

BORROWER			
Name:		Phone Number:	
Best Time to Call: <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend			
Email:			
Driver License:	SSN:	Dependents:	
DOB:	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident	Ages:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino			
Race/National Origin: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Present Address		Co-Borrower Same <input type="checkbox"/>	
Street:		Apt.:	
City:	State:	Zip Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment: \$		
If own, are taxes and insurance included? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If NO, please provide (Yearly) →	HOA:	Taxes:	Hazard Ins:
Time at this Address:	Years:	Months:	

Present Employer		Self-Employed <input type="checkbox"/>	
Company		Position	
Phone Number:	Time on Job:	Years	Months
Monthly Income:	Overtime:	Bonus:	Commission:
Other Monthly Income (Source):			Amount:

Previous Employer		Self-Employed <input type="checkbox"/>	
Company		Position	
Phone Number:	Time on Job:	Years	Months
Monthly Income:	Overtime:	Bonus:	Commission:

DECLARATIONS	Borrower	Co-Borrower				
1. Any judgements against you?	Yes	No	Yes	No		
2. Declared bankruptcy, had property foreclosed upon, given title, or deed in lieu in the past 7 years?	Yes	No	Yes	No		
3. Party to a lawsuit?	Yes	No	Yes	No		
4. Been obligated on any loan which resulted in foreclosure, transfer of title in lieu, or judgement?	Yes	No	Yes	No		
5. Presently delinquent or in default on any federal debt or other financial obligation?	Yes	No	Yes	No		
6. Obligated to pay alimony, child support, or separate maintenance?	Amount	\$	Yes	No	Yes	No
7. Is any part of the down payment borrowed?	Yes	No	Yes	No		
8. Are you a co-maker or endorser on any loan?	Yes	No	Yes	No		
9. Have you been divorced?	Yes	No	Yes	No		
10. Have you had a short sale or modification?	Yes	No	Yes	No		
11. Do you intend to occupy the property as your primary residence?	Yes	No	Yes	No		
12. First time home buyer?	Yes	No	Yes	No		
13. Have you had ownership interest in a property in the last 3 years?	Yes	No	Yes	No		
If yes, what type? <input type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment Property						

ASSETS		
Bank:	Account Type:	Balance:
Bank:	Account Type:	Balance:
Stock/Bonds Name:	Amount:	Vested Retirment Account:

LIABILITIES			
Any libalites that will not show on credit report?			
All CC/other Debt:	Alimony:	Child Care:	Child Support:

CO-BORROWER			
Name:		Phone Number:	
Best Time to Call: <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend			
Email:			
Driver License:	SSN:	Dependents:	
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Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated			
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
Race/National Origin: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Present Address		Co-Borrower Same <input type="checkbox"/>	
Street:		Apt.:	
City:	State:	Zip Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Payment: \$		
If own, are taxes and insurance included? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If NO, please provide (Yearly) →	HOA:	Taxes:	Hazard Ins:
Time at this Address:	Years:	Months:	

Present Employer		Self-Employed <input type="checkbox"/>	
Company		Position	
Phone Number:	Time on Job:	Years	Months
Monthly Income:	Overtime:	Bonus:	Commission:
Other Monthly Income (Source):			Amount:

Previous Employer		Self-Employed <input type="checkbox"/>	
Company		Position	
Phone Number:	Time on Job:	Years	Months
Monthly Income:	Overtime:	Bonus:	Commission:

TRANSACTION		
Purpose of loan: <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance		
Sale Price:	Down Payment:	Soure of Down Payment:
PLEASE ANSWER THE PRIVACY QUESTIONS BELOW		
1. Anniversary?		
2. Favorite hobby?		
3. City you were born?		
4. Favorite color?		
5. Favorite team?		
6. Favorite restaurant?		