



CLIENT QUALIFICATION CHECKLIST – MORTGAGE PROTECTION

☐ In-Person ☐ Phone ☐ Zoom ☐ App Date & Time _____

STATE

☐ Mortgage Amount \$ _____ ☐ 30 Year ☐ 20 Year ☐ 15 Year ☐ Other Term _____
☐ Mtg Payment \$ _____ ☐ Extra Payment \$ _____ ☐ Household Exp. \$ _____
☐ Home Value \$ _____ ☐ Home Equity \$ _____ ☐ DI \$ _____

PRIMARY _____ ☐ Veteran

SPOUSE _____ ☐ Veteran

☐ DOB _____ Age _____

☐ DOB _____ Age _____

☐ No Tobacco ☐ Tobacco User

☐ No Tobacco ☐ Tobacco User

☐ Working ☐ Retired ☐ Disabled

☐ Working ☐ Retired ☐ Disabled

☐ Occupation _____

☐ Occupation _____

☐ Monthly Income \$ _____

☐ Monthly Income \$ _____

☐ Height _____ ☐ Weight _____

☐ Height _____ ☐ Weight _____

☐ No Surgeries ☐ Had Surgery

☐ No Surgeries ☐ Had Surgery

☐ **Health Conditions**

☐ **Health Conditions**

☐ High Blood Pressure ☐ Heart Condition

☐ High Blood Pressure ☐ Heart Condition

☐ Diabetes (☐ Insulin ☐ Metformin ☐ Other)

☐ Diabetes (☐ Insulin ☐ Metformin ☐ Other)

Age Diabetes diagnosed _____

Age Diabetes diagnosed _____

☐ Neuropathy ☐ Cancer ☐ Respiratory

☐ Neuropathy ☐ Cancer ☐ Respiratory

☐ Medications _____

☐ Medications _____

Phone _____

Phone _____

Email _____

Email _____

☐ What do you have to offset the cost of the mortgage when you die? Amount: \$ _____

☐ 401k ☐ IRA ☐ Stocks ☐ Bonds ☐ Mutual Funds ☐ C.D.'s ☐ Significant Savings

☐ Life Insurance Face Value \$ _____ ☐ Private ☐ Work / ☐ Term ☐ Whole Life

☐ Beneficiary _____ ☐ Do You Have a Will? ☐ Will Last Updated _____

NOTES
