

Tell Us About Yourself



Print clearly. Use additional sheets if necessary.

Information will not be shared with any third party (e.g. credit agency or lender) without your explicit signed authorization.

General Information

Last Name:

First Name:

Middle Name:

Suffix (Sr., Jr., etc):

Social Security Number:

Home Phone:

Alternate Phone:

Ext:

E-mail Address:

Birth Date:

Number of Dependents:

Gender:

☐

Female

☐

Male

Marital Status:

☐

Married

☐

Separated

☐

Unmarried

☐

Single Head of Household

☐

Female Head of Household

☐

First Time Home Buyer

☐

US Veteran

☐

Owned Home in Last 3 Years

Race:

☐

American Indian/Alaskan Native

☐

Asian/Pacific Islander

☐

Black/Non-Hispanic

☐

Hispanic

☐

White/Non-Hispanic

☐

Other

Citizenship:

☐

US Citizen

☐

Permanent Resident

☐

Non-Resident

Address & Employment

Address

☐ Current

Street Address:

City:

State:

Zip:

Residency Status:

☐

Own

☐

Rent

County:

Length of occupancy:

Years:

Months:

Previous Address (enter if the current address is less than 2 years)

Street Address:

City:

State:

Zip:

Residency Status:

☐

Own

☐

Rent

County:

Length of occupancy:

Years:

Months:

Employment

Employer Name:

Street Address:

City:

State:

Zip:

Contact Phone:

Ext:

Position/Title:

Start Date:

End Date:

☐

Self Employed

Previous Employment (enter if within the last 2 years)

Employer Name:

Street Address:

City:

State:

Zip:

Contact Phone:

Ext:

Position/Title:

Start Date:

End Date:

☐

Self Employed

Financials

Income

Owner If there are multiple clients, enter the name of the one responsible for the income
 Type of Income Specify the type of income: salary, commissions, bonuses, etc.
 Pay Cycle Indicate how frequently the client receives this income: biweekly, hourly, monthly, semi-monthly, weekly, or yearly

Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>
Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>
Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>
Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>
Owner:	<input type="text"/>	Type of Income:	<input type="text"/>	Amount:	<input type="text"/>	Pay Cycle:	<input type="text"/>

Assets

Owner If there are multiple clients, enter the name of the one who owns the asset
 Type of Asset Describe the nature of the asset: checking account, savings account, stock, pending tax refund etc
 Institution Enter the name of the bank or other financial institution holding the asset

Owner	<input type="text"/>	Type of Asset	<input type="text"/>		
Institution Name	<input type="text"/>	Account Number	<input type="text"/>	Asset Value	Available Funds
				<input type="text"/>	<input type="text"/>

Owner	<input type="text"/>	Type of Asset	<input type="text"/>		
Institution Name	<input type="text"/>	Account Number	<input type="text"/>	Asset Value	Available Funds
				<input type="text"/>	<input type="text"/>

Owner	<input type="text"/>	Type of Asset	<input type="text"/>		
Institution Name	<input type="text"/>	Account Number	<input type="text"/>	Asset Value	Available Funds
				<input type="text"/>	<input type="text"/>

Owner	<input type="text"/>	Type of Asset	<input type="text"/>		
Institution Name	<input type="text"/>	Account Number	<input type="text"/>	Asset Value	Available Funds
				<input type="text"/>	<input type="text"/>

Owner	<input type="text"/>	Type of Asset	<input type="text"/>		
Institution Name	<input type="text"/>	Account Number	<input type="text"/>	Asset Value	Available Funds
				<input type="text"/>	<input type="text"/>

Financials (cont.)

Liabilities

Owner If there are multiple clients, enter the name of the one who has the liability
 Type of Liability Describe the nature of the liability: credit line, mortgage, taxes, etc

Owner <input type="text"/>	Creditor Name <input type="text"/>	Account Number <input type="text"/>	Monthly Payment <input type="text"/>
	Type of Liability <input type="text"/>	Outstanding Balance <input type="text"/>	<input type="checkbox"/> Delinquent

Owner <input type="text"/>	Creditor Name <input type="text"/>	Account Number <input type="text"/>	Monthly Payment <input type="text"/>
	Type of Liability <input type="text"/>	Outstanding Balance <input type="text"/>	<input type="checkbox"/> Delinquent

Owner <input type="text"/>	Creditor Name <input type="text"/>	Account Number <input type="text"/>	Monthly Payment <input type="text"/>
	Type of Liability <input type="text"/>	Outstanding Balance <input type="text"/>	<input type="checkbox"/> Delinquent

Owner <input type="text"/>	Creditor Name <input type="text"/>	Account Number <input type="text"/>	Monthly Payment <input type="text"/>
	Type of Liability <input type="text"/>	Outstanding Balance <input type="text"/>	<input type="checkbox"/> Delinquent

Owner <input type="text"/>	Creditor Name <input type="text"/>	Account Number <input type="text"/>	Monthly Payment <input type="text"/>
	Type of Liability <input type="text"/>	Outstanding Balance <input type="text"/>	<input type="checkbox"/> Delinquent

Declarations (Credit Issues)

Owner If there are multiple clients, enter the name of the one who had the issue
 Action type Specify one of the following: bankruptcy, foreclosure, judgement, lien, party to lawsuit, or repossession

Owner:	<input type="text"/>	Action Type:	<input type="text"/>	Date Occurred:	<input type="text"/>	Resolution Date:	<input type="text"/>
Owner:	<input type="text"/>	Action Type:	<input type="text"/>	Date Occurred:	<input type="text"/>	Resolution Date:	<input type="text"/>
Owner:	<input type="text"/>	Action Type:	<input type="text"/>	Date Occurred:	<input type="text"/>	Resolution Date:	<input type="text"/>

Non-Traditional Credit

Owner If there are multiple clients, enter the name of the one responsible for this credit
 Credit Type Specify one of the following: auto insurance, cable TV, child care, electric, gas, homeowner/renter's insurance, life insurance, local merchant account, medical bill, medical insurance, rent, school tuition, telephone, or water

Owner:	<input type="text"/>	Credit Type:	<input type="text"/>	Average Monthly Payment:	<input type="text"/>	<input type="checkbox"/> Doc. Provided
Owner:	<input type="text"/>	Credit Type:	<input type="text"/>	Average Monthly Payment:	<input type="text"/>	<input type="checkbox"/> Doc. Provided
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Owner:	<input type="text"/>	Credit Type:	<input type="text"/>	Average Monthly Payment:	<input type="text"/>	<input type="checkbox"/> Doc. Provided
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