Spouse or Domestic Partner's Occupation	Co. Name	Address, City, State, Zip	No. Yr's/Mo's
Property Address: Escrow No.: Order No.:			
BUSINE	SS OWNED OR PA	ARTNERSHIP AFFILIATIONS	
Tax ID No. Firm /Partner	ship Name	Address, Clty, State, Zip	From/To (Date)
Tax ID No. Firm /Partner	-	Address, Clty, State, Zlp	From/To (Date)
FORMER		R DOMESTIC PARTNERSHIP(S)	
Please complete the following: OR Name of former husband or domestic partner	If no forme	er marriages or domestic partnerships, write	"NONE"
Deceased Divorced D	Date:	Where:	
Name of former wife or domestic partner		State Where:	
	(attach additional	State page, if necessary)	
	CHIL	DREN	
Name Da	te of Birth	Name	Date of Birth
Name Da	te of Birth (attach additional	Name page, if necessary)	Date of Birth
Have you ever owned a boat, airplane or an if Yes, describe vehicle:	y licensed vehicle (d	other than a car)? License Number	
Have you ever filed bankruptcy? If Yes, where: County		State	
Is a portion of the new loan funds to be used	d for construction?	□ No □ Yes	
I DECLARE UNDER PENALTY OF PER	JURY THAT THE	FOREGOING IS TRUE AND CORREC	CT:
Signature:	Spouse o	or Domestic Partner's Signature:	
Home Phone	Bus Phone	Spouse or Domestic Partner's Bus Phone:	

