

# Financing Made Easy!

Use this form to qualify for financial approval. If you prefer, you can print the form and fax it to us.

## PERSONAL INFORMATION

\* = Field is required

\* Last Name: \_\_\_\_\_

\* First Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birthdate Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\* E-mail: \_\_\_\_\_

## ADDRESS

Number and Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

Length of Residence: Years \_\_\_\_\_ Months: \_\_\_\_\_

Landlord/Mortgage Company: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_

Do you currently: Rent?  Lease?  Own?  (pick one)

## EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_

Gross Monthly Income: \$ \_\_\_\_\_ Length of Employment: \_\_\_\_\_ Years

Number & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone \_\_\_\_\_

Trade or Occupation \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Years: \_\_\_\_\_

*I certify that the above information is true and correct to the best of my knowledge.*

\* Signature: \_\_\_\_\_ \* Date: \_\_\_\_\_

Complete this form and then fax to **(714) 539-1315**.