



## FAXABLE REVERSE MORTGAGE COMPUTER ANALYSIS REQUEST

FAX TO: LOU SOQUI, (801) 880-3827 (no cover sheet required)

Borrower's Name:		Date of Birth
Co-Borrower's Name:		Date of Birth
Property Address:		
City, State, Zip		
County:		
Phone Number:	(      )	
FAX Number:	(      )	
Email Address:		
Home Value:	\$	
Total Mortgage Balance	\$	
Property Taxes Owed	<input type="checkbox"/> YES <input type="checkbox"/> NO    Amount \$	
Liens on Home	<input type="checkbox"/> YES <input type="checkbox"/> NO    Amount \$	
Judgment(s) on Home	<input type="checkbox"/> YES <input type="checkbox"/> NO    Amount \$	
Type of Home: <input type="checkbox"/> Single Family Residence <input type="checkbox"/> Town House <input type="checkbox"/> Leasehold * <input type="checkbox"/> Duplex/Triplex/Fourplex ** <input type="checkbox"/> Condominium (named: _____) <input type="checkbox"/> Manufactured Home (date built: _____) <input type="checkbox"/> Co-op <input type="checkbox"/> More than five (5) Acres : <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> City Lot <input type="checkbox"/> YES <input type="checkbox"/> NO		
Will you be using a Power of Attorney?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is title held in a Trust?: <input type="checkbox"/> YES <input type="checkbox"/> NO		
I am making this request for: <input type="checkbox"/> Self <input type="checkbox"/> Parent(s) <input type="checkbox"/> Relative <input type="checkbox"/> Friend		
Will borrower live in the home 183 days or more: <input type="checkbox"/> YES <input type="checkbox"/> NO		

\* Leasehold property must have at least a fifty (50) year lease

\*\* Borrower must live in one of the units