



7 SIMMONSVILLE ROAD, SUITE 200  
BLUFFTON, SOUTH CAROLINA 29910  
(T) 843-706-2896 (F) 843-706-2894

**REFINANCE INFORMATION SHEET**

Complete Name: \_\_\_\_\_ Complete Name: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

Name of Current Lender: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Loan No.: \_\_\_\_\_ Principal Balance: \_\_\_\_\_

Name of Hazard Insurance Carrier: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Name of Flood Insurance Carrier (if applicable): \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

I/We:

\_\_\_ will be present at closing \_\_\_ will need a Power of Attorney \_\_\_ will close by mail

Please make every effort to complete this questionnaire within ten (10) days of its receipt. You are welcome to provide us any updates for the questionnaire at any time. Likewise, should you have any questions or require additional information, please do not hesitate to contact our office via email, telephone, or facsimile. We welcome the opportunity to speak with you.

Email: [tomeka@wardbromley.com](mailto:tomeka@wardbromley.com) Telephone: (843)706-2896 Facsimile: (843) 706-2894