



Short Form Credit Application



Borrower:

First Name: _____ M.I. _____ Last Name: _____

Social Security# _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Business: _____

Mobile phone: _____ Fax: _____

Email: _____ Best time to contact: _____

Gross Yearly Income: _____ Total Monthly debt payments: _____

Current Employer: _____ Number of years: _____

Co-Borrower? (Please check one) Yes: No:

Co – Borrower:

First Name: _____ M.I. _____ Last Name: _____

Social Security# _____ Date of Birth: _____

Loan Information:

Loan Purpose (Please check one) Purchase: Refinance:

Property type: (Please check one) Primary Residence: 2nd Home: Investment:

Amount of money available for a down payment: _____

Credit Check Authorization:

Borrower: _____ Date: _____

Co-Borrower: _____ Date: _____

Please fax or email the completed form to:

Mark Doody / NMLS# 867301 / P: (301) 748-2550 / F: (240) 329-0467 / E: spmmarkd@gmail.com