

PRE-APPLICATION WORKSHEET

Please complete all information and return by fax, mail, or email prior to our appointment. By being as complete as possible, the formal application process will be much more timely and accurate.

BORROWER

CO-BORROWER

Name:			Name:		
Social Security #:			Social Security #:		
Street:			Street:		
City:	State:	_ Zip:	City:	State:	Zip:
🗅 Own 🛛 Rent \$	/mc	onth	🛛 Own 🗳 Rent \$	/m	onth
# of Years:			# of Years:		
PHONE: • Home:			PHONE:		
• Work:					
• Mobile:					
Email:					
Date of Birth:					
Years of School:			Years of School:		
□ Married □ Unmarried □ Separated			☐ Married ☐ Unmarried ☐ Separated		
# of Dependents:	Ages:		# of Dependents:	_ Ages:	
Street:		(If less than two year	ADDRESS rs at present address.) Street:		
City:					
🗅 Own 🕒 Rent			🗖 Own 🗖 Rent		
# of Years:			# of Years:	_	
			ENT HISTORY ars required.		
Employer:			Employer:		
Street:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Position:			Position:		
Gross Monthly Income:	Commission: 🛛 Yes 📮 No		Gross Monthly Income:	Commission: 🛛 Yes 📮 No	
Dates (From:	to:)	Dates (From:	_ to:)
Self-Employed: 🛛 Yes 🛛 No			Self-Employed: 🗖 Yes 🛛 No		

PREVIOUS EMPLOYER

If less than two years with current employer

Employer:			Employer:	
Street:				
		Zip:		State: Zip:
Position:			Position:	
Gross Monthly Inco	me: Co	mmission: 🗖 Yes 📮 No	Gross Monthly Inco	ome: Commission: 🗆 Yes 📮
Dates (From:	to:)	Dates (From:	to:)
Self-Employed: 🛛 Y	es 📮 No		Self-Employed: 🗖 Y	Yes 🛛 No
		e income need not be revealed if	you do not wish to have it co	onsidered as a bas is for repayment.
		ASSET A	CCOUNTS	
	Includes ch	necking, savings, money m	arkets, certificates, and	d cash accounts.
Name of Institution	:	Account #:	/ Type:	Balance:
Name of Institution	:	Account #:	/ Type:	Balance:
Name of Institution	:	Account #:	/ Type:	Balance:
		AU	TOS	
Year:	Make:	Moc	del:	Value: \$
Year:	Make:	Moc	del:	Value: \$
			ASSETS	
Value of Current Ho	me: \$	Vested 401K:	\$	IRAs: \$
			DLORD licable.)	
Landlord:		Phone	:	# of Years:
		ADDITIONAL REA	AL ESTATE OWNED	
Property Address:		City		
Mortgage Holder:		Payment:	Balance:	Property Type:
Droporty Addros		C 1.		Stata, ZID.
				State: ZIP:
wortgage Holder: _		Payment:	Balance:	Property Type:
	I hereby authorize L	AUTHORIZATION ake Area Mortgage, its ag	TO OBTAIN CREDIT ents, or assigns, to obta	
Signature		Date S	Signature	Date