



REFINANCE APPLICATION FORM

Applicant Name: _____

Email: _____ Phone: _____

Surety Branch Office: _____

Surety Representative:

John Maret

C: (609) 605-9230

O: (800) 908-4853 Ext. 1036

jmaret@mysurety.com

mysurety.com/johnmaret

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