

REFINANCE APPLICATION FORM

Applicant Name: _____

Email: _____ Phone: _____

Surety Branch Office: _____

Surety Representative: _____

Ron Conklin

C: (609) 330-8284

O: (800) 908-4853 Ext. 1193

rconklin@mysurety.com

mysurety.com/rconklin

Today's Date: _____ Desired Closing Date: _____

Property Address: _____

City: _____ State: _____ Municipality: _____ County: _____

Loan Amount: \$ _____ Prior Loan Amount: \$ _____

Block: _____ Lot: _____ Deed Book: _____ Page: _____

Resident Type: Primary ☐ Secondary ☐ Current Owners Policy Available: Yes ☐ No ☐

REFINANCE

OWNER/BORROWER 1:

Name: _____

Mailing Address: _____

SS#: _____ Phone: _____

Email: _____

OWNER/BORROWER 2:

Name: _____

Mailing Address: _____

SS#: _____ Phone: _____

Email: _____

MORTGAGEE/LENDER:

Company: _____

Address: _____

Loan Officer Name: _____

Email: _____ Phone: _____

Processor Name: _____

Email: _____ Phone: _____

MORTGAGE BROKER (if applicable):

Company: _____

Address: _____

Loan Officer Name: _____

Email: _____ Phone: _____

Processor Name: _____

Email: _____ Phone: _____

I/WE HEREBY AUTHORIZE YOU TO ORDER THE FOLLOWING PAYOFFS:

(Please check all that apply):

☐ **FIRST MORTGAGE:**

Company: _____

Acct #: _____ Phone: _____

☐ **SECOND MORTGAGE:**

Company: _____

Acct #: _____ Phone: _____

☐ **EQUITY LINE:**

Company: _____

Acct #: _____ Phone: _____

☐ **SOLAR PANELS:**

Company: _____

Acct #: _____ Phone: _____

Owner/Borrower 1 Signature: _____

Owner/Borrower 2 Signature: _____

PLEASE PROVIDE A COPY OF OWNER/BORROWERS 1003 APPLICATION