

REVERSE MORTGAGE SCENARIO REQUEST

Date Received:	Advisor Name:
Client Name: Client contact number:	Email address:
Property Address: Mailing address if different:	
Borrower DOB: Co-Borrower DOB:	Estimated Property Value:
Property Type: SFR 2-4 Unit Condo (need development name) Townhouse (check one)	
Occupancy: Primary 2 nd Home Investor (check one)	
Loan Type: Lump Sum Payout Monthly Installments HECM Growing Line of Credit (check one)	
Annual Property Taxes:	Annual Homeowner's Insurance:
Other liens & judgments:	Other debt (Credit, car, etc):
1 st Mortgage balance:	2 nd Mortgage balance:
Client's Goals & Objectives:	