



FLAGSHIP
FINANCIAL SERVICES, INC.
Since 1989

Pre-Qualification Request

1500 NW 62ND STREET, SUITE 206
FT. LAUDERDALE, FL 33309
Phone: (954) 771-8984
Fax: (954) 772-5747

Who I Am

Full Name (Including Jr. or Sr. if applicable)			Full Name of Co-Applicant		
Social Security #	Home Phone	Work Phone	Social Security #	Home Phone	Work Phone

Where I Live

Present Address (Street, City, State, Zip) # ____ Yrs	Present Address (Street, City, State, Zip) # ____ Yrs
If you rent: Landlord Name, Phone, Amount of Rent	If you rent: Landlord Name, Phone, Amount of Rent
If you Own: Type of Property, Market Value, Rent or Sell?	If you Own: Type of Property, Market Value, Rent or Sell?

Where I Work

Employer Name, Address & Dates (from - to) ____ - ____	Employer Name, Address & Dates (from - to) ____ - ____
Previous Employer (if less than 2 at present) ____ Yrs	Previous Employer (if less than 2 at present) ____ Yrs
Monthly income including overtime, bonus, etc. \$ ____	Monthly income including overtime, bonus, etc. \$ ____

Where I Bank

Who I Owe

Bank/401k/Gift, etc	Account Number	Balance	Creditor	Mthly Pay	Balance
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
		\$		\$	\$
Total of all monthly debt payments				\$	_____

This is a worksheet for prequalification purposes; it is not a loan application. For mortgage loan approval a completed, signed application with funds for a credit report and appraisal will be required. The undersigned has requested a mortgage pre-approval with Flagship Financial Services, Inc., which is an Equal Opportunity Lender. I/we understand that a credit report is required to complete this request and I/we authorize a credit report to be pulled. This form can be used as authorization to release information required to complete the processing of the request. You may accept a photocopy in lieu of the original.

Signature _____

Signature _____

Complete, Sign, and Fax to: 954-772-5747 Att: _____