

CO-APPLICANT INFORMATION

| | | | |
|---|-----------------------------|--|--|
| Name: | | Will you live in new home being purchased? <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Date of birth: | SSN: | Cell Phone: | |
| Marital Status: (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | | |
| Email Address: | | Home Phone: | |
| Current address: | | How long at this address? | |
| City: | State: | ZIP Code: | |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relative <input type="checkbox"/> Other | | | |
| Monthly payment or Rent: \$ | | Do you receive Section 8? <input type="checkbox"/> Y <input type="checkbox"/> N Amount: \$ | |
| Previous address (if less than 2 years at current address): | | | |
| City: | State: | ZIP Code: | |
| <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Relative <input type="checkbox"/> Other | Monthly payment or rent: \$ | How long at this address? | |

CO-APPLICANT EMPLOYMENT INFORMATION

| | | | |
|-----------|---|-------------|--|
| Employer: | | Start Date: | |
| Address: | | Work Phone: | |
| City: | State: | ZIP Code: | |
| Position: | (Check One) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Annual (Enter Amount) \$ (How Many Hours A Week): | | |

CO-APPLICANT ADDITIONAL EMPLOYMENT INFORMATION

| | | | |
|-----------|---|-------------|--|
| Employer: | | Start Date: | |
| Address: | | Work Phone: | |
| City: | State: | ZIP Code: | |
| Position: | (Check One) <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Annual (Enter Amount) \$ (How Many Hours A Week): | | |

Assets (Checking, Savings, 401k) or Sources of Income

| NAME OF BANK OR CREDIT UNION | TYPE | ACCOUNT BALANCE |
|------------------------------|----------|-----------------|
| | CHECKING | |
| | | |
| | | |
| | | |
| | | |



LIST ALL OCCUPANTS THAT WILL BE LIVING IN THE HOUSE TO BE PURCHASED

| NAME: | Relationship | AGE | Income/Benefit |
|-------|--------------|-----|----------------|
| | Self | | |
| | | | |
| | | | |
| | | | |
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| | | | |

Are you currently under contract to buy a Home? Y N

Do You Have a realtor? Y N

Address?

Name of Realtor:

Anticipated Closing Date of Home Purchase?

Do You Have a Lender? Y N

Name of Lender:

Are you a "first time home buyer" *? Y N

*A first-time home buyer is a person that has not been the owner-occupant of a home in the last three years or has been displaced from their home as a result of civil action or relocation.



