

Reverse Mortgage Fax Back Form

Simply fill in the form below and fax or mail it directly to us. We will review your specific situation and respond to you with the information that you need, all with complete privacy and confidentiality guaranteed!

What are your Goals? Please check all that apply:

- Refinance to pay off current mortgage and eliminate monthly payments
- Refinance to get monthly cash – Amount desired \$_____/month
- Refinance to obtain lump sum of cash for WHATEVER I WANT!!! (new car, kitchen, etc.)
- Home Purchase
- Not sure yet other (please explain)_____

Contact Information

Your name: _____ Date of Birth _____

Spouse Name: _____ Date of Birth _____
(or co-borrower)

Phone number: _____ Fax number: _____

Email address: _____

Best time of day to call: _____

Property Type: single family condo/townhouse 1-4 Unit Dwelling other

Address: _____

Current Market Property Value (estimate): _____

Balance due on your Current Mortgage: _____

Important questions that will help us to avoid possible pitfalls:

Is your property held in a TRUST? **YES** **NO**

Is there a POWER OF ATTORNEY involved? **YES** **NO**

Are there any REPAIRS that need to be done? **YES** **NO**

Have you been properly EDUCATED about reverse mortgages by a REVERSE MORTGAGE EXPERT? **YES** **NO**

Do you have children, a financial advisor, a religious advisor, or friends that will be involved in the decision making process with you? **YES** **NO** If so, Who? _____

FAX to us today: (866) 567-9171

or mail: Senior Equity Financial, Inc.
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Holbrook, Ma 02343