## PRE-MORTGAGE CERTIFICATION NOTICE

THE GOVERNMENT REQUIRES THE INFORMATION ASKED ON THE PREQUAL FORM TO BE COMPLETED BY EACH OF THE BUYERS ON A SEPARATE FORM IF THE LAST NAME IS DIFFERENT AND THE BUYERS MAY IN THE FUTURE WANT TO SUBMIT A CONTRACT OF PURCHASE ON A GOVERNMENT OWNED HOME WHICH IS THE MOST REASONABLE TYPE TO PURCHASE BECAUSE OF ALL THE BENEFITS. BEFORE ANYONE IS PERMITTED TO SUBMITT A CONTRACT BY THE CERTIFIED BROKER, THE GOVERNMENT UNDERWRITER MUST HAVE BEEN FURNISHED THE FORM TO DETERMINE THE QUALIFICATIONS OF EACH PURCHASER AND A CERTIFICATION WILL BE ISSUED THAT MUST ACCOMPANY AN OFFER OF CONTRACT OR THE CONTRACT WILL NOT BE CONSIDERED. THIS IS THE FIRST NECESSARY STEP TO BECOME ELIGIBLE TO SUBMIT A CONTRACT AND ALSO WILL GUIDE THE BUYER IN THE RIGHT PRICE RANGE OF ONLY ADDRESSES OFFERED WITHIN THAT PRICE RANGE. THERE IS NO COST OR OBLIGATION BY COMPLETING THE NECESSARY BLANKS OF THE CONFIDENTAL FORM USED TO GET THE CERTIFICATION. RETURN THE FORM WITHOUT DELAY. YOU WILL BE FURNISHED ALL ADDRESSES AND CONTINUE TO BE FURNISHED ANY ADDITIONAL ADDRESSES THAT BECOMES AVAILABLE IN YOUR PRE QUALIFIED PRICE RANGE the government underwriter has established based on the information you have furnished on the form you submitted.

AA Affordable Realty offers a FREE telephone consulting session for Buyers, Sellers and Renters. Use this free offer.

11-02-13\*

Information accuracy reproduced as received.

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Date		

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 To use Business Hours Only

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## **Pre Certification Mortgage Or Lease Form**

BUYER				AGE
				AGE
(Se	parate Application For	rm for each perso	n other tha	nn spouse.) 11-02-13*
FULLADDRESS		CITY		ZIP
HOME PHON	NE	WORK	ema	nil
2nd Buyer WO	RK	2 <sup>nd</sup> Buyer email		
AGES OF DE	PENDENTS	RENT OR	HOUSE PM	
Lease expired	(yes/no)	Date ex	pired	
Gross Monthly	y Income Borrower	CC	<b>D-BORROW</b>	ER
				income tax returns & or PL
Buyer Employ	ver		# N	lonths
2 <sup>nd</sup> Buyer Emp	oloyer		#M	onths
Need 24 month	oloyer h work history of each buye	er, use extra page if n	ecessary.	<del></del>
	BORROWER			
CURRENT less)	MONTHLY	MINIMUM	I	Fill out only if. (10 months or
DEBTS	ACCOUNTS OWED	MONTHLY	Y PAY	BALANCE LEFT
	<del>-</del>			
				<del></del>
	(PLEASE USE BAC	K OF FORM IF ADDITION	ONAL SPACE I	S NEEDED.)
THE ABOVE INF LAW TO OBTAIN		RECT TO THE BEST OF	MY/OUR KNO	OWLEDGE REQUIRED BY FEDERAL
				ASSIGNS PERMISSION TO REVIEW M RELEASED FOR ANY OTHER USE.
BORROWER		CO-BORR	OWER	