

NATIONWIDE FINANCIAL SERVICES GROUP, INC.

FACSMILE TRANSMITTAL SHEET

COMPANY: _____ ATTENTION: _____
FAX NUMBER: _____ PHONE NUMBER: _____
REF: _____ YOUR REFERENCE NUMBER: _____
FROM: _____ OUR REFERENCE NUMBER: _____
DATE: _____ TOTAL PAGES INCLUDING COVER: _____
Please advise if you do not receive all pages. Thanks.

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

PREQUAL REQUEST FORM

PURCHASE **REFINANCE** **REFINANCE CASH OUT**

SFR/ 2 UNIT **CONDO L/R** **CONDO H/R** **TOWNHOUSE**

OWNER OCCUPIED **SECOND HOME** **INVESTMENT**

PUR PRICE: _____ **VALUE:** _____

LOAN AMOUNT: _____ **LTV:** _____ **CLTV:** _____

SELF EMPLOYED: _____ **WAGE EARNER:** _____

STATED: _____ **FULL DOC:** _____ **12 M BANK STMT** _____

INTEREST ONLY **40 YEAR TERM** **PPP:** _____

YSP: _____

PLEASE PROVIDE BEST PROGRAM AND BEST RATE / PLEASE PROVIDE 2 SCENARIOS

**THANKING YOU IN ADVANCE
LOAN OFFICER**

Please Note: This fax is intended only for the individual for whom it is directed. Should you receive this information in error, please contact our office immediately. Thank you.