1b. Current Employment/Self Employment and Income	☐ Does no	ot apply					
Employer or Business Name	Р	hone () –		Gross Mo	nthly li	ncome
Street		`			Base	\$	/month
City		State	ZIP		Overtime	\$	/month
<u> </u>					Bonus	\$	/month
Position or Title		s statement byed by a famil			Commission	on \$	/month
Start Date/(mm/yyyy)	property se	eller, réal estat	e agent, or ot	her	Military	+c ¢	/month
How long in this line of work?Years Months	party to th	e transaction.			Other		/month
Check if you are the Business OI have an ownership share		•		(or Loss) Other			/month
Owner or Self-Employed OI have an ownership share	re of 25% or mor	e. \$			_		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1c. IF APPLICABLE, Complete Information for Addition	al Employmer	nt/Self Empl	loyment an	d Income		oes not	
Employer or Business Name	f	Phone () –			Gross Mo	•	
Street					Base		/month
City		State	_ZIP		Overtime		/month
Position or Title	Chack if thi	ic ctatomont	annlies		Bonus		/month
Start Date (mm/yyyy)		s statement applies: byed by a family member,				on \$	/month
How long in this line of work? Years Months	property s	eller, real estat e transaction.	e agent, or ot	her	Military Entitlemer	ıts \$	/month
——————————————————————————————————————	' '				Other		/month
	Check if you are the Business OI have an ownership share of less than 25%. Monthly Income (or Loss)						
Owner or Self-Employed 1d. IF APPLICABLE, Complete Information for Previous E	re of 25% or moi	elf Employn			TOTAL □ Doe		/month
Owner or Self-Employed O I have an ownership shared the self-Employed I have a self-E	Employment/Sonent and incom	e. \$elf Employne. Check if Business	nent and In	come	Doe.	s not ap	<i>oply</i> Monthly
Owner or Self-Employed O I have an ownership share 1d. IF APPLICABLE, Complete Information for Previous E Provide at least 2 years of current and previous employm Employer or Business Name Street City State 2	Employment/Sonent and incom	e. \$elf Employne. Check if Business	nent and In you were t	come	Doe.	s not ap	pply
Owner or Self-Employed	Employment/Sonent and incom	e. \$elf Employne. Check if Business	nent and In you were t	come	Doe.	s not ap	<i>oply</i> Monthly
Owner or Self-Employed 1d. IF APPLICABLE, Complete Information for Previous E Provide at least 2 years of current and previous employm Employer or Business Name Street City State State Z Position or Title	Employment/Sonent and incom	e. \$elf Employne. Check if Business	nent and In you were t	come	Doe.	s not ap	<i>oply</i> Monthly
Owner or Self-Employed	Employment/Sonent and incom	elf Employne. Check if Business or Self-E	you were to s Owner Employed	come	Doe.	s not ap	<i>oply</i> Monthly
Owner or Self-Employed	Employment/Soment and income ZIP	elf Employne. Check if Business or Self-E	you were to s Owner Employed	here:	Payments Maintenar	Gross M	Monthly Unemployment Benefits
Owner or Self-Employed	Employment/Soment and income ZIP	re. \$ elf Employn eCheck if Busines: or Self-E from the so • Notes Receiv • Public Assista • Retirement (e.g., Pension,	you were to s Owner Employed	here: • Royalty F • Separate • Social Se • Trust	Payments e Maintenarecurity	Gross M	Unemployment Benefits VA Compensation Other
Owner or Self-Employed	Employment/Soment and income ZIP	re. \$ elf Employn eCheck if Busines: or Self-E from the so • Notes Receiv • Public Assista • Retirement (e.g., Pension,	you were to s Owner Employed	here: • Royalty F • Separate • Social Se • Trust	Payments Maintenar ecurity	Gross M	Unemployment Benefits VA Compensation Other
Owner or Self-Employed	Employment/Soment and income ZIP	re. \$ elf Employn eCheck if Busines: or Self-E from the so • Notes Receiv • Public Assista • Retirement (e.g., Pension,	you were to s Owner Employed	here: • Royalty F • Separate • Social Se • Trust	Payments Maintenar ecurity	Gross Mance	Unemployment Benefits VA Compensation Other
Owner or Self-Employed	Employment/Soment and income ZIP	re. \$ elf Employn eCheck if Busines: or Self-E from the so • Notes Receiv • Public Assista • Retirement (e.g., Pension,	you were to s Owner Employed	here: • Royalty F • Separate • Social Se • Trust	Previous Income \$	Gross Mance	Unemployment Benefits VA Compensation Other
Owner or Self-Employed	Employment/Soment and income ZIP	re. \$ elf Employn eCheck if Busines: or Self-E from the so • Notes Receiv • Public Assista • Retirement (e.g., Pension,	you were to s Owner Employed	here: • Royalty F • Separate • Social Se • Trust	Previous Income \$	Gross Mance	Unemployment Benefits VA Compensation Other