Credit Union to request a copy of my credit report. Arizona Central Credit Union is authorized to investigate my credit, verify my employment and income references, and to obtain such other information as deemed necessary to make a reasonable assessment as to my creditworthiness. A faxed copy of this release is as valid as an original. I declare that all statements made on this form are true to the best of my knowledge. This information is confidential. Information from this form may be used to complete a loan application. I understand this form is for information only and is not a loan application. Information from this pre-qualification may be disclosed to my real estate agent.

APPLICANT SIGNATURE	DATE	CO-APPLICANT SIGNATURE	DATE
MOTHER'S MAIDEN NAME	DRIVER'S LICENSE NUMBER	MOTHER'S MAIDEN NAME	DRIVER'S LICENSE NUMBER