

Please fill out this form and fax it to 704-829-7754 to prequalify today!

	Applicant Information				
	Applicant Information				
First Name: Address Street 1: Address Street 2:	Last Name:				
City: Home #: Fax #: Email:	State: Cell:	Zip Code:			
SSN: How long at present address:	Date of Birth:				
flow long at present address.	OWN or RENT	(circle choice)			
Employment Information					
Employer: Address Street 1:					
City: Position/Title: Time at current position:	State:	Zip Code:			
If less than 2 yrs – Previous Er Where:					
How Long:		Income:			
	Financial Informat	ion			
Checking With:	i manerar imormat	Checking Balance:			
Savings With:		Savings Balance:			
IRA/401K		IRA/401K Balance:			
Co-Applicant Information					
First Name:	Last N	ame:			
SSN: Cell Number:	Date o	f Birth:			
Co-Applicant Employment Information					
Employee					
Employer: Address Street 1:					
City:	State:	Zip Code:			
Position/Title:		-			
Time at current position:					
If less than 2 yrs – Previous Er Where:	npioyer:				
How Long:		Income:			

	Co-Applicant Fin	nancial Information			
Checking With: Savings With: IRA/401K		Checking Balance: Savings Balance: IRA/401K Balance:			
Comfort Range					
Down Payment: ☐ None	Percentage:	Amount:			
Comments: (please let us known	w any additional com	ments you may have below)			
I authorize Garibaldi Realty to	o verify my credit and	employment history.			
Signature					
Date					