



**Short Form Credit Application**



**Borrower:**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home phone: \_\_\_\_\_ Business: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Gross Yearly Income: \_\_\_\_\_ Total Monthly debt payments: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Number of years: \_\_\_\_\_

Co-Borrower? (Please check one) Yes:  No:

**Co – Borrower:**

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Loan Information:**

Loan Purpose (Please check one) Purchase:  Refinance:

Property type: (Please check one) Primary Residence:  2<sup>nd</sup> Home:  Investment:

Amount of money available for a down payment: \_\_\_\_\_

**Credit Check Authorization:**

Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax or email the completed form to:**

**Mark Doody / NMLS# 867301 / P: (301) 748-2550 / F: (240) 329-0467 / E: [spmmarkd@gmail.com](mailto:spmmarkd@gmail.com)**