

fill out

Everything Today's Date: 1/10

(117)

**PERSONAL INFORMATION FORM**

Note: Completion of this form is required. It is important that the responses are true, accurate and complete.

Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name/AKA \_\_\_\_\_ Roommates \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Buying or renting \_\_\_\_\_ How long \_\_\_\_\_ How long in So. Calif. \_\_\_\_\_

Balance owed \_\_\_\_\_ Down Pymt \_\_\_\_\_ Market Value \_\_\_\_\_ 2<sup>nd</sup> Mtg? \_\_\_\_\_

Phone# \_\_\_\_\_ Message# \_\_\_\_\_ Cell# \_\_\_\_\_ Pager# \_\_\_\_\_

Driver License \_\_\_\_\_ SS# \_\_\_\_\_ Email \_\_\_\_\_

What other states have you lived in? \_\_\_\_\_ When? \_\_\_\_\_

List Previous address (if less than 5 years) \_\_\_\_\_

Name of Bank \_\_\_\_\_ Avg. Balance Checking \_\_\_\_\_ Savings \_\_\_\_\_

Autos: \_\_\_\_\_ (year, make, model, color, license#)

Employer \_\_\_\_\_ Phone # \_\_\_\_\_ How long \_\_\_\_\_

Employer address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How many children? \_\_\_\_\_ Ages \_\_\_\_\_

References/Family Information:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Brother \_\_\_\_\_

Sister \_\_\_\_\_

Reference \_\_\_\_\_

Reference \_\_\_\_\_

Reference \_\_\_\_\_

Attorney \_\_\_\_\_

PLS fill out  
Booking # \_\_\_\_\_

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Race \_\_\_\_\_ Citizenship \_\_\_\_\_ Dob \_\_\_\_\_

\_\_\_\_\_

