Client Information Form

Office Phone: 817.447.0089		Office Fax: 817.447.9756
Today's Date:	Property Address:	
Main Borrower (a):	Social Security #:	
Driver's License #:	State:	Date of Birth:
Co-Borrower (b):	Social Secu	1rity #:
Driver's License #:	State:	Date of Birth:
Home Phone number ()	Fax Number ()	
(a) Work Phone number ()	Cell Numbe	r ()
(b) Work Phone number ()) Cell Number ()	
Email Address (a):	Email Address (b)	:
How much do you want to spend/mo? (PITI	.): \$ Your M	lin. Payment Debt:\$/mo.
own payment Available: Anticipated Move/Close Date:		
Work For Down Payment Commitment/Off	er:	
Employer (a):	Position:	
How Long?Addres		
Phone: ()	_ Gross Monthly Income before	deductions: \$
Employer (b):	Position:	
How Long?Addres	S	
Phone: ()	Gross Monthly Income before deductions: \$	
Present Address:	City:	State:Zip:
How Long? Current Pays	nent: \$	
Personal Reference (OTHER THAN A RE	ELATIVE):	
Name:	Relationship	Phone #:
Name:	Relationship	Phone #:
How many adults will be living with you?	How many children will be living with you	?
How many pets will be living with you?	Please list the type of pet and name:	
Have you ever been evicted? YES 🗆 NO 🗆 Have you ever had a repossession? YES 🗆 NO 🗆 Have you ever had a foreclosure? YES 🗆 NO 🗆		
Have you ever filed for bankruptcy? YES 🗆 NO 🗆 Number of occupants for property: Adults Children		
***This is not intended to be a commitment. This Pre-qualification is a preliminary request for a home purchase, for either traditional or owner financing. Please sign below to give us and/or our affiliate(s) authorization to run your credit, complete a legal background check, & proceed with your qualifications.		
Signatures (a):	date: (b):	date: