

Preliminary Data Sheet

For your no obligation quote, please complete the following information and return this sheet to Rampant Lion Homes attn: Chris Jackson at Chris@RampantLionHomes.com

Seller/Mortgage Data "You"		Borrower/Mortgage Date "Them"	
Name(s):	<input type="text"/>	Name(s):	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Phone (H):	<input type="text"/>	Credit History:	<input type="text"/>
(W):	<input type="text"/>		

Note Data			
Date of Note:	<input type="text"/>	Payment (P & I)	\$ <input type="text"/>
Original Principal Amount:	\$ <input type="text"/>	Escrow (T & I)	\$ <input type="text"/>
Current Balance:	\$ <input type="text"/>	Total Payment (PITI)	\$ <input type="text"/>
Interest Rate:	<input type="text"/> %	1 st Payment Due:	<input type="text"/>
Amortization Period/Term:	<input type="text"/> months	Last Payment Made:	<input type="text"/>
Balloon? <input type="checkbox"/> Yes <input type="checkbox"/> No		Next Payment Due Date:	<input type="text"/>
Due Date of Balloon:	<input type="text"/>	# of Payments Made:	<input type="text"/>
Amount of Balloon:	\$ <input type="text"/>	# of Payments Left:	<input type="text"/>
Payment History:	<input type="text"/>		

Collateral Data	
Security Position:	<input type="checkbox"/> 1 st Lien <input type="checkbox"/> 2 nd Lien <input type="checkbox"/> 3 rd Lien
Type of Security:	<input type="checkbox"/> Mortgage <input type="checkbox"/> Deed of Trust <input type="checkbox"/> Land Contract <input type="checkbox"/> Wrap-Around Mortgage <input type="checkbox"/> AITD
Type of Property:	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family, # of units _____ <input type="checkbox"/> Other: _____
Is the property owner-occupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Property Address:	_____
When did the property last sell?	<input type="text"/> Sale Price: \$ <input type="text"/> Cash Down Payment: \$ <input type="text"/>
What is the current value of the property?	\$ <input type="text"/>
Are there any other liens or mortgages on the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe:	<input type="text"/>
	<input type="text"/> Current Balance(s) of other liens: \$ <input type="text"/>
Other relevant information:	<input type="text"/>

