

APPLICATION SHORT FORM

MISSION MORTGAGE OF CALIFORNIA

Attn: Paul Orsi Phone (800) 354-2879 Fax (949) 364-7200

BORROWER & SPOUSE INFORMATION	BORROWER: _____ YRS OF SCHOOL: _____ PRESENT ADDRESS: _____ YRS AT ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____ HOME PHONE: (____) _____ SOC.SEC. # _____ - _____ - _____ DATE OF BIRTH: _____ # OF DEPENDANTS _____ MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED AGE OF DEPENDANTS _____ SPOUSE: _____ YRS OF SCHOOL: _____ SPOUSE SOC. SEC. # _____ - _____ - _____ SPOUSE DATE OF BIRTH: _____	
BORROWER'S EMPLOYMENT	PRESENT EMPLOYER: _____ SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO ADDRESS: _____ PHONE: (____) _____ _____ YEARS ON THIS JOB: _____ POSITION: _____ MONTHLY INCOME: \$ _____ TYPE OF BUSINESS: _____ YEARS IN THIS LINE OF WORK: _____	
SPOUSE'S EMPLOYMENT	PRESENT EMPLOYER: _____ SELF EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO ADDRESS: _____ PHONE: (____) _____ _____ YEARS ON THIS JOB: _____ POSITION: _____ MONTHLY INCOME: \$ _____ TYPE OF BUSINESS: _____ YEARS IN THIS LINE OF WORK: _____	
PRESENT MONTHLY HOUSING COSTS	MORTGAGE PMT (PRINCIPLE & INT) \$ _____ MO. PROPERTY TAX \$ _____ SECOND MORTGAGE (PRIN & INT) \$ _____ MORTGAGE INS (PMI) \$ _____ MO. HOMEOWNER'S INS PREMIUM \$ _____ HOMEOWNERS ASSN \$ _____ _____ PRIMARY RESIDENCE _____ SECOND HOME _____ INVESTMENT MONTHLY TOTAL \$ _____	
BANK & SAV ACCT	BANK: _____ ACCOUNT #: _____ SAV <input type="checkbox"/> CHK <input type="checkbox"/> BAL \$ _____ BANK: _____ ACCOUNT #: _____ SAV <input type="checkbox"/> CHK <input type="checkbox"/> BAL \$ _____	
PROPERTY & LOAN INFO	YR ACQUIRED: _____ SQ FEET _____ MKT VALUE _____ POOL? <input type="checkbox"/> YES <input type="checkbox"/> NO YR BUILT: _____ LENDER ON 1ST: _____ LOAN # _____ INT RATE _____ % LOAN BALANCE: _____ (CIRCLE ONE) 30YR 20YR 15YR 3/1 5/1 7/23 ARM HELOC LENDER ON 2ND: _____ LOAN # _____ INT RATE _____ % LOAN BALANCE: _____ (CIRCLE ONE) 30YR 20YR 15YR 3/1 5/1 7/23 ARM HELOC	
OTHER ASSETS OWNED	STOCKS/BONDS/MUTUAL FUNDS/ETC... (NON-RETIREMENT) VALUE: \$ _____ VESTED INTEREST IN 401(k),IRA OR OTHER RETIREMENT PLAN(S) VALUE: \$ _____ AUTO YEAR/MAKE/MODEL: _____ VALUE: \$ _____ AUTO YEAR/MAKE/MODEL: _____ VALUE: \$ _____ DO YOU OWN ANY RENTAL PROPERTIES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, FOR EACH PROPERTY PLEASE FAX US: (1) PROP ADDRESS, (2) LOAN AMT (3) MKT VALUE (4) MO RENT (5) PROP TAXES (6) INS PREMIUM	
TYPE OF LOAN DESIRED: (CIRCLE ONE) /FIXED/ 30YR 20YR 15YR /FIXED ARMs/ 1YR 3/1 5/1 7/23 LOAN AMOUNT DESIRED: \$ _____ TARGET INTEREST RATE: _____ %		

BORROWER'S SIGNATURE _____

CO-BORROWER'S SIGNATURE _____

I/We hereby certify that the above information is true and correct. My/our signature(s) allow(s) you to verify my/our credit, income, payment history and any other items necessary to make my/our loan.