

## Doctor's Only Program Application

<b>MEMBER / BORROWER INFORMATION</b> (Please Print – All items must be completed)		Send form via fax to 800.659.5238	
Date	Member Account Number		
Member Name	Credit Union Contact		
Home Phone Number	Cell Phone Number	Personal Email Address	
Work Phone Number	Best Time & Phone Number to Contact You		
Member Assets: Checking: \$	Savings: \$	Stock/ 401K: \$	
Social Security Number: ____/____/____	Birth Date (month/day/year)		
Current Address	City	State	Zip code
Mailing Address (if different from Current Address)	City	State	Zip code
NEW Property Address (For Purchases Only)	City	State	Zip code
<b>CO-BORROWER INFORMATION</b>			
Name			
Home Phone Number	Cell Phone Number	Personal Email Address	
Work Phone Number	Best Time & Phone Number to Contact You		
Social Security Number: ____/____/____	Birth Date (month/day/year)		
<b>EMPLOYMENT INFORMATION</b>			
Member/ Borrower's Current Employer	Employer's Address (Street, City, State, Zip code)		
Years at Current Employer	Monthly Income: \$		
Co-Borrower's Current Employer	Employer's Address (Street, City, State, Zip code)		
Years at Current Employer	Monthly Income: \$		
<b>LOAN INFORMATION</b>			
Loan Type:	Purchase	Refinance (Cash Out)	Refinance (No Cash Out)
Pre-Approval			
Closing Costs Rolled into Loan Amount (for REFINANCES ONLY): Yes		No	
Property Type:	Townhouse	Condo	Multi-Family / # of Units
Single Family			
Occupancy Code:	Second Home	Rental	
Owner Occupied			
Current Home Value: \$	Appraisal Amount: \$		
Loan Amount: \$	Down Payment ( <b>Purchase Only</b> ): \$		
<b>ACKNOWLEDGEMENT</b>			
Each of the undersigned hereby acknowledges that any owner of the loan, its servicers, successors and assigns, may verify or re-verify any information contained in this worksheet or obtain any information or data relating to the loan, for any legitimate business purpose through any source, including a source named in this worksheet or your application or a consumer reporting agency.			
Accept: Yes	No	Accept: Yes	No
_____ Member / Borrower's Signature and Date		_____ Co- Borrower's Signature and Date	