

Custom Theater Creations

Contractor _____ Amount requested _____

FAX 770-552-0622

APPLICANT

CO-APPLICANT

Name (Last, First, Mi)			Name (Last, First, Mi)		
Social Security Number			Social Security Number		
Address			Address		
City/State/Zip			City/State/Zip		
Previous Address (if above is less than 5 years)			Previous Address (if above is less than 5 years)		
City/State/Zip			City/State/Zip		
Birthdate	No. of Dependents	Yrs Present Address	Birthdate	No of Dependents	Yrs Present Address
Home Phone No.	Cell:		Home Phone No.	Cell:	
email:		Marital status	email:		Marital status

EMPLOYMENT & INCOME

EMPLOYMENT & INCOME

Employer		Employer	
Address		Address	
Years Employed	Business Phone No.	Years Employed	Business Phone No.
Position		Position	
Salary\$	<u>Monthly</u> Or <u>Annual</u> Amount	Salary \$	<u>Monthly</u> Or <u>Annual</u> amount
Previous Employer (if above less than 2 yrs)		Previous Employer (if above less than 2 yrs)	
Address	Business Phone No.	Address	Business Phone No.
Years Employed	Position	Years Employed	Position
Other Income(Source)	How long _____	Other Income (Source)	How Long _____
Monthly Amount \$		Monthly Amount \$	

<u>Banking Relationship</u>	<u>check/sav/retir "e" bal</u>	<u>Banking Relationship</u>	<u>check/sav/retir "e" bal</u>
<u>Mortgage Information</u>			
1st Mortgage	Address	Date Incurred	Original Balance Account # Monthly Payment
2nd Mortgage	Address	Date Incurred	Original Balance Account # Monthly Payment

PROPERTY TO BE IMPROVED

Address		
Date of Purchase	Purchase Price	Type of Property
Title in Name of		Estimated Value

I (we) have answered all questions on this application fully and truthfully knowing you will rely on this information in granting me (us) credit. I (we) authorize you or any Assignee to make whatever credit inquiries that may be deemed necessary in connection with this application, including obtaining information from my (our) employer(s). You or any Assignee may request a credit report on me (us) and, if I (we) ask, you will tell me (us) whether a credit report was requested and the name and address of the consumer reporting agency that furnished it. I, you or any Assignee updates, renews, or extends my (our) credit, you or any Assignee may request a new credit report without telling me (us).

APPLICANT'S SIGNATURE _____ DATE _____ CO-APPLICANT'S SIGNATURE _____ DATE _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

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 neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for:

<p>BORROWER <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Black, not of Hispanic Origin</p> <p><input type="checkbox"/> White, not of Hispanic Origin</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Asian/S. Pacific Islander</p> <p>Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p>BORROWER <input type="checkbox"/> I do not wish to furnish this information</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Black, not of Hispanic Origin</p> <p><input type="checkbox"/> White, not of Hispanic Origin</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Asian/S. Pacific Islander</p> <p>Sex <input type="checkbox"/> Female <input type="checkbox"/> Male</p>
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