

**CUSTOMER INFORMATION**

**BORROWER**

Please list full names, martial status and Social Security Numbers of all parties who own the real estate being used as collateral and will be responsible for the mortgage payments. Please include spouses, if any, even if the spouse will is not on title or will be signing the note.

Please print clearly.

<b>NAME</b>	<b>RELATIONSHIP / MARITAL STATUS</b>	<b>SOCIAL SECURITY NO.</b>
1) _____	_____	_____
_____	_____	_____

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

eMail: \_\_\_\_\_

\*Please circle your preferred method of contact.

2) _____	_____	_____
_____	_____	_____

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

eMail: \_\_\_\_\_

\*Please circle your preferred method of contact.

Mailing Address: \_\_\_\_\_

Borrower \_\_\_\_\_ does \_\_\_\_\_ does not occupy premises. (Please check one)

\_\_\_\_\_ All Borrowers will be signing personally. \_\_\_\_\_ One or more Borrower will have their Power of Attorney sign.

If this property is secured by a mortgage or mortgages please list the bank(s) that hold the mortgage, the entire loan number and the customer service number on your statement. If you are able to please provide a copy of your most recent statement.

Bank	Loan No.	Phone
_____	_____	_____
_____	_____	_____

Has all labour and material been paid for? \_\_\_\_\_ Yes \_\_\_\_\_ No, If no please attach the invoices due.

Insurance Company: (if known - if not known do not delay returning this form)

Insurance Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Lender Name: \_\_\_\_\_

Lender Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle day of week and time of day you would prefer to close: M T W H F Morning / Afternoon

Information you think we should know:

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