



Phone: (800)724-2412 Fax: (951)520-8904
 Address: 1251 Pomona #107 Corona, Ca 92882

Borrower Name	
Marital Status	D.O.B (/ /)
SSN	
Home Phone	
Cell Phone	
Email	
Present Address	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Zip	How Long (Yrs) (Mths)
Previous Address (If Less than 2 Years at Present Address)	
Own <input type="checkbox"/> Rent <input type="checkbox"/>	
Zip	How Long (Yrs) (Mths)

Co-Borrower Name	
Marital Status	D.O.B (/ /)
SSN	
Home Phone	
Cell Phone	
Email	
Present Address	Own <input type="checkbox"/> Rent <input type="checkbox"/>
Zip	How Long (Yrs) (Mths)
Previous Address (If Less than 2 Years at Present Address)	
Own <input type="checkbox"/> Rent <input type="checkbox"/>	
Zip	How Long (Yrs) (Mths)

Subject Property	Zip	Single Family <input type="checkbox"/>
		Condo <input type="checkbox"/>
		4plex <input type="checkbox"/>

Purpose of Loan: Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (Explain) <input type="checkbox"/>	Property Will Be:
Refinance <input type="checkbox"/> Construction Permanent <input type="checkbox"/>	Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment <input type="checkbox"/>

Complete if this is a Refinance Loan	Purpose of Refinance	Original Cost \$	Year Acquired
1st Mortgage (Bank)	Account #	Amount Owed \$	
1st Mortgage (Bank)	Account #	Amount Owed \$	

Name & Address of Employer	Self Employed <input type="checkbox"/>	
	Yrs. On this job	
Zip	Yrs. Employed in this Profession	
Position / Type of Business	Business Phone	Monthly Income \$

Name & Address of Employer	Self Employed <input type="checkbox"/>	
	Yrs. On this job	
Zip	Yrs. Employed in this Profession	
Position / Type of Business	Business Phone	Monthly Income \$

Name / Address / Previous Employer (If Less than 2 yrs)	Self Employed <input type="checkbox"/>
	Dates
Zip	Monthly Income \$
Position / Type of Business	Business Phone

Name / Address / Previous Employer (If Less than 2 yrs)	Self Employed <input type="checkbox"/>
	Dates
Zip	Monthly Income \$
Position / Type of Business	Business Phone



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Gross Monthly Income	Borrower	Co-Borrower	Total
Base Employment Income			
Overtime			
Bonuses			
Commissions			
Others			

Total \$

ASSETS	Cash or Market Value
Cash Deposit Toward Purchase Price Held By:	\$ <input type="text"/>

Automobiles	
Make	Model
Market Value \$ <input type="text"/>	

List Checking and Savings Accounts Below	
Name and Address of Bank, S&L, or Credit Union	
Account #	\$ <input type="text"/>

Make	Model
Market Value \$ <input type="text"/>	

Name and Address of Bank, S&L, or Credit Union	
Account #	\$ <input type="text"/>

No. of Dependants	
Borrower -	Co-Borrower -
Ages	Ages
Alimony / Child Support / Separate Maintenance Payments Owed to:	
Monthly Payment \$ <input type="text"/>	Monthly Payment \$ <input type="text"/>

Name and Address of Bank, S&L, or Credit Union	
Account #	\$ <input type="text"/>

Stocks & Bonds Company / Name & Description	
	\$ <input type="text"/>

Do you want Impounds?
 Taxes and Insurance included in your loan YES NO

Any Additional Information that may help us with your loan



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CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to The RMD Financial Group to obtain a standard factual data credit report through a credit reporting agency chosen by The RMD Financial Group

My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds The RMD Financial Group and any credit reporting organization harmless in so mailing the copy requested

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original

Borrowers Signature

Date

Borrowers Signature

Date

Borrowers Signature

Date

Borrowers Signature

Date

Checklist of what I need from you

- One Months Paycheck Stubs
- Previous 2 Years W/2
(If Self Employed – Please Provide 1099's and last 2 years Tax Returns)
- 3 Months Bank Statements
- 401k Statements
- Any Other Investment Statement (i.e. Stocks, Bonds etc)

IF REFINANCE

- If Home Owners Association (HOA) - Name of HOA and Phone Number
- Copy of Current Home Owners Insurance
- Copy of Current Mortgage Statement

If you have any problems with the “Checklist”

DON'T WORRY!

(951) 520-8951