

Buying form page

Request a Credit Review

Date ____ / ____ / ____

Primary Owner's Name _____

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

Secondary Owner's Name _____

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

Address _____
street address city state zip code

Home Phone (____) ____ - _____ Work Phone (____) ____ - _____ Best Time to Call _____ AM PM

Employment History

<u>EMPLOYER</u>	<u>LENGTH OF EMPLOYMENT</u>	<u>PAY RATE</u>	<u>MINIMUM HOURS</u>	<u>OT AVAILABLE</u>
_____	_____ <input type="checkbox"/> yrs <input type="checkbox"/> mns	\$ _____ <input type="checkbox"/> hr <input type="checkbox"/> wk <input type="checkbox"/> yr	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ <input type="checkbox"/> yrs <input type="checkbox"/> mns	\$ _____ <input type="checkbox"/> hr <input type="checkbox"/> wk <input type="checkbox"/> yr	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ <input type="checkbox"/> yrs <input type="checkbox"/> mns	\$ _____ <input type="checkbox"/> hr <input type="checkbox"/> wk <input type="checkbox"/> yr	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____ <input type="checkbox"/> yrs <input type="checkbox"/> mns	\$ _____ <input type="checkbox"/> hr <input type="checkbox"/> wk <input type="checkbox"/> yr	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rental History

Monthly Rent \$ _____ Paid by Cash Check Money Order

Have Receipts/documentation for the past 12 months Yes No

Financial Information

Mark each box for all of the following that apply to you:

- Taxes filed in the last 2 years
- Owe child support or alimony
- Receive child support or alimony
- First-time homebuyer
- Will use a co-signer if needed
- Have credit issues (such as late payments and outstanding balances)

Contributing Funds for Home Purchasing

Mark each box for all of the following that apply to you and provide an estimated amount:

- Savings _____ 401K _____
- Checking _____ Gift _____

Interested in a Specific Property

Source _____ Address _____
street address city

For office use

Request Completed By _____ Date Requested ____ / ____ / ____ Assigned to _____