



1500 NW 62nd Street #206
 Ft. Lauderdale, FL 33309
 Phone: 954-771-8984
 Fax: 954-772-5747
 E-Mail: FlagshipFi@aol.com

Pre-Qualification Request

Who I Am

Full Legal Name (with Jr. or Sr. if applicable)		Birth Date	Full Legal Name of Co-Applicant		Birth Date
Social Security #	Home Phone	Work Phone	Social Security #	Home Phone	Work Phone
Cell Phone: _____			Cell Phone: _____		
E-Mail: _____			E-Mail: _____		

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 (start date) _____	Employer Name, Address & Dates (start date) _____
Position/Title: _____	Position/Title: _____
Previous Employer (if less than 2 at present) _____ Yrs	Previous Employer (if less than 2 at present) _____ Yrs
Monthly income base pay \$ _____	Monthly income base pay \$ _____
Monthly income of overtime, bonus, etc. \$ _____	Monthly income of overtime, bonus, etc. \$ _____

Where I Bank

Who I Owe

Bank/401k/Gift, etc	Account Type	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, LLC, 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. I/we authorize Flagship Financial Services, LLC to send documents and communications via email. This form can be used as authorization to release information required to complete the processing of the request. You may accept a copy in lieu of the original.

Signature _____

Signature _____

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