

PERSONAL INFORMATION FORM

NOTE: COMPLETION OF THIS FORM IS REQUIRED. IT IS IMPORTANT THAT RESPONSES ARE TRUE, ACCURATE, AND COMPLETE.

FULL NAME: LAST _____, FIRST _____, MIDDLE _____

MAIDEN NAME/ AKA _____ ROOMMATES _____

ADDRESS _____ APT# _____ CITY _____ STATE _____ ZIP _____

BUYING OR RENTING _____ HOW LONG _____ HOW LONG IN SOUTHERN CA _____

MORTGAGE BALANCE _____ DOWN PAYMENT _____ MARKET VALUE _____ 2ND MORTGAGE? _____

PHONE # _____ CELL# _____

DRIVER'S LICENSE# _____ SS# _____ DATE OF BIRTH _____

WHAT OTHER STATES HAVE YOU LIVED IN? _____ WHEN? _____

LIST PREVIOUS ADDRESS (IF LESS THAN 5 YEARS) _____

NAME OF BANK _____ AVERAGE BALANCE CHECKING _____ SAVINGS _____

AUTOS: YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE# _____

AUTOS: YEAR _____ MAKE _____ MODEL _____ COLOR _____ LICENSE# _____

EMPLOYER _____ PHONE# _____ HOW LONG EMPLOYED _____

EMPLOYER ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW MANY CHILDREN? _____ AGES _____

REFERENCES/FAMILY INFORMATION

NAME _____ ADDRESS _____ PHONE # _____ OCCUPATION _____

SPOUSE _____

MOTHER _____

FATHER _____

BROTHER/SISTER _____

REFERENCE _____

REFERENCE _____

REFERENCE _____

ATTORNEY _____

E-MAIL ADDRESS _____