NORTH SHORE LIJ HEALTH SYSTEM FEDERAL CREDIT UNION

MORTGAGE PRE-QUALIFICATION FACT SHEET

Borrower Name _____

Co Borrower Name _____

Address _____

City, State, ZIP _____

Home Phone ( ) _____ Work Phone ( ) _____

Property Information:

❑ Purchase ❑ Refinance

❑ Owner Occupied ❑ 2nd Home ❑ Investment

Purchase Price $_____ Estimated Value (Refinance) $ _____

Existing Liens (Refinance) $_____

County _____Annual Property Taxes $ _____

Borrower Information:

Monthly Income Borrower $ _____

Co-Borrower $ _____

Other _____

Total _____

Total Cash Assets Available for down payment and closing costs $ _____

Monthly Debt Car loan $ _____

Personal loan _____

Student loan_____

Credit Cards_____

Other _____

Total $ _____

Loan Request:

❑ Fixed ❑ Adjustable ❑ Jumbo

Loan Amount Requested $ _____

Term _____yrs

Interest Rate _____% Points _____

Please print, complete and return APPLICATION to the Credit Union or mail to:

North Shore LIJ Health System Federal Credit Union

300 Community Drive

Manhasset, New York 11030