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REFINANCING QUESTIONNAIRE

Please answer the following questions as completely as possible. If you don't know or are unsure of an answer, either leave it blank or write "I don't know."

The purpose of this Questionnaire is to provide us with the information which we need to move your closing forward as quickly as possible. **If you have any concerns, questions or comments concerning this questionnaire, please contact us and not your lender, we will be happy to assist you.**

Questions regarding current Mortgages are very important. Occasionally, lending institutions will have assigned your Mortgage to another lending institution without having recorded the assignment on the Land Records. Providing us with this information allows us to contact the current holder of your Mortgage in order to get your pay off amounts as soon as possible. Please keep in mind that home equity loans are considered mortgages even if you owe no current balance or have never taken out any money against the line of credit.

Item 15 asks that you drop off a copy of your Deed. We are only asking for a copy if you have it in your files. We do not intend for you to travel to your Town Hall to obtain the Deed. We will be conducting a title search at your Town Hall and can pick up a copy at that time.

Thank you in advance for taking the time to fill out this Questionnaire as accurately and completely as possible. We look forward to working with you in refinancing your property.

1. Name of Owner(s) as title presently reads:

2. Address of Owners:

3. Contact Information:

Your work telephone number:

Owner #1 _____

Owner #2 _____

Your home telephone number:

Owner #1 _____

Owner #2 _____

Your cell phone number (optional):

Owner #1 _____

Owner #2 _____

Your Social Security Number:

Owner #1 _____

Owner #2 _____

Your E-mail Address (optional):

Owner #1 _____

Owner #2 _____

4. Do you need any changes in how your title deed reads: Yes / No

5. Around what date do you expect to refinance?

6. Is there a particular time or day of the week that is better for you to have the closing?

7. How many mortgages, liens, home equity loans, or lines of credit are there on the property?

8. For each mortgage, lien, home equity loan, or line of credit state:

a. Holder of mortgage, lien, home equity loan, or line of credit:

b. Address of holder:

c. Account Number:

d. Telephone Number and contact person (If known):

e. Has it been assigned or paid off?

f. If it has been paid off, has it been released?

g. What do you estimate will be the amount of the payoff?

h. What date did you last make a payment on the mortgage, lien, home equity loan, or line of credit, and what was the amount paid?

i. When is the next payment due?

9. Did you take out a Title Insurance policy when you previously purchased or refinanced? If yes, give particulars:

10. Do you have any special requirements or questions regarding the refinancing?

11. What is the name and telephone number of your Homeowner's Insurance agent?

12. What is the exact amount of your annual Homeowner's Insurance premium?
-
13. Do you have flood insurance on the property? _____ If so, what is the name and telephone number of the insurance agent?
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- Exact amount of your annual flood insurance premium: \$_____
14. Amount of your last tax payment for the last half-year period: \$_____
15. Please comply with all the requirements mentioned in the Lender's commitment letter to you and have your Homeowner's Insurance for the date of the closing in exactly the form requested in the commitment letter and bring evidence of it to the closing.
16. PLEASE NOTE: All checks at the closing must be bank or certified checks made payable to Kevin Wickless Law, LLC.

AUTHORIZATION

TO:

DATED:

RE:

Account/Loan# _____

Permission is hereby granted to either my attorney, Kevin D. Wickless or the paralegal, Michele Lemieux, of KEVIN WICKLESS LAW, LLC, 114 Main Street, Norwich, CT, to obtain a Mortgage Payoff statement, insurance binder and insurance paid receipt requested by them relating to the same.

A photocopy of this authorization shall be considered as effective and valid as the original.

Signature: _____

Name (Printed): _____

Address: _____

Social Security #: _____