

# Sycamore Glen

(West Covina Project)

Phase 3 & 4

Date:

PERSONAL INFORMATION (Please Print)					
Name (Last, First, Middle)			Date of Birth	Social Security Number	
Name (Last, First, Middle)			Date of Birth	Social Security Number	
Street Address			City	State <b>CA.</b>	Zip Code
How Long?	Phone Number	How Much Do You Pay?	Previous Address (If less than 2 yrs)		
EMPLOYMENT HISTORY					
Employer		Self-Employed _____	Phone Number	Address	
City	State	Zip Code	Occupation	No. of yrs. Working?	Gross Mo. Income \$
Spouse's Employer		Self-employed _____	Phone Number	Address	
City	State	Zip Code	Occupation	No. of yrs. Working?	Gross Mo. Income \$
OTHER INFORMATION					
What is the max. total payment you would feel comfortable making?		Will you receive funds as a gift? No Yes How Much? _____		How much money do you have for a down payment?	
When do you Plan on buying? Now 1 mo. 3 mo. 6 mo.		Have you had a foreclosure? No Yes When? _____		Where is the money for down payment? (i.e. checking, savings, 401K, etc..)	
How many people will live in the home? Adults _____ Children _____		Have you had a bankruptcy? No Yes Year Discharged _____		If needed, can you get a co-borrower? No Yes	
Child Support:	Spousal Support:		Monthly Expenses (i.e. Credit Card payments, Car payments)		
First Time-Homebuyer ? Yes ? No			Comments:		
Signature:			Signature:		

By signing above applicant(s) represent(s) the above information to be true, correct, and complete and hereby authorize(s) verification of information provided, including obtaining credit report(s). Thank You for completing this forms legibly. Please fax to **626 / 869-0390** or **626 / 581-0226** or you can mail this application to **P.O. Box 4687, Covina, Ca 91723** and if you have any questions call **626 / 581-0220**.

Brought to you by

**Abell – Helou Homes**

*Building Dreams One House at a Time*