



ACADEMY MORTGAGE LLC

614 OLD EDMONDSON AVE., SUITE 200 · BALTIMORE, MD 21228
TEL: (410)788-7070 · 1-800-420-5515 FAX: (410)788-6040

REVERSE MORTGAGE COMPUTER ANALYSIS

Borrower's Name:	Borrower's Date of Birth:
-------------------------	----------------------------------

Co-Borrower's Name:	Co-Borrower's Date of Birth:
----------------------------	-------------------------------------

Current Mailing Address:

Phone No.:	Best time to contact you:
-------------------	----------------------------------

Email Address:

County:

Type of Home:
 Single Family Residence Row Home or Town House Duplex/Triplex/Fourplex
 Condominium _____ (name of condo)

Home Value:

Current Mortgage, Liens or Taxes:

Power of Attorney? Please provide a copy for review at your earliest convenience.
 Is there a TRUST on the Property?
A complete copy of the Trust and an attorney opinion letter are required.