



<b>OFFICE USE ONLY</b>
Password: _____
Distributor: _____
Agent: _____

**Primary Applicant Information**

\*Email Address \_\_\_\_\_

\*First Name, Middle Initial, Last Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_

\*Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**Co-Applicant Information**

\*Email Address \_\_\_\_\_

\*First Name, Middle Initial, Last Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City, State, Zip \_\_\_\_\_ \*City, State, Zip \_\_\_\_\_

\*Phone \_\_\_\_\_

Occupation \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

**Mortgage Debt – 2ndMortgage –Rental Property –Investment Property**

Institution	Remaining Balance & Interest Only (Y/N)	Remaining Years	Interest Rate	Monthly Pmt (P & I only)	Property Value	Day Due (1-31)	Term

**LIVING EXPENSES—Household Expenses**

Description	Payment Amount	Frequency (W)eeek (M)onth (Y)ear	Day Due (1-31)
Cable TV			
Cell Phone			
Electricity			
Escrow Payment			
Food and General Goods			
Natural Gas			
Home Maintenance			
Internet			
Other			
Rent, Lease, or Similar			
Telephone			
Waste			
Water			

**Auto Expenses**

Description	Payment Amount	Frequency (W)eek (M)onth(Q)uaterly(Y)ear	Day Due (1-31)
Auto Insurance			
Gas			
Lease Payment Only			
Maintenance			
Other			
Registration			
Safety Check			

**Personal Expenses**

Description	Payment Amount	Frequency (W)eek (M)onth(Q)uaterly (Y)ear	Day Due (1-31)
Clothing			
Child Care			
Donations			
Leisure – Spending Habits - Entertainment			
Lessons			
Life Insurance (if not deducted from paycheck)			
Lunches			
Medical/Dental			
Medications			
Other			
Presents and Gifts			
Retirement Fund (if not deducted from paycheck)			
Sports			
Tuition/Materials (if not reimbursed)			
Vacations			

**MONTHLY DEBT SERVICING—Credit Cards**

Card Name	Monthly Payment	Maximum Limit	Day Due (1-31)	Interest Rate	Current Balance

**Store Cards**

Card Name	Monthly Payment	Maximum Limit	Day Due (1-31)	Interest Rate	Current Balance

**Bank Loans – HELOC – Car Loans**

Institution Name	Monthly Payment	Original Amount	Day Due (1-31)	Interest Rate	Current Balance

**MONTHLY NET HOUSEHOLD INCOME— “After Taxes and Deductions”**

Primary Applicant (P) Co-Application (C)	Amount	(B)i-weekly –(B)i-monthly (W)eek (M)onth (Y)ear	Pay Day One (1-31)	Pay Day Two (1-31)