

# Personal Data Sheet

## PERSONAL PROFILE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Years there: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Other: \_\_\_\_\_

Previous Address (if less than 2 yrs. at current address) : \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Years there: \_\_\_\_\_ Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Other: \_\_\_\_\_

Current Employer (If Self-Employed, name of business): \_\_\_\_\_

Self-employed?  Yes  No Years there: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Monthly Net Income: \$ \_\_\_\_\_ Salary? \_\_\_\_\_ Commission? \_\_\_\_\_

Previous Employer (if less than 2 yrs. with current employer): \_\_\_\_\_

Employer Address: \_\_\_\_\_ Years there: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Position: \_\_\_\_\_

Monthly Net Income: \$ \_\_\_\_\_ Salary? \_\_\_\_\_ Commission? \_\_\_\_\_

**Please list below your two closest relatives:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Please list three personal references:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person: \_\_\_\_\_

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Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person: \_\_\_\_\_

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Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this person: \_\_\_\_\_

## BUSINESS BANKING AND OTHER REFERENCES

Name of Business Bank	Branch	<input type="checkbox"/> Loan(s)	<input type="checkbox"/> Checking
1.		<input type="checkbox"/>	<input type="checkbox"/>

2.		<input type="checkbox"/>	<input type="checkbox"/>
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### Other Business References (phone, cable, utilities)

1.

2.

3.

## BUSINESS INSURANCE INFORMATION

Insurance Company or Broker : \_\_\_\_\_

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type(s) of Coverage: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Current Employer : \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Phone Number of Employer: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

## HOUSING INFORMATION

Do you own or rent your home? \_\_\_\_\_

Monthly Payment: \_\_\_\_\_

Mortgage Holder (Bank/Lender): \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_