

REFINANCE CHECKLIST

Please Fax information to 828-394-4207 or e-mail to closings@jrfattorney.com

If possible, please provide us with a copy of your title insurance policy

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Marital Status: Married / Single / Divorced / Separated / Widowed

Current Mortgage Information for 1st Mortgage and/or 2nd Mortgage/Equity Line (if applicable.)

Company _____

Company _____

Loan # _____

Loan # _____

Phone # _____

Phone # _____

Date of last payment (s) you intend to make: _____

Social Security or Tax ID # _____ / _____

Who is your Homeowner's Insurance Provider? _____

If known, what is your member/ policy number? _____

Contact/ Agent name _____ Phone # _____

Fleischer Law Office has my full authorization to obtain payoff statements on my current loan(s). In the event my loan is an equity line, this authorization shall also serve as my written request to close the line to future advances and close the account upon payment in full.

x _____

x _____