



EZ FAX BACK: (704) 900-0673 INFORMATION FOR LOAN APPLICATION

(A) APPLICANT

(CA) CO-APPLICANT

NAME: (A) _____ (CA) _____
 Mother's Maiden Name (A) _____ (CA) _____
 SOCIAL SECURITY #: (A) _____ (CA) _____
 BIRTHDATE: (A) _____ (CA) _____ YEARS OF SCHOOLING: (A) _____ (CA) _____
 MARITAL STATUS: _____ AGE(S) OF DEPENDENTS: _____ E-MAIL ADDRESS(es): _____
 CELL PHONE (s) _____ REFERRED BY _____
 PRESENT ADDRESS: _____
 STREET _____ CITY _____ STATE _____ ZIP CODE _____
 TIME AT PRESENT ADDRESS: From _____ To: _____ COUNTY: _____ HOME PHONE: _____
 HOUSING PAYMENTS\$ _____ LANDLORD, if applicable: _____ PHONE#/ADDRESS: _____
 MORTGAGE CO _____ LOAN #: _____ % RATE _____ CURRENT BALANCE: \$ _____

PREVIOUS ADDRESSES (if less than 2 years at current address, must cover 24 months):

STREET _____ CITY _____ STATE _____ ZIP CODE _____

LANDLORD NAME _____ ADDRESS _____ PHONE _____ DATES: FROM _____ TO _____

STREET _____ CITY _____ STATE _____ ZIP CODE _____

LANDLORD NAME _____ ADDRESS _____ PHONE _____ DATES: FROM _____ TO _____

PRESENT EMPLOYER (Name and Address) OR New Employer of Relocating Applicant

(A) _____
 Company Name _____ Address _____ City _____ State _____ Zip _____

(CA) _____
 Company Name _____ Address _____ City _____ State _____ Zip _____

Work Phone: (A) _____ (CA) _____ Yrs. In Same Field (A) _____ (CA) _____

Job Title: (A) _____ (CA) _____

Dates of Employment: (A) _____ (CA) _____

Monthly Gross Income (State whether salary, hourly, bonus, or commission) (A) _____ (CA) _____

Other Income: _____ Please Explain: _____

PREVIOUS EMPLOYER (If employed less than two years with present employer, must cover 24 months):

(A) _____
 Company Name _____ Address _____ City _____ Zip _____ Phone No. _____ Dates: From/To _____ Position _____ Income _____

(CA) _____
 Company Name _____ Address _____ City _____ Zip _____ Phone No. _____ Dates: From/To _____ Position _____ Income _____

THIS DOES NOT CONSTITUTE A STANDARD RESIDENTIAL MORTGAGE LOAN APPLICATION

Deanna Valeo NMLO license #91421 704-488-1421 & Todd Croy NNMLO license #91428 704-488-7763 Fax 704-900-0673

CHECKING AND SAVINGS ACCOUNT INFORMATION:

BANK NAME	CHECKING/SAVINGS/CD	ACCOUNT NUMBER	\$	BALANCE
BANK NAME	CHECKING/SAVINGS/CD	ACCOUNT NUMBER	\$	BALANCE
BANK NAME	CHECKING/SAVINGS/CD	ACCOUNT NUMBER	\$	BALANCE
BANK NAME	CHECKING/SAVINGS/CD	ACCOUNT NUMBER	\$	BALANCE
BANK NAME	CHECKING/SAVINGS/CD	ACCOUNT NUMBER	\$	BALANCE

ASSETS: (include name of provider and account numbers where applicable)

STOCKS/BONDS (No. of shares and value): _____
UNIVERSAL OR WHOLE LIFE POLICIES (Face amount and cash value if applicable): _____
MARKET VALUE OF CURRENT RESIDENCE: _____
TYPE AND BALANCE IN RETIREMENT ACCOUNTS: _____
MAKE AND YEAR OF AUTOMOBILE(S) AND ESTIMATED VALUE: _____
VALUE OF ANY OTHER ASSETS: _____

DEBTS: (list credit accounts that do not report to credit bureaus)

NAME OF ACCOUNT	ACCOUNT NUMBER	MONTHLY PAYMENT	\$ BALANCE
-----------------	----------------	-----------------	------------

(Second Mortgage/ Home Equity Line of Credit)

HOMEOWNER'S ASSOCIATION (name, contact, telephone #, dues \$) _____

HOMEOWNER'S INSURANCE (Company, agent, telephone #, fax #) _____

REAL ESTATE ATTORNEY (Name, telephone #, fax #) _____

Other Real Estate Owned (rental/second home; address, rent received, mortgage information) _____

ALIMONY OR CHILD SUPPORT MONTHLY PAYMENTS (if applicable): _____

SOURCE OF DOWN PAYMENT FOR PURCHASE (Circle all that apply): Savings Checking Gift (name of donor)
\$ towards down payment: _____ Bonus Proceeds from Sale Relocation
Other: _____

I/WE AUTHORIZE New American Mortgage TO PULL MY/OUR CREDIT REPORT AND TO INQUIRE REGARDING MY/OUR EMPLOYMENT HISTORY.

(A) _____ DATE: _____ (CA) _____ DATE: _____



For use with the Residential Loan Application to allow full disclosure and communication	Borrower:	Loan Number:
	Co-Borrower:	Loan Number:

Additional information may be needed throughout the loan process from professionals you have retained or worked with. The following information will allow us to assist you and expedite any documentation or communication that may be needed.

Human Resource Manager			
Name	Phone	Fax	E-mail Address

Insurance Professional			
Name	Phone	Fax	E-mail Address
<i>If you do not have a preferred insurance professional, we are happy to refer one. Please refer: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			

Family Planning: Wills/Estates/Probate Avoidance			
Name	Phone	Fax	E-mail Address
<i>If you do not have a will or trust, we are happy to refer you to a specialist in this area. Please refer: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			

Bankruptcy, Divorce or other Legal Professional			
Name	Phone	Fax	E-mail Address

Financial Planner			
Name	Phone	Fax	E-mail Address
<i>If you would like us to refer you to a financial planner, we are happy to do so. Please refer: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			

CPA/Tax Professional			
Name	Phone	Fax	E-mail Address
<i>If you need the services of a CPA, we are happy to refer one. Please refer: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			

Real Estate Professional			
Name	Phone	Fax	E-mail Address
<i>If you are not working with a real estate professional, we are happy to refer one. Please refer: <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			

I (We) hereby authorize the above referenced professionals to release any information as needed to assist in the process of obtaining mortgage financing.

Borrower:	Date:
Borrower:	Date:



If you answer "Yes" to any questions a through i, please use continuation sheet for explanation.

	Borrower		Co-Borrower	
	Yes	No	Yes	No
a. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? (This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name, and address of Lender, FHA or VA case number, if any, and reasons for the action.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in the preceding question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Do you intend to occupy the property as your primary residence? If "Yes," complete question m below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) What type of property did you own - - principal residence (PR), second home (SH), or investment property (IP)?	_____		_____	
(2) How did you hold title to the home - - solely by yourself (S), jointly with your spouse (SP), or jointly with another person (O)?	_____		_____	

X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER	<input type="checkbox"/> I do not wish to furnish this information.	CO-BORROWER	<input type="checkbox"/> I do not wish to furnish this information.
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race:	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex:	<input type="checkbox"/> Female <input type="checkbox"/> Male

