

Purchase Mortgage Application

Borrower Name (First, Last)		Co-Borrower Name (First, Last)	
Social Security #	- -	Social Security #	- -
Date of Birth	/ /	Date of Birth	/ /
Current Address		Current Address	
How Long?	<input type="checkbox"/> Years <input type="checkbox"/> Months	How Long?	<input type="checkbox"/> Years <input type="checkbox"/> Months
Home Telephone:		Cell Phone:	
Email Address:		Email Address:	
Married?	<input type="checkbox"/> Y <input type="checkbox"/> N	Married?	<input type="checkbox"/> Y <input type="checkbox"/> N

Is Borrower married to Co-Borrower? Yes No

Borrower:

Co-Borrower:

Current Employer		Current Employer	
How Long?		How Long?	
<input type="checkbox"/> Hourly Wage:	\$. /hr	<input type="checkbox"/> Hourly Wage:	\$. /hr
Hours worked /wk		Hours worked /wk	
<input type="checkbox"/> Salary	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	<input type="checkbox"/> Salary	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
Do you have 2 years of employment in the same line of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have 2 years of employment in the same line of work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Additional Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:		Description:	
Amount of Add'l Income	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	Amount of Add'l Income	\$ <input type="checkbox"/> Monthly <input type="checkbox"/> Annual

Bank Accounts:

Bank Name:	<input type="checkbox"/> Borr <input type="checkbox"/> Co-Borr	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Approximate Balance:	\$
Bank Name:	<input type="checkbox"/> Borr <input type="checkbox"/> Co-Borr	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Approximate Balance:	
Bank Name:	<input type="checkbox"/> Borr <input type="checkbox"/> Co-Borr	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Approximate Balance:	\$
Other Assets:	Type of Account:	Approximate Balance:		
		Borrower	Co-Borrower	
	<input type="checkbox"/> 401K	\$	\$	
	<input type="checkbox"/> IRA	\$	\$	
	<input type="checkbox"/> Stocks/Bonds	\$	\$	
<input type="checkbox"/> Gift from Family Member	\$	\$		
<input type="checkbox"/> Existing Home Equity Loan	\$	\$		
Is Down Payment coming from Sale of Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How much will your down payment be?	<input type="checkbox"/> \$ <input type="checkbox"/> % _____	

Real Estate Owned

Do you own any other property?	<input type="checkbox"/> Y <input type="checkbox"/> N	If Yes, please list property address
	Property #1	Occupancy of Property <input type="checkbox"/> Primary Residence <input type="checkbox"/> 2 nd Home <input type="checkbox"/> Investment Property
		Is the property mortgaged? <input type="checkbox"/> Y <input type="checkbox"/> N
Approximate Value:	\$	If yes, How much is owed? \$

	Property #2	Occupancy of Property <input type="checkbox"/> Primary Residence <input type="checkbox"/> 2 nd Home <input type="checkbox"/> Investment Property
		Is the property mortgaged? <input type="checkbox"/> Y <input type="checkbox"/> N
Approximate Value:	\$	If yes, How much is owed?
If Rented out – how much?	\$ /month	\$
	Property #3	Occupancy of Property <input type="checkbox"/> Primary Residence <input type="checkbox"/> 2 nd Home <input type="checkbox"/> Investment Property
		Is the property mortgaged? <input type="checkbox"/> Y <input type="checkbox"/> N
Approximate Value:	\$	If yes, How much is owed?
If rented out – how much?	\$ /month	\$
I have additional properties: <input type="checkbox"/> Y <input type="checkbox"/> N		

Have you had a bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ch 7 <input type="checkbox"/> Ch 13
Have you had a property foreclosure/Deed-in-Lieu/Short Sale in the last 7 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you obligated to pay alimony, child support or separate maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ /mo
Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a permanent resident alien w/ card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to occupy as your primary residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How much rent are you currently paying?		\$
What is your comfort zone for a mortgage payment?		\$

Government Monitoring	
*In order to ensure we do not discriminate for reasons of race or color, please complete the following information. Your selections will not impact the outcome of your qualification or programs available.	
Borrower	Co-Borrower
Ethnicity	Ethnicity
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	Race
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White

Type of Property you will be purchasing:	<input type="checkbox"/> Primary Residence <input type="checkbox"/> 2 nd Home <input type="checkbox"/> Investment Property
Are you currently working with a realtor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, who are you working with? If no, would you like a recommendation? <input type="checkbox"/>

Who did you speak with in our office?
<input type="checkbox"/> Lance Dickson <input type="checkbox"/> Courtney Walker <input type="checkbox"/> Joette Meadows <input type="checkbox"/> Andrea Ayers <input type="checkbox"/> Missie Triano Walsh <input type="checkbox"/> Laura Galloway