

1b. Current Employment/Self Employment and Income☐ Does not applyEmployer or Business Name One call medical inc Phone (321) 999 - 9999 Street 19
PALMETTO ROADCity SWEET BEACH State FL ZIP 33100Position or Title OWNER/ OPERATORStart Date 01 / 2014 (mm/yyyy)How long in this line of work? 4 Years ____ Months**Check if this statement applies:**☐ I am employed by a family member, property seller, real estate agent, or other party to the transaction.☒ Check if you are the Business Owner or Self-Employed ☐ I have an ownership share of less than 25%. ☒ I have an ownership share of 25% or more. Monthly Income (or Loss) \$ 2,500**Gross Monthly Income**Base \$ ____ /month
Overtime \$ ____ /month
Bonus \$ ____ /month
Commission \$ ____ /month
Military Entitlements \$ ____ /month
Other \$ ____ /month
TOTAL \$ ____ /month**1c. IF APPLICABLE, Complete Information for Additional Employment/Self Employment and Income**☐ Does not applyEmployer or Business Name SING SONG SINGERS Phone (321) 999 - 1234
Street 10 SONGBIRD LANECity TALENT State FL ZIP 33103Position or Title ENTERTAINERStart Date 08 / 1995 (mm/yyyy)How long in this line of work? 20 Years ____ Months**Check if this statement applies:**☒ I am employed by a family member, property seller, real estate agent, or other party to the transaction.☐ Check if you are the Business Owner or Self-Employed ☐ I have an ownership share of less than 25%. ☐ I have an ownership share of 25% or more. Monthly Income (or Loss) \$ ____**Gross Monthly Income**Base \$ ____ /month
Overtime \$ ____ /month
Bonus \$ ____ /month
Commission \$ 750 /month
Military Entitlements \$ ____ /month
Other \$ ____ /month
TOTAL \$ 750 /month**1d. IF APPLICABLE, Complete Information for Previous Employment/Self Employment and Income**☒ Does not apply

Provide at least 2 years of current and previous employment and income.

Employer or Business Name ____

Street ____

City ____ State ____ ZIP ____

Position or Title ____

Start Date ____ / ____ (mm/yyyy) End Date ____ / ____ (mm/yyyy)

☐ Check if you were the Business Owner or Self-Employed**Previous Gross Monthly Income**

\$ ____

1e. Income from Other Sources☐ Does not apply

Include income from other sources below. Under Income Source, choose from the sources listed here:

- | | | | | | |
|------------------------|------------------------|-------------------------------|----------------------|------------------------|-------------------|
| • Alimony | • Child Support | • Interest and Dividends | • Notes Receivable | • Royalty Payments | • Unemployment |
| • Automobile Allowance | • Disability | • Mortgage Credit Certificate | • Public Assistance | • Separate Maintenance | • Benefits |
| • Boarder Income | • Foster Care | • Mortgage Differential | • Retirement | • Social Security | • VA Compensation |
| • Capital Gains | • Housing or Parsonage | • Payments | (e.g., Pension, IRA) | • Trust | • Other |

NOTE: Reveal alimony, child support, separate maintenance, or other income ONLY IF you want it considered in determining your qualification for this loan.

Income Source – use list above

Income Source	Monthly Income
Child Support	\$ 10,000
	\$
	\$
Provide TOTAL Amount Here	\$ 10,000

Borrower Name: John homeownerUniform Residential Loan Application Freddie
Mac Form 65 • Fannie Mae Form 1003