



Credit Application for Property Improvement Loan

I/We hereby apply for a loan of \$ _____ (net) to be repaid in # _____ months. Date: _____

<p>1. Do you have any past due obligations owed to or insured by any agency of the Federal Government? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>2. Have you any other applications for an FHA Title I Loan pending at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO if "Yes," with whom?</p>	<p>3. Are you refinancing a Title I Loan? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If "Yes," enter: ... the loan number: _____</p> <p>... and balance owing: \$ _____</p>
<p>4. Are there any unsatisfied judgements against you? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5. Have you been declared bankrupt in the last seven years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>6. Are you a party in a pending lawsuit? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7. Has your property been foreclosed upon in the last seven years? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Applicant

Co-Applicant

I am agreeing to apply for Joint Credit

Name of Applicant:		Name of Applicant:	
Social Security Number:	Telephone Number:	Social Security Number:	Telephone Number:
Present Address:		Present Address:	
How Long?	Own or Rent?	How Long?	Own or Rent?
Previous Address:		Previous Address:	
How Long?	Own or Rent?	How Long?	Own or Rent?
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. Single, Divorced, Widowed)		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (incl. Single, Divorced, Widowed)	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	No. of Dependents:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Check Appropriate Box 1. <input type="checkbox"/> White, not Hispanic 3. <input type="checkbox"/> American Indian or Alaskan Native 2. <input type="checkbox"/> Black, not Hispanic 4. <input type="checkbox"/> Asian or Pacific Islander 5. <input type="checkbox"/> Hispanic		Check Appropriate Box 1. <input type="checkbox"/> White, not Hispanic 3. <input type="checkbox"/> American Indian or Alaskan Native 2. <input type="checkbox"/> Black, not Hispanic 4. <input type="checkbox"/> Asian or Pacific Islander 5. <input type="checkbox"/> Hispanic	
Name and Address of Nearest Relative Not Living with You:		Name and Address of Nearest Relative Not Living with You:	
Relationship:	Telephone Number:	Relationship:	Telephone Number:

Employment & Income. If self-employed, submit 2 years of federal income tax returns. (Note: Alimony, child support, or separate maintenance income need not be reported unless you will rely upon it for repaying this loan)

Applicant

Co-Applicant

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Employer's Name and Business Address:		Employer's Name and Business Address:	
Business Phone:	Type of Work or Position:	Business Phone:	Type of Work or Position:
Date of Employment:	Net Salary Per Week or Month: \$ _____ per	Date of Employment:	Net Salary Per Week or Month: \$ _____ per
Other Income Source:	Amount Per Week or Month: \$ _____ per	Other Income Source:	Amount Per Week or Month: \$ _____ per
Previous Employer's Name & Business Address (if less than two years earlier):		Previous Employer's Name & Business Address (if less than two years earlier):	
Business Phone:	Type of Work or Position:	Business Phone:	Type of Work or Position:
Number of Years:	Net Salary Per Week or Month: \$ _____ per	Number of Years:	Net Salary Per Week or Month: \$ _____ per
Bank Accounts: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> None		Bank Accounts: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> None	
Name & Address of Bank or Branch:		Name & Address of Bank or Branch:	

Debts. List all fixed obligations, installment accounts, FHA loans and debts to banks, finance companies and Government agencies. If more space is needed, list additional debts on separate pages and attach them to this form.

Automotive Lienholder:	Year:	Make:	Original Amount of Debt: \$ _____	Present Balance: \$ _____	Monthly Payment: \$ _____
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Real Estate Lienholder:	FHA Insured?		Original Amount of Debt: \$ _____	Present Balance: \$ _____	Monthly Payment: \$ _____
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To Whom Indebted:	Account Number:		Original Amount of Debt: \$ _____	Present Balance: \$ _____	Monthly Payment: \$ _____
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Name & Address of the Lending Institution:

Information verified with applicant by:

Face-to-face interview

Telephone interview

By (Signature of Loan Officer)

X _____

Social Security Number Verification

Applicant:

Co-Applicant:

Credit Alert Access Code

Applicant:

Co-Applicant:

Reserved for use by the Lending Institution