



Kyle Russell, Vice President
Phone: (843) 884-0504 or (877) 884-0504
Fax: (843) 884-2886

P.O. Box 1561
Mt. Pleasant, SC 29465
krussell@southcoastbank.com

MORTGAGE PRE-APPLICATION INTERNET WORKSHEET

Please return via e-mail, mail, fax, or deliver in person to any Southcoast Bank branch. Southcoast Community Bank keeps all of this information confidential and does not give this information to anyone without your written permission.

Purpose of Loan Request: ___ Purchase ___ Refinance

Property will be: ___ Primary Home ___ Secondary Residence ___ Investment Property

1/ BORROWER: Full Legal Name

CO-BORROWER: Full Legal Name

Name: _____

Name: _____

Social Security # _____ Birth Date ___/___/___

Social Security # _____ Birth Date ___/___/___

Married: Y / N Dependents _____ Ages _____

Married: Y / N Dependents _____ Ages _____

Place of Birth _____

Place of Birth _____

Mother's Maiden Name _____

Mother's Maiden Name _____

2/ RESIDENCE: Current Address

Street

Street

City State Zip Code

City State Zip Code

Home Phone # (____)-_____

Home Phone # (____)-_____

Home e-mail _____

Home e-mail _____

Cell phone # _____

Cell phone # _____

Dates of Residency:

From: ___/___/___ Until: ___/___/___

From: ___/___/___ Until: ___/___/___

Own or *Rent _____ Monthly Rent \$ _____

Own or *Rent _____ Monthly Rent \$ _____

If Renting, Please provide Landlord information (name, Address and Phone #)

Previous Address: **(complete only if resided above for less than 2 years)

Street

Street

City State Zip Code

City State Zip Code

Dates of Residency:

From: ___/___/___ Until: ___/___/___

From: ___/___/___ Until: ___/___/___

Own or *Rent _____

Own or *Rent _____

3/ EMPLOYMENT:

Borrower

Employer

Street Address

City State Zip Code

Position/Title

Self-Employed: Y / N

Length of Employment:

From: ___/___/___ Until: ___/___/___

Employment phone # (___)-_____

Work e-mail _____

Monthly Income _____

Is any portion of Monthly Income Commission? Y / N

Co-Borrower

Employer

Street Address

City State Zip Code

Position/Title

Self-Employed: Y / N

From: ___/___/___ Until: ___/___/___

Employment phone # (___)-_____

Work e-mail _____

Monthly Income _____

Is any portion of Monthly Income Commission? Y / N

Prior Employment ***(complete only if employed with above employer for less than 2 years)

Employer #2

Street Address

City State Zip Code

Position/Title

From: ___/___/___ Until: ___/___/___

Phone # (___)-_____

Employer #2

Street Address

City State Zip Code

Position/Title

From: ___/___/___ Until: ___/___/___

Phone # (___)-_____

4/ OTHER INCOME AND SECURITIES: (Pension/Retirement, Social Security, Disability, Dividends, Alimony, Child Support -

Please provide a brief description):

5/ BANKING:

Acct #1

Bank

Acct # Type of acct. Balance

Acct. #2

Bank

Acct # Type of acct. Balance

Acct #3

Acct #4

Bank

Bank

Acct #	Type of acct.	Balance
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Acct #	Type of acct.	Balance
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6/ ADDITIONAL ASSETS:

Stocks and Bonds (company and estimated value)

Retirement (401-K) accounts _____

Life Insurance (cash Value) _____ Face Value _____

7/ LIABILITIES:

Present Creditors & Installment Loans (Car Loans, Credit cards etc)

Name of Company	Acct #	Mo. Payment	Balance
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Other Liabilities (child support, alimony, job related expenses-Please Describe) _____

8/ REAL ESTATE:

Description/Location	Value	Mortgage Balance	Mortgage Co.	Monthly Payment	Monthly Rental
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9/ MISCELLANEOUS INFORMATION:

A/ If receiving a gift Please list name, address and phone # of gift donor.

B/ Other. Please describe:

GENERAL CREDIT AUTHORIZATION

Southcoast Community Bank is hereby authorized to obtain a Standard Factual Credit Report or in-file credit reports form the credit bureau of their choice.

Print Name

Print Name

Signature

Signature

Date

Date