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## SHORT FORM RESIDENTIAL LOAN APPLICATION

The following form is an abbreviated residential loan application designed to provide us with the basic information we may need to prequalify you for a home mortgage. Please provide all of the requested information.

*The items marked with (\*) are required fields.*

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### GENERAL INFORMATION

Will there be a co-applicant on this application?  Yes  No

#### Marital Status

*Check marital status:*

Unmarried

Married

Separated

Referring Mortgage Consultant \_\_\_\_\_  Purchase  Refinance

\*Type of Loan Requested \_\_\_\_\_

\*Loan Amount Requested \_\_\_\_\_

\*Loan Term Requested: \_\_\_\_\_

Interest Rate Requested: \_\_\_\_\_

**PRIMARY APPLICANT**

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

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

Middle Name \_\_\_\_\_

\*Social Security Number (TIN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Dependents \_\_\_\_\_ Ages of Dependents \_\_\_\_\_

\*Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

\_\_\_\_\_ Number \_\_\_\_\_ ext. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Home Address**

\*Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*ZIP \_\_\_\_\_ - \_\_\_\_\_

Time at Current Residence \_\_\_\_\_ Years, \_\_\_\_\_ Months

Residence Type  Own  Rent  Other - *Please specify* \_\_\_\_\_

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

**Present Employer**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Employment Status:

Full Time  Part Time  Temp  Retired

Other - *Please specify* \_\_\_\_\_

Job Title \_\_\_\_\_

Job Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per  Year  Month  Week

Other Income \$ \_\_\_\_\_ per  Year  Month  Week

Other Income Source \_\_\_\_\_

*Alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying obligation.*

**Previous Employer**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Employment Status:

Full Time                       Part Time                       Temp                       Retired

Other - *Please specify* \_\_\_\_\_

Job Title \_\_\_\_\_

Job Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      Job End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per  Year  Month  Week

**CO-APPLICANT (if applicable)**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Social Security Number (TIN) \_\_\_\_-\_\_\_\_-\_\_\_\_                      Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Dependents \_\_\_\_\_                      Ages of Dependents \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

\_\_\_\_\_ Number \_\_\_\_\_ ext. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Home Address**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Time at Current Residence \_\_\_\_\_ Years, \_\_\_\_\_ Months

Residence Type  Own  Rent  Other - *Please specify* \_\_\_\_\_

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

**Present Employer**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Employment Status:

Full Time                       Part Time                       Temp                       Retired

Other - *Please specify* \_\_\_\_\_

Job Title \_\_\_\_\_

Job Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per  Year  Month  Week

Other Income \$ \_\_\_\_\_ per  Year  Month  Week

Other Income Source \_\_\_\_\_

*Alimony, child support, or separate maintenance need not be revealed  
if you do not wish to have it considered as a basis for repaying obligation.*

**Previous Employer**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ ext. \_\_\_\_\_

Employment Status:

Full Time                       Part Time                       Temp                       Retired

Other - *Please specify* \_\_\_\_\_

Job Title \_\_\_\_\_

Job Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Job End Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per  Year  Month  Week

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**Credit and Asset Information**

Liquid Assets (Cash, Savings, etc.) \$ \_\_\_\_\_

Stocks, Bonds, Mutual Funds, etc. \$ \_\_\_\_\_

Home Value (Real Estate, Personal Property) \$ \_\_\_\_\_

## Current Or Purchase Property Information (If Any)

Property Type \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_

Annual Property Taxes \$ \_\_\_\_\_

Annual Hazard Insurance \$ \_\_\_\_\_

Annual Condo/PDU Fees \$ \_\_\_\_\_

## HOME MORTGAGE DISCLOSURE ACT (HMDA)

The following information is requested by the federal government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note race or national origin and sex on the basis of visual observation or surname.

***If you do not wish to furnish the information, please check below.***

### Primary Applicant

I do not wish to furnish this information

Race or National Origin:

American Indian, Alaskan Native     Asian, Pacific Islander     African American     Hispanic  
 White     Other - *Please specify* \_\_\_\_\_

Sex:  Male     Female

### Co-Applicant (*if applicable*)

I do not wish to furnish this information

Race or National Origin:

American Indian, Alaskan Native     Asian, Pacific Islander     African American     Hispanic  
 White     Other - *Please specify* \_\_\_\_\_

Sex:  Male     Female

**ADDITIONAL INFORMATION**

How would you prefer to be contacted?

Home Phone     Work Phone     Cell Phone     E-mail Address

Other - Please specify \_\_\_\_\_

*Special Instruction/Comments* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please note:***

***Credit check and income verification is required; other information may also be required. I certify that statements on this application are true and complete. I authorize any person, association, firm or corporation to furnish, on request of this financial institution, information concerning me or my affairs.(Sec. 1014, Title 13, U.S. Code makes it a Federal Crime to knowingly make a false statement on this application.)***

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**CO-APPLICANT'S SIGNATURE**  
*(if required)*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

**Once completed, please fax this application to:**

**Mortgage Processing Department  
E-Fax: 707-398-3477**

**Or Upload Securely <http://www.iMortgageTree.com/myloan>**

**Or Mail To: Mortgage Tree Capital  
Mortgage Processing Department  
9281 Office Park Circle Suite 158  
Elk Grove, CA. 95758**

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