

# HOME APPLICATION

Tel: 877-783-6716

Return Fax: 650-558-9025

Application for (address): \_\_\_\_\_

## PERSONAL INFORMATION

First Applicant's Last Name (include all names you use): \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: \_\_\_\_\_ Driver's License/ID Number/State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Any additional name you have used for any purpose: \_\_\_\_\_

If presently married, how long: \_\_\_\_\_

Second Applicant or Adult Occupant Last Name: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

How long have you been in this area? \_\_\_\_\_

Do you know of anything or any reason that may interrupt your ability to pay your monthly mortgage?

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## RESIDENCE HISTORY (at least 5 years – continue on separate sheet if necessary)

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates lived at this address: \_\_\_\_\_

Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Occupy: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of present landlord/owner/mortgage company: \_\_\_\_\_

Address of present landlord/owner/mortgage company: \_\_\_\_\_

Landlord's phone: \_\_\_\_\_

Monthly Rental Amount: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Is your rent/payment current? \_\_\_\_\_

Security Deposit Amount currently held by landlord: \_\_\_\_\_

Previous Residence Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Dates lived at address: \_\_\_\_\_

Previous landlord's phone: \_\_\_\_\_ Monthly rental amount: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Was your Security Deposit Returned? \_\_\_\_\_

**INCOME HISTORY**

**First Applicant's** current employment status:

Full-time \_\_\_\_\_ Part-time (less than 32 hours) \_\_\_\_\_ Retired \_\_\_\_\_

Self-employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Other \_\_\_\_\_

Applicant employed by: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Average Weekly Hours: \_\_\_\_\_

How long at this place of employment \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Please indicate (circle) Weekly, Bi-weekly, Monthly, or Annual Average **Take Home pay**: \_\_\_\_\_

**Second Applicant's** current employment status:

Full-time \_\_\_\_\_ Part-time (less than 32 hours) \_\_\_\_\_ Retired \_\_\_\_\_

Self-employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Other \_\_\_\_\_

Applicant employed by: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Average Weekly Hours: \_\_\_\_\_

How long at this place of employment \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Please indicate (circle) Weekly, Bi-weekly, Monthly, or Annual Average **Take Home pay**: \_\_\_\_\_

**ADDITIONAL INCOME:**

Please list any additional income source(s) (i.e., self-employment, social security, benefit payments, etc.). Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been receiving income from this source? \_\_\_\_\_

How long do you expect this income to continue? \_\_\_\_\_

Is there any reason it would stop? \_\_\_\_\_

Additional Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you been receiving income from this source? \_\_\_\_\_

How long do you expect this income to continue? \_\_\_\_\_

Is there any reason it would stop? \_\_\_\_\_

**ASSETS / CREDITS / LOANS**

**VEHICLE LOANS**

Vehicle 1

Financed/Lease through \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact and Phone number: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Vehicle 2

Financed/Lease through \_\_\_\_\_ Account Number: \_\_\_\_\_

Contact and Phone number: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

**CREDIT CARDS, LOANS, & BANKS**

(Including bank cards, department store, gas cards, student loans)

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount owed: \_\_\_\_\_  
Monthly payment: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount owed: \_\_\_\_\_  
Monthly payment: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount owed: \_\_\_\_\_  
Monthly payment: \_\_\_\_\_

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account #: \_\_\_\_\_ Amount owed: \_\_\_\_\_  
Monthly payment: \_\_\_\_\_

Check or list any other current monthly expenses and the approximate amounts paid per month:  
Hospital payment: \_\_\_\_\_ Health Insurance: \_\_\_\_\_ Auto Insurance: \_\_\_\_\_  
Child Care: \_\_\_\_\_ Tuition: \_\_\_\_\_ Cable TV \_\_\_\_\_ Other \_\_\_\_\_  
Other: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
How long have these accounts been active? Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Name of bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
How long have these accounts been active? Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

**REFERENCES**

Name of Nearest Living Relative:  
Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_ How long? \_\_\_\_\_  
Phone: \_\_\_\_\_

Do you give Seller or manager permission to contact references listed and to verify credit history? \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax the completed application to 650-558-9025.** No cover sheet is necessary.  
Or mail it to **TMG West Inc., 1325 Howard Ave., Suite 216, Burlingame, CA 94010.**  
Thank you for your application to purchase our house. If your application is accepted, we look forward to providing you a home.