Fax to: 480-907-2387 or Email to: Russell@therussellfisherteam.com

Financial Profile Form

Applicant Information		Co-Applicant Information	
Name:		Name:	
Home Address: City Zip		Home Address: City Zip	
Years at Current Address:		Years at Current Address:	
Previous Address (If current is less than 2 yrs):		Previous Address (If current is less than 2 yrs):	
Monthly Rent Amount:		Monthly Rent Amount:	
Lease Expiration Date:		Lease Expiration Date:	
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Cellular Phone:		Cellular Phone:	
Job and Income Information		**Job and Income Information**	
Employer:		Employer:	
Job Position:		Job Position:	
Years at Current Job:		Years at Current Job:	
Years in Same Line of Work:		Years in Same Line of Work:	
Mo. Salary or Hourly Rate: (hrs./wk. x 52/12)		Mo. Salary or Hourly Rate: (hrs./wk. x 52/12)	
YTD Avg. Overtime/Bonuses:		YTD Avg. Overtime/Bonuses:	
Previous Employment: (If less than 2 yrs on 1st)		Previous Employment: (If less than 2 yrs on 1st)	
Income from Social Security, Pension, Disability, Child Support:	Date Began: ___ / ___ / ___ Date Ending: ___ / ___ / ___	Income from Social Security, Pension, Disability, Child Support	Date Began: ___ / ___ / ___ Date Ending: ___ / ___ / ___
Other Income:		Other Income:	
Total Income:		***Total Income:***	
Checking Account Balance:		Checking Account Balance:	
Savings Account Balance:		Savings Account Balance:	
401K/IRA Balance:		401K/IRA Balance:	
Applicant Monthly Debt:		**Co-Applicant Monthly Debt:**	
Car Loan:		Car Loan:	
Credit Card:		Credit Card:	
Cosigner Loan:		Cosigner Loan:	
Student Loan:		Student Loan:	
Child Support or Alimony:		Child Support or Alimony:	
Other Debt:		Other Debt:	
Total Debt Payments:		*Total Debt Payments:*	
Applicant Credit Information		**Co-Applicant Credit Information**	
BK in the last 2 years?	___Yes ___No If Yes, Type ___ Discharge Date: ___ / ___ / ___	BK in the last 2 years?	___Yes ___No If Yes, Type ___ Discharge Date: ___ / ___ / ___
Foreclosure in last 3 years?	____ Yes ____ No	Foreclosure in last 3 years?	____ Yes ____ No
30 day late's on any credit in the last 12 months?	____ Yes ____ No	30 day late's on any credit in the last 12 months?	____ Yes ____ No
Date of Birth:		Date of Birth:	
SSN (Must be valid):		SSN (Must be valid):	
Marital Status:	❑ Married ❑ Single ❑ Divorced ❑ Other ___	Marital Status:	❑ Married ❑ Single ❑ Divorced ❑ Other ___
Are you a U.S. Citizen?	____ Yes ____ No	Are you a U.S. Citizen?	____ Yes ____ No
Are you a Veteran?	____ Yes ____ No	Are you a Veteran?	____ Yes ____ No
Do you have any:	❑ Collections ❑ Judgments ❑ Tax Liens	Do you have any:	❑ Collections ❑ Judgments ❑ Tax Liens

Property:

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I hereby authorize Academy Mortgage Corp. BK 090481 and any of their affiliated lenders to request a copy of my credit report. Academy Mortgage Corp. and their affiliated lenders are authorized to investigate my credit, to verify my employment and income references, and to obtain such other information as deemed necessary to make a reasonable assessment as to my credit worthiness. I declare that all statements made are true to the best of my knowledge. This information is confidential. Information from this form may be used to complete a loan application. I understand this Pre-Qualification form is not a loan application.

Applicant Signature	Date	Co-Applicant Signature	Date

Property: