



**STATEMENT OF INFORMATION
CONFIDENTIAL INFORMATION FOR YOUR PROTECTION**

This statement is to be signed personally by each party to the transaction and both husband and wife before title insurance can be written. When filled in completely, it serves to establish identity, eliminate matters affecting persons of similar name, and protects you against forgeries, and speeds the completion of your title order.

PLEASE PRINT FULL NAME (S)

Name _____ DOB _____ / _____ / _____ /
First Middle Last M D Y
Home Phone _____ Business Phone _____ Birthplace _____
Social Security No. _____ Driver's License No. _____
I have lived continuously in the State of _____ Since _____
Have you ever been known by another name? If so please list- _____

Name _____ DOB _____ / _____ / _____ /
First Middle Last M D Y
Home Phone _____ Business Phone _____ Birthplace _____
Social Security No. _____ Driver's License No. _____
I have lived continuously in the State of _____ Since _____
Have you ever been known by another name? If so please list- _____

NAME, AGE, ADDRESS AND BIRTHDATE OF CHILDREN (IF ANY)

ARE YOU OBLIGATED TO PAY CHILD SUPPORT AND/OR SPOUSAL SUPPORT? IF YES, HOW MUCH? _____

RESIDENCES DURING PAST 10 YEARS

Number & Street City From (Date) to (Date)

(If more space is needed, use reverse of form.)

OCCUPATIONS DURING PAST 10 YEARS

Borrower
Firm or business name Address From (Date) to (Date)

Co-Borrower
Firm or business name Address From (Date) to (Date)

(If more space is needed, use reverse of form.)

BUSINESS OWNED OR OPERATED IN THE LAST 10 YEARS

() Borrower () Co-Borrower _____
() Borrower () Co-Borrower _____

EVER FILED BANKRUPTCY? YES _____ NO _____ IF YES, WHEN _____ WHERE _____

THE STREET ADDRESS OF THE PROPERTY IN THIS TRANSACTION IS: _____

Any portion of the new loan funds to be used for construction? _____ Yes _____ No

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.
Dated this _____ day of _____, 20_____
Signature _____ Signature _____
Both borrowers must sign.



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