



STATEMENT OF INFORMATION - CONFIDENTIAL INFORMATION FOR YOUR PROTECTION

FULL NAME(S) - PLEASE PRINT

First Name *Full Middle Name (If None Indicate)* *Last Name*

Date of Birth _____ Social Security # _____ Driver's License No. _____

Are You a U.S. Citizen? Yes No California Resident since _____

Any other name(s) you have been known by? _____
First Name *Full Middle Name (If None Indicate)* *Last Name*

Do you have a Spouse or Domestic Partner? Yes No (If yes please complete the following)

Date and Place of Marriage / Partnership

Date of Marriage / Partnership *City, County and State*

Name of Spouse _____
First Name *Full Middle Name (If None Indicate)* *Last Name*

Wife's Maiden Name _____

Date of Birth _____ Social Security # _____ Driver's License No. _____

U.S. Citizen? Yes No California Resident since _____

Any other name(s) you have been known by? _____
First Name *Full Middle Name (If None Indicate)* *Last Name*

PRIOR MARRIAGE(S) / DOMESTIC PARTNERSHIP(S)

Prior Marriage: Yes No Prior Domestic Partnership: Yes No (If yes for either, complete the following)

Prior Spouse / Partner Name _____

Marriage / Partnership Terminated by Death Nullification Termination

Dissolution Case No. _____ Date of Dissolution _____

Prior Marriage: Yes No Prior Domestic Partnership: Yes No (If yes for either, complete the following)

Prior Spouse / Partner Name _____

Marriage / Partnership Terminated by Death Nullification Termination

Dissolution Case No. _____ Date of Dissolution _____

RESIDENCE(S) - COMPLETE FOR LAST 10 YEARS

Number and Street *City* *State & Zip* *From (Date) To (Date)*

Number and Street *City* *State & Zip* *From (Date) To (Date)*

Number and Street *City* *State & Zip* *From (Date) To (Date)*

OCCUPATION(S) - COMPLETE FOR LAST 10 YEARS

Current Occupation *Company Name* *Address* *# of Years*

Prior Occupation *Company Name* *Address* *# of Years*

Prior Occupation *Company Name* *Address* *# of Years*

STATEMENT OF INFORMATION CONTINUED**SPOUSE / DOMESTIC PARTNER OCCUPATION(S)**

<i>Current Occupation</i>	<i>Company Name</i>	<i>Address</i>	<i># of Years</i>
<i>Prior Occupation</i>	<i>Company Name</i>	<i>Address</i>	<i># of Years</i>
<i>Prior Occupation</i>	<i>Company Name</i>	<i>Address</i>	<i># of Years</i>

INFORMATION ABOUT THE PROPERTY**Address of Property**

Number and Street _____ City _____ State & Zip _____ From (Date) To (Date) _____

Buyer intends to reside on the property in this transaction Yes No

Property in this Transaction is

Vacant / Unimproved Single Family Residence Condominium Multiple Units Commercial Other _____

Property is Occupied by Owner Lessee Tenant(s)

Have any Improvements, remodeling or repairs been made to this property within the past six months? Yes No

If yes, have all costs for labor and materials arising in connection with the above been paid in full? Yes No

Any portion of new loan funds to be used for construction? Yes No

Any current loans on property? Yes No (If yes, complete the following)

Loan 1:

Lender Name _____ Address, City, State & Zip _____

Loan No. _____ Balance Due \$ _____ PI / PITI \$ _____

Loan 2:

Lender Name _____ Address, City, State & Zip _____

Loan No. _____ Balance Due \$ _____ PI / PITI \$ _____

Loan 3:

Lender Name _____ Address, City, State & Zip _____

Loan No. _____ Balance Due \$ _____ PI / PITI \$ _____

INSURANCE

Agent Name / Company _____

Phone _____ Policy # _____ Annual Premium \$ _____

HOMEOWNERS ASSOCIATION

HOA Name _____ Monthly Due \$ _____

Address _____

Phone Number _____ Contact _____

I / We declare, under penalty of perjury, the above information is true and correct to the best of our knowledge. All parties must sign.

Date _____ Signature _____ Phone _____

Date _____ Signature _____ Phone _____