



## 600 – 619 Pre-Approval Request Form

Please email this form (completed), a complete 1003, DU Findings, tri-merge credit report and documentation of compensating factors to scenarios@flanagansstatebank.com.

Correspondent/Broker:

Loan Officer:

FSB ID#:

Email:

Phone:

Retail Loan Branch \_\_\_\_\_

### Requested Program Information

Program:  FHA  USDA  VA Home Type:  SFR  MFH  Condo  Other:  
\_\_\_\_\_

Term:  30 Yr FRM  15 Yr FRM  20 Yr. FRM

Estimated Rate: Mid Credit Score: Mid Score C/B: LTV:  Purchase  Refi  Cash

Out

### Borrower Information

Borrower Name:

Co-Borrower:

Job Time at current Job:

Job Time at current Job:

*(If borrower's do not have 1 year at job time for current employer, they must have several compensating factors to allow for this exception to be made)*

2 Months Reserves available:  Yes  No (must show on 1003)

VOR for 12 Months?  Yes  No VOR for 24 Months?  Yes  No

If collections on credit report, is borrower willing to pay them off?  Yes  No If no, Why? Or, are they already paid in full?

DTI for housing:

DTI for Total:

DU Findings Results:  Approve/Eligible or  refer/eligible

**Findings must be sent with request for review. If Findings are refer/ineligible or approve/ineligible, file does not qualify and will not be reviewed.**

Please provide an overview of the file for our review. Any explanations that can be provided will assist our review!