



Print Date: _____

Tell Us About Yourself

Please Print Clearly

Information will not be shared with any third party without your expressed permission.

General Information

Primary: _____
Last Name First Name MI Date of Birth Social Security Number

Address: _____
Street City State Zip Code

Contact information: Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Email Address: _____ Preferred contact method: _____

Residency Information: Rent Own Length of Occupancy: Years: _____ Months _____

Household Information: size: _____ Applicant's number of dependents: _____

Gender: Female Male Marital Status: Married Separated Unmarried

Single Head of household Female Head of Household First Time Home Buyer

Owned a Home in Last 3 Years United States Veteran Handicapped

Race: Please check one or more of the following boxes. Keep in mind race is different than ethnicity, for example if you are Hispanic; you need to check a race box and Hispanic as ethnicity below. If multiracial, mark more than one.

American Indian/Alaskan Native

Black or African-American

Asian

Native Hawaiian/Other Pacific Islander

White

Other _____

Ethnicity: Are You Hispanic or Latino? (A person of Cuban, Dominican, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.): Yes No

Financial Information:

Employer's Name: _____

Address: _____
Street City Zip code County

Position: _____ Employer's Contact Information: _____

Start Date: _____ End Date: _____ Wages: _____ Weekly Biweekly Monthly

Other Sources of Income: _____ Amount: _____
Examples: Child support, Social Security, Retirement, Unemployment, part-time job

Second Source of Income: _____ Amount: _____

Third Source of Income: _____ Amount: _____

Assets: please state the type, and value of assets that might be used for the purchase of your new home.

Banking Institution: _____ Amount of Savings: _____

Investment Institution: _____ Amount of Investment: _____

Type of Investment: _____ Term of Investment: _____

Any information you deem useful: _____

Possible Co-buyer:

Applicant: _____
Last Name First Name MI Date of Birth Social Security Number

Address: _____
Street City State Zip Code

Contact information: Home: () _____ - _____ Work: () _____ - _____ Cell: () _____ - _____

Email Address: _____ Income: _____ Assets Value: _____

I have been referred by: _____
Please tells us about the person, or organization that referred you to us

I authorize Marketview Heights Association to access my credit report via Marketview Heights Association, or a third party lending institution:

Signature

Assistance is available to all persons without regard to race, creed, color, national origin, sex, age, disability, familial status, sexual orientation, handicap or marital status.