

CAMPBELL CUSTOM HOMES APPLICATION

Please Fax Completed Document 888-990-3628 or Email to Office@Campbellcustomhomes.biz

1. Certification: I, the undersigned, certify the following:

AUTHORIZED SIGNATORY:

PRINTED NAME:

2. Authorization to Release Information:

A. As part of the application and verification process, I authorize Campbell Custom Homes to provide potential lenders via phone, mail, fax, or internet with the information in this document as part of the underwriting process.

B. I understand that my personal credit will be reviewed by potential lenders as part of the underwriting process and that this may result in some inquiries in my personal credit report.

PERSONAL INFORMA	TION –			
FIRST NAME:		MIDDLE NAME: _		<u></u>
LAST NAME:		EMAIL:		
HOME#:		CELL#:		
HOME ADDRESS:			YRS AT ADDR:	<u></u>
CITY:		STATE:	ZIP:	<u></u>
DOB:	SS#:		U.S. CITIZEN (yes or no):	<u></u>
DRIVERS LIC. #				
YOUR ANNUAL INCOM	ИЕ:	HOUSEHOLD INCO	ME:	
				Initials
your CCH Consultant	can view inquire	s, payment history, ar	•	st 5 months to ensure that you and
YESNO				
My Credit Monitoring	Service Login:			
Username				
Password				
PLEASE SIGN				
I HEREBY CERTIFY THA	AT TO THE BEST O	F MY KNOWLEDGE AL	L THE INFORMATION PROVID	ED IS TRUE AND CORRECT:

_____ EFFECTIVE DATE:_____