

PLATINUM ONE FINANCIAL CREDIT APPLICATION
FAX BACK TO 407-218-5042 OR EMAIL TO TINACLOSESLOANS@GMAIL.COM

APPLICANT				CO-APPLICANT			
APPLICANT				CO-APPLICANT			
RESIDENT STATUS	<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> OTHER	RESIDENT STATUS	<input type="checkbox"/> US CITIZEN	<input type="checkbox"/> RESIDENT	<input type="checkbox"/> OTHER
DATE OF BIRTH	/ /			DATE OF BIRTH	/ /		
SOCIAL SECURITY #	- -			SOCIAL SECURITY #	- -		
PHONE - CELL	() -			PHONE - CELL	() -		
HOME	() -			HOME	() -		
WORK	() -			WORK	() -		
EMAIL				EMAIL			

(FOR OFFICE USE ONLY) DATE RECEIVED		AD REFERENCE:
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ADDRESS HISTORY – LAST 2 YEARS

CURRENT ADDRESS	CURRENT ADDRESS
<input type="checkbox"/> RENT <input type="checkbox"/> OWN	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
MONTHLY \$	MONTHLY \$
HOW LONG?	HOW LONG?
PREVIOUS ADDRESS	PREVIOUS ADDRESS
<input type="checkbox"/> RENT <input type="checkbox"/> OWN	<input type="checkbox"/> RENT <input type="checkbox"/> OWN
MONTHLY \$	MONTHLY \$
HOW LONG?	HOW LONG?

EMPLOYMENT HISTORY – LAST 2 YEARS

CURRENT EMPLOYER	CURRENT EMPLOYER
POSITION	POSITION
TIME ON JOB	TIME ON JOB
GROSS MONTHLY INCOME \$	GROSS MONTHLY INCOME \$
<input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> SELF EMPLOYED	<input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> SELF EMPLOYED
<input type="checkbox"/> PREVIOUS EMPLOYMENT <u>OR</u> <input type="checkbox"/> SECOND JOB (SELECT ONE)	<input type="checkbox"/> PREVIOUS EMPLOYMENT <u>OR</u> <input type="checkbox"/> SECOND JOB (SELECT ONE)
COMPANY	COMPANY
POSITION	POSITION
TIME ON JOB	TIME ON JOB
GROSS MONTHLY INCOME \$	GROSS MONTHLY INCOME \$
<input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> SELF EMPLOYED	<input type="checkbox"/> W-2 <input type="checkbox"/> 1099 <input type="checkbox"/> SELF EMPLOYED
ANY GAPS IN EMPLOYMENT?	ANY GAPS IN EMPLOYMENT?

ADDITIONAL APPLICANT QUESTIONS

1. ARE YOU OBLIGATED TO PAY COURT ORDERED CHILD SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS THE MONTHLY AMOUNT?	\$
2. DO YOU HAVE ANY PRIOR FORECLOSURES OR SHORT SALES?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3. DO YOU CURRENTLY OWN ANY OTHER PROPERTIES? IF YES, LIST ADDRESSES...			
4. DESIRED DOWN PAYMENT AMOUNT:	\$	5. DESIRED MONTHLY PAYMENT AMOUNT:	\$

SIGNATURES

SIGNATURE	SIGNATURE
NAME	NAME
DATE	DATE

NOTES
