Loan Application

Please complete and fax to **410.558.6545**.

Purchase or Refinance (Circle One)

Primary Residence, Investment Property, 2nd Home (Circle One)

Borrower	**Co-Borrower**
First Name:	First Name:
Last Name:	Last Name:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
Current Street Address:	Current Street Address:
City, State, Zip:	City, State, Zip:
Time at Current Residence:	Time at Current Residence:
Do you own or rent:	Do you own or rent:
If you rent, current rent payment:	*If you rent, current rent payment:*
Do you pay your rent by check or cash:	Do you pay your rent by check or cash:
Is your rent paid to a private landlord or mgmt co:	Is your rent paid to a private landlord or mgmt co:
If you own, current mortgage payment:	*If you own, current mortgage payment:*
Are you planning to sell current residence:	Are you planning to sell current residence:
Is so, how much of the proceeds do you plan to use for your down payment:$	Is so, how much of the proceeds do you plan to use for your down payment:$
Social Security #:	Social Security #:
Date of Birth:	Date of Birth:
Present Employer *Check here if self employed* ☐	*Present Employer* *Check here if self employed* ☐
Company Name:	Company Name:
Title:	Title:
Length of time at Employer:	Length of time at Employer:
(If less than 2 years please complete previous employment)	*(If less than 2 years please complete previous employment)*
Gross Income $ per ☐ Year ☐ Month ☐Hour - # of hrs/wk	Gross Income $ per ☐ Year ☐ Month ☐Hour - # of hrs/wk
Previous Employer *Check here if self employed* ☐	*Previous Employer* *Check here if self employed* ☐
Company Name:	Company Name:
Title:	Title:
Length of time at Employer:	Length of time at Employer:
Gross Income $ per ☐ Year ☐ Month ☐Hour - # of hrs/wk	Gross Income $ per ☐ Year ☐ Month ☐Hour - # of hrs/wk
Other Income $ per ☐ Year ☐ Month ☐ Hour- # of hrs/wk	Other Income $ per ☐ Year ☐ Month ☐ Hour- # of hrs/wk
Other Income Source:	Other Income Source:

Purchase

Have you saved for you down payment and closing costs:

If so, how much have you saved: $

What monthly mortgage payment do you think you would be comfortable with:$

What price range are you looking in:

Are you working with a realtor:

If so, what is their name and phone number:

Refinance

Do you want to pull cash out or change the rate or term of your loan:

If cashout, how much:

What is the purpose for the cash out: Home improvement / Debt Consolidation / Other

If rate/term, current rate:

What is the approximate value of your home:

Additional Information

Profile Completed By:	Date and Time Completed:

I hereby authorize HealthCare United Federal Credit Union and Carrollton Mortgage Services, Inc to verify my past and present employment records, bank accounts, stock holdings and any otherasset balances that are needed to process my mortgage loan application. I further authorize HealthCare United Federal Credit Union and Carrollton Mortgage Services, In to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as an authorization.

The information obtained is only to be used in the processing of my application for a mortgage loan.

Borrower's Signature & Date

Co-Borrower's Signature & Date