

# Anthony & Company

**FAX (919) 882-1472**

Sale Price	Down Payment	Loan Amount	No. of Months	Monthly Payment
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Property Street Address	City	County	State	Zip
Year Acquired	Original Cost	Down Payment	Present Value	Year Built

**APPLICANT**

**CO-APPLICANT**

Full Name		DOB	Full Name		DOB
Present Address	No. Years _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address	No. Years _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Street _____			Street _____		
City, State, Zip _____			City, State, Zip _____		
FORMER ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS)			FORMER ADDRESS (IF LESS THAN 3 YEARS AT PRESENT ADDRESS)		
Street _____			Street _____		
City, State, Zip _____			City, State, Zip _____		
Years at Former Address _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent	Years at Former Address _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		No. of Dependents _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated		No. of Dependents _____
Name and Address of Employer		Years Employed in this line of work or profession? _____ years	Name and Address of Employer		Years Employed in this line of work or profession? _____ years
		Years on this job _____			Years on this job _____
		<input type="checkbox"/> Self Employed			<input type="checkbox"/> Self Employed
Position/Title		Type of Business	Position/Title		Type of Business
Social Security Number	Home Phone	Business Phone	Social Security Number	Home Phone	Business Phone
Cell Phone Number		Email address	Cell Phone Number		Email Address

**GROSS MONTHLY INCOME**

ITEM	APPLICANT	CO-APPLICANT	TOTAL
Monthly Income	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Retirement	\$ _____	\$ _____	\$ _____
Other (Explain)	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____

**MORTGAGE INFORMATION**

1 <sup>st</sup> Mortgage	Account Number	Phone	Original Amount	Balance	Payment
2 <sup>nd</sup> Mortgage	Account Number	Phone	Original Amount	Balance	Payment

**HOMEOWNERS INSURANCE**

Name of Agent	Policy Number	Phone	Amount of Insurance	Expiration Date
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**BANK INFORMATION**

Name of Bank: Checking	Name of Bank: Savings
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SFR       MANUFACTURED HOME

**DEED IN THE NAME OF:** \_\_\_\_\_

The following information is requested by the federal government for certain types of loans relating 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 any lender may not discriminate on the basis of this information or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations, the lender is required to note race and sex on the basis of visual observation or surname. Lenders please designate by parenthesis (x) if applicant declines. If you do not wish to furnish this information, please check below.

**APPLICANT**

**CO-APPLICANT**

I Decline to Furnish This Information (Initial) \_\_\_\_\_  
 SEX  Male  Female  
 White  Black  American Indian or Alaskan Native  
 Asian  Hispanic  Other ( \_\_\_\_\_ )

I Decline to Furnish This Information (Initial) \_\_\_\_\_  
 SEX  Male  Female  
 White  Black  American Indian or Alaskan Native  
 Asian  Hispanic  Other ( \_\_\_\_\_ )

By signing this application you promise that all information is true and complete. You also promise that you have revealed any pending lawsuits or unpaid judgements against you. You intend the seller and/or assignee to rely upon these promises in deciding whether to extend credit to you. You authorize a full investigation of your credit record and your employment history. You also authorize the seller and/or assignee to release information about your credit experience with them.

Signature (Applicant)

Date

Signature (Co-Applicant)

Date