



Client Intake Form

Primary Applicant

Name: _____ SS#: _____ DOB: _____

Address, City, State, Zip: _____

Own or Rent? _____ How Long? _____ Married?: _____ Citizenship?: _____

Home Phone: _____ Email: _____

Current Employer: _____ Years: _____

Bus. Phone: _____ Position: _____ Self Employed: _____

Bankruptcy <10yrs?: _____ Open Tax Liens? _____ Mortgage Lates? _____

Mid-FICO: _____ Rentals owned or sold <3 years? _____ Fix and Flips? _____ GUC? _____

Note You or an entity you are part of must be on title to count as experience, do not count primary homes.

Co-Applicant

Name: _____ SS#: _____ DOB: _____

Address, City, State, Zip: _____

Own or Rent? _____ How Long? _____ Married?: _____ Citizenship?: _____

Home Phone: _____ Email: _____

Current Employer: _____ Years: _____

Bus. Phone: _____ Position: _____ Self Employed: _____

Bankruptcy <10yrs?: _____ Open Tax Liens? _____ Mortgage Lates? _____

Mid-FICO: _____ Rentals owned or sold <3 years? _____ Fix and Flips? _____ GUC? _____

Note You or an entity you are part of must be on title to count as experience, do not count primary homes.

This document is for collecting basic information only. It does not authorize credit inquiries or any other financial obligation or commitments from the applicant(s).