



RE-FINANCE APPLICATION

Corporate Office:
325 E Sunrise Hwy, Lindenhurst, NY 11757
Toll Free: 1-877-968-7684 Fax#631-956-0123
NMLS# 1310
www.SouthShoreMortgage.com

Borrower 1

First _____

Last _____

Address _____

Single _____ Married _____ Unmarried _____ (Divorced or Widowed)

DOB _____ SS# _____

Home Phone _____

Cell Phone _____

E-Mail _____

Credit Score _____

EMPLOYER: _____

Address _____

Self-Employed _____ % Ownership _____ Employed by Family _____

Position _____

Years on Job _____ Monthly Gross Income _____

Work Main # _____

Start Date: _____

PREVIOUS JOB (IF LESS THAN 2 YEARS) OR 2ND JOB

EMPLOYER: _____

Address _____

Position _____

Years on Job _____ Monthly Gross Income _____

Start Date: _____ End Date: _____

Borrower 2

First _____

Last _____

Address _____

Single _____ Married _____ Unmarried _____ (Divorced or Widowed)

DOB _____ SS# _____

Home Phone _____

Cell Phone _____

E-Mail _____

Credit Score _____ Relationship _____

EMPLOYER: _____

Address _____

Self-Employed _____ % Ownership _____ Employed by Fam _____

Position _____

Years on Job _____ Monthly Gross Income _____

Work Main # _____

Start Date: _____

SUBJECT PROPERTY

Property Occupancy: Primary _____ Second Home _____ Investment _____

Prop Type: SFR _____ 2-4 _____ Condo _____ Co-op _____ PUD _____ Other _____ # Units _____

PROPERTY ADDRESS (IF DIFFERENT): _____

FIRST MORTGAGE (BANK NAME): _____ **BALANCE:** _____

2ND MORTGAGE (BANK NAME): _____ **BALANCE:** _____

VALUE: _____ **AMT PAID:** _____ **RE TAXES:** _____ **HOI:** _____

YEAR PURCHASED: _____ **TERM:** _____ **RATE:** _____ **PMI:** _____ **PITI:** _____

NAMES ON DEED: _____

SSM PROPOSED MORTGAGE

DOC TYPE (Check One): **CONFORMING** _____ **FHA** _____ **VA** _____

NEW LOAN AMT: _____ **RATE:** _____ %

PAYMENT (P&I): _____ **LTV:** _____

TAXES: _____ **LOAN TERM:** _____

HOI: _____ **FIXED: 10** _____ **15** _____ **20** _____ **30** _____

MI: _____ **ARM:** _____

TOTAL PAYMENT (PITI): _____ **Escrow Taxes:** _____

ALL OTHER MONTHLY PAYMENTS: _____ **Escrow Insurance:** _____

RATIOS: _____ / _____

