



Professional Mortgage Associates

Uniform Residential Loan Application

Borrower

Co-Borrower

Borrower	Co-Borrower
Name:	Name:
Social Security Number:	Social Security Number
Phone:	Phone:
Email Address:	Email Address:
DOB:	DOB:
Yrs School:	Yrs School:
Marital Status:	Marital Status:
Number of Dependents___ Ages_____	Number of Dependents___ Ages_____
Current Address:	Current Address:
Mailing Address if Different than Current Address	Mailing Address if Different than Current Address

Borrower		Co-Borrower	
Name of Employer:	Self Employed? ____	Name of Employer:	Self Employed? ____
Employer Address:		Employer Address:	
Position/Title		Position/Title	
Employer Phone:		Employer Phone:	
Yrs at current Job ____ Yrs in this line of work ____		Yrs at current Job ____ Yrs in this line of work ____	
If employed in current position for less than two years or if currently employed in more than one position, complete the following:			
Name of Employer:	Self Employed? ____	Name of Employer:	Self Employed? ____
Employer Address:		Employer Address:	
Position/Title		Position/Title	
Employer Phone:		Employer Phone:	
Yrs at current Job ____ Yrs in this line of work ____		Yrs at current Job ____ Yrs in this line of work ____	

Please answer the following questions.	Borrower		Co-Borrower	
	Yes	No	Yes	No
1. Are you a U.S. citizen				
2. Are you a permanent resident alien?				
In the last 7 years have you had a bankruptcy, foreclosure, or been party to a Lawsuit? If yes, please explain.				
Borrower			Co-Borrower	

Borrower Signature

Date

Co-Borrower Signature

Date

Borrower: <input type="checkbox"/> I do not wish to furnish this info.	Co-Borrower: <input type="checkbox"/> I do not wish to furnish this info.
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female