

# Mortgage Assistance

1101 S. Winchester Blvd. Suite F-165  
San Jose, CA 95128  
Phone: 1.877.296.1599  
Fax: 408.296.1588

## Confidential Statement of Information

Order Number \_\_\_\_\_

\_\_\_\_\_  
First Name Full Middle Name Last Name

\_\_\_\_\_  
Business Phone Home Phone Social Security No.

\_\_\_\_\_  
Spouse's Name Full Middle Name Last Name

\_\_\_\_\_  
Business Phone Social Security No

### RESIDENCE LAST THREE YEARS

\_\_\_\_\_  
Number & Street City, State & Zip Code From To

\_\_\_\_\_  
Number & Street City, State & Zip Code From To

\_\_\_\_\_  
Number & Street City, State & Zip Code From To

### OCCUPATION LAST THREE YEARS

\_\_\_\_\_  
Applicant's Occupation Firm Name Annual Income No. of Yrs

\_\_\_\_\_  
Applicant's Occupation Firm Name Annual Income No. of Yrs

\_\_\_\_\_  
Co-Applicant's Occupation Firm Name Annual Income No. of Yrs

\_\_\_\_\_  
Co-Applicant's Occupation Firm Name Annual Income No. of Yrs

### PROPERTY ADDRESS:

\_\_\_\_\_  
Street Address of the property in this transaction:

I/We the undersigned, do hereby give my/our consent to have Mortgage Assistance Lending Group or any company which is designated by it, to obtain any and all information concerning my/our employment, checking and/or savings accounts and all other credit rating information which they may require in conjunction with my/our application for a loan. This form may be reproduced and a copy shall serve to be as effective a consent as the original I have signed.

\_\_\_\_\_  
Signature-Applicant Date

\_\_\_\_\_  
Signature Co-Applicant Date