

FSG BANK MORTGAGE

Connie Welch

Home Mortgage Consultant

Main Line: 865-603-2733

Direct Line: 865-603-1307

Cell Number: 865-256-6066

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Email: cwelch@fsgbank.com

Borrowers Full Legal Name:

DOB: SSN:

Work #: Home #:

Current Employer: Length of Employment:

Current Salary: \$ (circle one) Hourly / Biweekly / Monthly / Annually

Indicate Source of Income: W-2 1099 Self-employed

Job Title:

**If employed less than two years; please complete previous employer information.*

Previous Employer: Length of Employment:

Job Title:

Co-borrowers Full Legal Name:

DOB: SSN:

Work #: Home #:

Current Employer: Length of Employment:

Current Salary: \$ (circle one) Hourly / Biweekly / Monthly / Annually

Indicate Source of Income: W-2 1099 Self-employed

Job Title:

**If employed less than two years; please complete previous employer information.*

Previous Employer: Length of Employment:

Job Title:

Current Address:

How long have you resided at this address?
complete the previous address information.

**If less than two year; please*

Previous Address:

Liabilities:

Rent: \$ Do you rent from a landlord or family member?

Child Support/Alimony: \$

Anticipated amount of down payment and closing costs \$

Source of funds for the down payment and closing costs:

Referral Partner:

**It's important to me know to who referred you; whether it's a realtor, family, friend or co-worker, please let me know so that I may thank them for the opportunity to serve you.*

Realtor/Family/Friend/Co-Worker:

Assets—please add a list of your current assets:

Checking / Bank Name: \$

Savings / Bank Name: \$

Money Market Acct: \$

401k \$

Retirement/Investment Acct \$

Important Facts You May Want Me to Know:

Credit Report Consent

We are pleased to have the opportunity to assist you with your home financing needs. By completing this form, you are taking a step toward financing your home and building a secure future.

I/we, the undersigned consumer(s), direct FSG Bank Mortgage to obtain copies of my/our credit reports. In the absence of my spouse's signature, I have been authorized to consent on his/her behalf to your obtaining joint credit reports.

This consent shall automatically expire thirty (30) days from the date of my signature(s) below.

Signature

Date

Signature

Date