



REFINANCE INTAKE FORM

Phone: (Your Phone) | Email: (Your Email)

Instructions: Please complete this form as thoroughly as possible. All information provided will be kept confidential and used solely for the purpose of your refinance closing.

BORROWER INFORMATION	
Borrower Name(s):	
Social Security Number (Borrower 1):	
Social Security Number (Borrower 2):	
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Free Trader
Spouse Name (if applicable):	
Borrower's Mailing Address:	
Primary Phone Number:	
Secondary Phone Number:	
Email Address:	
PROPERTY INFORMATION	
Property Address:	
Is This Your Principal Residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Principal Residence Address:	

NEW LOAN INFORMATION

Lender Name:

Loan Officer Name:

Loan Officer Phone Number:

Loan Officer Email:

Estimated New Loan Amount:

CURRENT MORTGAGE INFORMATION

Current Lender 1 Name:

Current Loan Number:

Current Lender Phone Number:

Equity Line?

Yes
 No

Current Lender 2 Name:

Current Loan Number:

Current Lender Phone Number:

Equity Line?

Yes
 No

Current Lender 3 Name:

Current Loan Number:

Current Lender Phone Number:

Equity Line?

Yes
 No

INSURANCE INFORMATION

Homeowner's Insurance Company:

Insurance Agent Name:

Insurance Agent Phone Number:

Insurance Policy Number:

CLOSING PREFERENCES

Refinance Proceeds After Closing:

Pick Up

	<input type="checkbox"/> Mailed <input type="checkbox"/> Wired (\$30 fee)
Special Instructions or Concerns:	

DISCOUNTED ESTATE PLANNING SERVICES

Hedgebeth Carter Law Group is pleased to offer discounted estate planning documents to clients using our real estate services. **For only \$500 at closing**, we can provide: a simple will, healthcare power of attorney, advance directives for end-of-life care, and general power of attorney.

Would you like these services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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By submitting this form, I acknowledge that the information provided is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____