

Property Information for Loan

Address: _____ City, ST, Zip: _____ Price: _____
 Purpose: Purchase Refinance (Rate/Term) Refinance (Cash-Out)

Borrower Information

Borrower Name:
 SSN: _____ Birthdate: _____
 E-mail: _____
 Home Phone: _____ Yrs of school: _____
 Married Unmarried Separated
 Dependants: _____ Ages: _____
 Address: _____
 City/State/Zip: _____
 Own Rent Since: _____

Co-Borrower Information

Co-Borrower Name:
 SSN: _____ Birthdate: _____
 E-mail: _____
 Home Phone: _____ Yrs of school: _____
 Married Unmarried Separated
 Dependants: _____ Ages: _____
 Address: (if different) _____
 City/State/Zip: _____
 Own Rent Since: _____

****PREVIOUS ADDRESS - If residing at present address for less than 2 years:**

Address: _____ City/State/Zip: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Years: _____	Address: _____ City/State/Zip: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Years: _____
Address: _____ City/State/Zip: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Years: _____	Address: _____ City/State/Zip: _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Years: _____

Employment Information

Name: _____ <input type="checkbox"/> Self Employed City/State/Zip: _____ Hire Date: _____ Yrs in field: _____ Position/Title: _____ Phone: _____ Mo. Income: _____	Name: _____ <input type="checkbox"/> Self Employed City/State/Zip: _____ Hire Date: _____ Years in field: _____ Position/Title: _____ Phone: _____ Mo. Income: _____
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****PREVIOUS EMPLOYMENT - If employed in current position for less than 2 years:**

Name: _____ <input type="checkbox"/> Self Employed City/State/Zip: _____ Hire Date: _____ Until: _____ Position/Title: _____ Phone: _____ Mo. Income: _____	Name: _____ <input type="checkbox"/> Self Employed City/State/Zip: _____ Hire Date: _____ Until: _____ Position/Title: _____ Phone: _____ Mo. Income: _____
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Other Income (i.e. child support, pension, social security, etc):

Description: _____ Amount: _____ How Often: _____	Description: _____ Amount: _____ How Often: _____
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Housing Expenses

Address: _____ City/State/Zip: _____ Mortgage Co./Landlord: _____ <input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental Property Loan Balance: _____ Payment/Rent: _____ Market Value: _____ Rental Income: _____	Address: (if different) _____ City/State/Zip: _____ Mortgage Co./Landlord: _____ <input type="checkbox"/> Sold <input type="checkbox"/> Pending Sale <input type="checkbox"/> Rental Property Loan Balance: _____ Payment/Rent: _____ Market Value: _____ Rental Income: _____
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Assets - Checking, Savings, 401k, IRA, and Investments

Institution: Account No.	Type: Balance:	Institution: Account No.	Type: Balance:
Institution: Account No.	Type: Balance:	Institution: Account No.	Type: Balance:
Institution: Account No.	Type: Balance:	Institution: Account No.	Type: Balance:

Declarations

	Borrower	Co-Borrower
a. Are there any outstanding judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had a property foreclosed upon or given title or deed in lieu thereof in the last 7 yrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you a party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
h. Is any part of the down payment borrowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
i. Are you a co-maker or endorser on a note?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
j. Are you a U.S. Citizen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
k. Are you a permanent resident alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
l. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

What type of property? Primary Residence Second Home Investment Property
 How did you hold title? Solely by yourself Jointly with Spouse Jointly with another

<u>Borrower</u>	<u>Co-Borrower</u>
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity	Ethnicity
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable
Race	Race
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable
Sex	Sex
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female