

Mortgage Loan Application Form

Carefully review and complete the information on this application. If you are applying for this loan with others, each additional Borrower must provide their details as directed by your Lender.

Personal Information

This section asks for information about your personal details and income sources, including employment, retirement, and any other earnings. This will be evaluated to determine your eligibility for this loan.

Name (First, Middle, Last, Suffix)

John Doe

Alternate Names - List any names by which you are known or any names

Social Security Number

123-45-6789

Date of Birth (mm/dd/yyyy)

09/21/1970

Citizenship

- U.S. Citizen
 Permanent Resident Alien
 Non-Permanent Resident Alien

Type of Credit

I am applying for individual credit.

I am applying for joint credit. Total Number of Borrowers:

Marital Status

Married

Separated

Unmarried

Dependents (not listed by another Borrower)
Number

2

Ages

Contact Information

Home Phone

555-123-4567

Cell Phone

555-987-4567

Work Phone

Email

john.doe@example.com

Current Address

Street

123 Main St

Unit #

City

Reston

State

VA

ZIP

20170

Country

USA

Years

1

Months

8

How Long at Current Address?

Housing

No primary housing expense Own Rent

(\$/month)

2,200

Current Employment/Self-Employment and Income

Employer or Business Name

 Does not apply

Acme Corp

Phone

555-456-7890

Street

456 Tech Avenue

Unit #

City

State

ZIP

Country

San Francisco

CA

94102

USA

Position or Title

Start Date (mm/dd/yyyy)

Senior Software Engineer

08/15/2019

How long have you been in this line of work?

Years

Months

10

3

 Check if you are the Business Owner or Self-Employed

Monthly Income (or Loss)

Gross Monthly Income

<input type="checkbox"/> Base	\$ 7500
<input type="checkbox"/> Overtime	\$ _____
<input type="checkbox"/> Bonus	\$ 1000
<input type="checkbox"/> Commission	\$ _____
<input type="checkbox"/> Military Entitlements	\$ _____
<input type="checkbox"/> Other	\$ _____

TOTAL \$ 8500

Financial Information — Assets and Liabilities.

This section asks about things you own that are worth money and that you want considered to qualify for this loan. It then asks about your liabilities (or debts) that you pay each month, such as credit cards, alimony, or other expenses.

Assets – Bank Accounts, Retirement, and Other Accounts You Have

Include all accounts below. Under Account Type, choose from the types listed here:

- Checking
- Mutual Fund
- Retirement (e.g., 401k, IRA)
- Cash Value of Life Insurance
- Savings
- Stocks
- Bridge Loan Proceeds
- Money Market
- Stock Options
- Individual Development Account
- Certificate of Deposit
- Bonds
- Trust Account

Account Type – use list above	Financial Institution	Account Number	Cash or Market Value
Checking	Pinnacle Bank	1234567890	12,500
Savings	Horizon Financial	9876543210	35,000
Retirement	Apex Investments	5678901234	75,000
Stocks	Trading Edge	2345678901	50,000

Provide TOTAL Amount Here \$

Other Assets and Credits You Have

Does not apply

Include all other assets and credits below. Under Asset or Credit Type, choose from the types listed here:

- | | | |
|-----------------------------|---------------------------|--------------------------|
| Assets | • Relocation Funds | • Rent Credit |
| Credits | • Sweat Equity | • Trade Equity |
| • Proceeds from Real Estate | Property to be sold on or | before closing |
| • Proceeds from Sale of | Non-Real Estate Asset | • Secured Borrowed Funds |
| • Unsecured Borrowed Funds | • Other | • Lot Equity |
| • Earnest Money | • Employer Assistance | |

Asset or Credit Type – use list above

Cash or Market Value

Other	10,000

Provide TOTAL Amount Here \$

Liabilities – Credit Cards, Other Debts, and Leases that You Owe

Does not apply

List all liabilities below (except real estate) and include deferred payments. Under Account Type, choose from the types listed here:

- Revolving (e.g., credit cards)
- Installment (e.g., car, student, personal loans)
- Open 30-Day (balance paid monthly)
- Lease (not real estate)
- Other

Account Type – use list above	Company Name	Account Number	Unpaid Balance	To be paid off at or before closing	Monthly Payment
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Other	Cornerstone	8901234567	250,000		1,800
Installment	Summit Lending	7890123456	18,000		350
Installment	EduFund	6789012345	25,000		300
Revolving	Platinum Credit	5678901234	5,000		200

Loan and Property Information. This section asks about the loan's purpose and the property you want to purchase or refinance.

Loan and Property Information

Loan Amount \$

Loan Purpose

 Purchase Refinance Other (specify)

Property Address Street

Unit #

City

State

ZIP

County

Number of Units

Property Value \$

Occupancy

 Primary Residence Second Home Investment Property FHA Secondary Residence

1. Mixed-Use Property. If you will occupy the property, will you set aside space within the property to operate your own business? (e.g., daycare facility, medical office, beauty/barber shop)

NO YES

2. Manufactured Home. Is the property a manufactured home?
(e.g., a factory built dwelling built on a permanent chassis)

NO YES

Other New Mortgage Loans on the Property You are Buying or Refinancing

Does not apply

Creditor Name

Lien Type

Monthly Payment

Loan Amount

Credit Limit

First Lien Subordinate Lien

First Lien Subordinate Lien

Declarations. This section asks you specific questions about the property, your funding, and your past financial history.

Property and Loan Funding Information

- A. Is this property intended to be your main living space? NO YES
If so, have you owned any other properties within the previous 36 months? NO YES
If your answer is yes, please provide the following details:
(1) Specify the category of the previous property: main residence (MR), FHA auxiliary home (AH), vacation property (VP), or income-generating property (IG)?
(2) How was the property's ownership structured: sole ownership (SO), shared with spouse (SS), or shared with another individual (SI)?
B. For property purchases: Do you have any familial or professional connections to the property's current owner? NO YES
C. Are you receiving any undisclosed financial assistance for this property acquisition (e.g., help with closing costs or down payment) or any monetary support from external parties, such as the current owner or real estate agent? NO YES
If yes, what is the total amount of this additional financial support?
D. 1. Have you submitted or do you plan to submit a mortgage application for a different property before finalizing this transaction, which is not mentioned in this application? NO YES
2. Have you applied for or do you intend to apply for any new lines of credit (such as personal loans or credit cards) before completing this property transaction, which are not disclosed here? NO YES
E. Is there a possibility of any liens taking precedence over the primary mortgage, such as energy efficiency improvement loans repaid through property tax assessments? NO YES

5b. Financial Background

- F. Have you agreed to be responsible for any loans or debts not mentioned in this application? NO YES
G. Do you have any unresolved legal financial obligations? NO YES
H. Are you behind on payments or in breach of any government-owned financial obligations? NO YES
I. Are you involved in any legal disputes that could impact your financial situation? NO YES
J. In the last 7 years, have you transferred property ownership to avoid foreclosure? NO YES
K. Within the past 7 years, have you participated in a property sale where the lender agreed to accept less than the full mortgage balance, often called a 'short sale'? NO YES
L. Have any of your properties been repossessed by a lender in the last 7 years? NO YES
M. Have you filed for any type of bankruptcy protection in the past 7 years? NO YES

If yes, please indicate which type of bankruptcy:

Chapter 7

Chapter 11

Chapter 12

Chapter 13

Loan Originator Information.

To be completed by your Loan Originator.

Loan Originator Information

Loan Originator Organization Name

Homestead Lending Group

Address

24 Mortgage Drive, Townville, TX 78901

Loan Originator Organization NMLSR ID#

345678

State License ID#

901234

Loan Originator Name

Emily Johnson

Loan Originator NMLSR ID#

567890

State License ID#

789012

Email

emily.johnson@homestead.com

Phone

555-975-3106

Signature _____ Date (mm/dd/yyyy) _____

UNITED STATES

DRIVER LICENSE

EXPIRES 09/21/2034



DL 6383736743891101

FN JOHN

CLASS C

LN DOE

END NONE

123 MAIN ST
RESTON, VA 20170



DOB 09/21/1970



SSN ON FILE

DONOR

SEX M

HAIR BLK

EYES GRN

HGT 5' 6"

WGT 143 LBS

US 11/05/2001266737RP/AMER/19

a Employee's social security number 123-45-6789						
b Employer identification number (EIN) 78-90123456		1 Wages, tips, other compensation 159728		2 Federal income tax withheld 35140.16		
c Employer's name, address, and ZIP code Acme Corp, 456 Tech Avenue, San Francisco, CA 94102		3 Social security wages 159728		4 Social security tax withheld 9903.136		
		5 Medicare wages and tips 159728		6 Medicare tax withheld 2316.056		
		7 Social security tips		8 Allocated tips		
d Control number Text		9		10 Dependent care benefits		
e Employee's first name and initial JOHN	Last name DOE	Suff.	11 Nonqualified plans		12a See instructions for box 12 Code	
126 Main St, Nashville, TN, 37210		13	Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	
		14	Other			12b Code
		12c Code				12d Code
15 State TN	Employer's state ID number 78-90123456	16 State wages, tips, etc. 159728	17 State income tax 10110.7824	18 Local wages, tips, etc.	19 Local income tax	
					20 Locality name	

Form **W-2** Wage and Tax Statement

2021

Underwriter's Notes:

- Strong LTV at 63.6% offsets some risks
- High back-end DTI (57.1%) is primary concern and need mitigation
- Robust assets (\$182,500) provide good reserves and compensating factor
- No payment shock expected based on current rent vs projected mortgage
- Clean credit history - no derogatory events strengthens application.
- Diverse asset mix shows financial responsibility
- Income stability (10+ years in tech) supports creditworthiness.
- Primary focus: DTI reduction strategies.

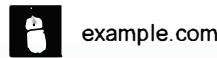


999-99-99-99 16769 3 C 001 11 S 66 002
ALEJANDRO ROSALEZ
400 KOZEY LIGHT, WEBERBURGH, HI 29922

Your consolidated statement

For 04/04/2022

Contact us



(858) LLL-0101 or
(858) 555-0101

Do more with digital banking

Bank without having to leave home. Check your account balances, make transfers, pay bills and deposit checks with your mobile device. If you are not enrolled in digital banking, it only takes a minute. Get started today at example.com/U.

Example Bank, Member FDIC. To learn more, visit example.com/ABCXYZ. ©2020 Example Inc. Credit Union.

If you are traveling outside of the USA and have concerns about accessing your account while you are traveling, please contact your Branch Banker or call us at 858-LLL-0101.

Summary of your accounts

ACCOUNT NAME	ACCOUNT NUMBER	BALANCE (\$)	DETAILS ON
CHECKING	003525801543	5,657.47	page 1
Total checking and money market savings accounts		\$5,657.47	
SAVINGS	352580154336	53,578.24	page 3
Total savings accounts		\$53,578.24	

Checking and money market savings accounts

■ CHECKING 003525801543

Account summary

Your previous balance as of 04/04/2022	\$41,982.42
Checks	- 1,177.33
Other withdrawals, debits and service charges	- 567.18
Deposits, credits and interest	+ 3,124.75
Your new balance as of 06/17/2020	= \$5,657.47

Average Posted Balance in Statement Cycle \$65,360.07

Checks

DATE	CHECK #	AMOUNT (\$)	DATE	CHECK #	AMOUNT (\$)	DATE	CHECK #	AMOUNT (\$)
05/26	1401	450.00	06/05	*965025	101.39	06/09	985026	150.00

* indicates a skip in sequential check numbers above this item

Total checks = \$701.39

Other withdrawals, debits and service charges can be found in full statement

Date	Description	Withdrawals / Deposits
2/6/2020	Food Purchase - AnyCompany Restaurant - 1194089245	-171
8/22/2020	Online Retail - AnyCompanyRetail.com - 1232495036	-44
11/1/2020	Food Purchase - AnyCompany Coffee Shop - 1509173654	-224
5/26/2020	Retail Purchase - AnyCompany Conv-Store - 1896933493	-244
8/8/2020	Food Purchase - AnyCompany Coffee Shop - 1966610947	-116
7/6/2020	Transport - AnyCompany Ridesharing - 2039726014	-249
2/13/2020	Food Purchase - AnyCompany Restaurant - 2130609679	-127
8/1/2020	Transport - AnyCompany Ridesharing - 2135962828	-65
5/31/2020	Online Retail - AnyCompanyRetail.com - 2257980180	-156
11/10/2020	Service Charge - Bank - 2270088418	-2
8/11/2020	Food Purchase - AnyCompany Restaurant - 2350678683	-219
9/19/2020	Food Purchase - AnyCompany Coffee Shop - 2558819681	-229
8/17/2020	Food Purchase - AnyCompany Restaurant - 2591297145	-127
11/21/2020	Retail Purchase - AnyCompany Conv-Store - 2687789993	-84
7/3/2020	Transport - AnyCompany Ridesharing - 2705182570	-157
4/1/2020	Transport - AnyCompany Ridesharing - 3020941883	-238
12/15/2020	Online Retail - AnyCompanyRetail.com - 3250892832	-72
11/27/2020	Food Purchase - AnyCompany Restaurant - 3288443530	-124
6/25/2020	Food Purchase - AnyCompany Coffee Shop - 3454648653	-199
9/14/2020	Retail Purchase - AnyCompany Retail - 3631254120	-258
11/15/2020	Food Purchase - AnyCompany Coffee Shop - 3666530197	-297
4/7/2020	Food Purchase - AnyCompany Coffee Shop - 3746491660	-162
7/24/2020	Transport - AnyCompany Ridesharing - 3750786000	-161
12/15/2020	Food Purchase - AnyCompany Coffee Shop - 3882328066	-178
10/6/2020	Food Purchase - AnyCompany Coffee Shop - 3993716869	-194
5/12/2020	Transport - AnyCompany Ridesharing - 4027406850	-243
1/26/2020	Retail Purchase - AnyCompany Retail - 4335346753	-173
4/9/2020	Retail Purchase - AnyCompany Conv-Store - 4505103520	-174
4/10/2020	Transport - AnyCompany Ridesharing - 4608033455	-183
6/15/2020	Service Charge - Bank - 4711509600	-7
11/10/2020	Transport - AnyCompany Ridesharing - 4740375574	-141
10/16/2020	Online Retail - AnyCompanyRetail.com - 4790934451	-271
7/27/2020	Retail Purchase - AnyCompany Conv-Store - 4915649848	-257
6/22/2020	Transport - AnyCompany Ridesharing - 4973453567	-130

Date	Description	Withdrawals / Deposits
7/28/2020	Transport - AnyCompany Ridesharing - 5004776995	-150
6/7/2020	Retail Purchase - AnyCompany Retail - 5476998456	-294
7/23/2020	Retail Purchase - AnyCompany Conv-Store - 5505969927	-269
3/21/2020	Transport - AnyCompany Ridesharing - 5688740948	-52
8/27/2020	Food Purchase - AnyCompany Restaurant - 5798336406	-222
11/25/2020	Food Purchase - AnyCompany Coffee Shop - 5822058649	-169
9/19/2020	Retail Purchase - AnyCompany Conv-Store - 5948096947	-250
2/25/2020	Retail Purchase - AnyCompany Conv-Store - 6030150884	-269
7/15/2020	Food Purchase - AnyCompany Restaurant - 6031636977	-287
9/2/2020	Food Purchase - AnyCompany Coffee Shop - 6052214096	-268
11/10/2020	Retail Purchase - AnyCompany Retail - 6308084189	-127
11/27/2020	Food Purchase - AnyCompany Coffee Shop - 6335155520	-104
11/17/2020	Retail Purchase - AnyCompany Retail - 6407949623	-67
7/23/2020	Food Purchase - AnyCompany Coffee Shop - 6528599341	-21
8/1/2020	Service Charge - Bank - 6556484014	-5
3/5/2020	Online Retail - AnyCompanyRetail.com - 6597837385	-215
2/2/2020	Food Purchase - AnyCompany Coffee Shop - 6694508417	-82
12/30/2020	Online Retail - AnyCompanyRetail.com - 7544350060	-112
9/27/2020	Online Retail - AnyCompanyRetail.com - 7673426647	-4
8/22/2020	Transport - AnyCompany Ridesharing - 7686595684	-57
10/9/2020	Food Purchase - AnyCompany Restaurant - 7779261930	-64
8/31/2020	Retail Purchase - AnyCompany Retail - 8158060902	-95
4/6/2020	Retail Purchase - AnyCompany Conv-Store - 8403287221	-242
6/6/2020	Retail Purchase - AnyCompany Retail - 8408401968	-234
7/6/2020	Transport - AnyCompany Ridesharing - 8439818768	-177
6/25/2020	Online Retail - AnyCompanyRetail.com - 8481077716	-62
9/18/2020	Food Purchase - AnyCompany Coffee Shop - 8566261803	-278
10/29/2020	Service Charge - Bank - 8829725245	-10
10/11/2020	Transport - AnyCompany Ridesharing - 8855238921	-147
3/31/2020	Food Purchase - AnyCompany Coffee Shop - 9006979910	-162
12/5/2020	Service Charge - Bank - 9195881165	-10
6/23/2020	Food Purchase - AnyCompany Restaurant - 9705740969	-183
9/7/2020	Retail Purchase - AnyCompany Conv-Store - 9867812469	-32
2/18/2020	Food Purchase - AnyCompany Restaurant - 9930336020	-177

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2/13/2020	Food Purchase - AnyCompany Restaurant - 2130609679	-127
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4/6/2020	Retail Purchase - AnyCompany Conv-Store - 8403287221	-242
6/6/2020	Retail Purchase - AnyCompany Retail - 8408401968	-234

CO. FILE DEPT. CLOCK NUMBER
ABC 126543 12345 12345 00000000 1

ANY COMPANY CORP.
475 ANY AVENUE
ANYTOWN, USA 10101

Social Security Number: 987-65-4321

Taxable Marital Status: Married

Exemptions/Allowances:

Federal: 3, \$25 Additional Tax

State: 2

Local: 2

Earnings Statement

Period ending: 7/18/2008

Pay date: 7/25/2008

JOHN STILES
101 MAIN STREET
ANYTOWN, USA 12345

Earnings

rate	hours	this period	year to date
10.00	32.00	320.00	16,640.00
15.00	1.00	15.00	780.00
10.00	8.00	80.00	4,160.00
		37.43*	1,946.80
		Gross Pay	\$ 452.43
			23,526.80

Deductions

Statutory		
Federal Income Tax	- 40.60	2,111.20
Social Security Tax	- 28.05	1,458.60
Medicare Tax	- 6.56	341.12
NY State Income Tax	- 8.43	438.36
NYC Income Tax	- 5.94	308.88
NY SUI/SDI Tax	- 0.60	31.20
Other		
Bond	- 5.00	100.00
401(k)	- 28.85*	1,500.20
Stock Plan	- 15.00	150.00
Life Insurance	- 5.00	50.00
Loan	- 30.00	150.00
Adjustment		
Life Insurance	+ 13.50	
		Net Pay
		\$ 291.90

* Excluded from federal taxable wages

Your federal wages this period are \$386.15

Other Benefits and Information

	this period	total to date
Group Term Life	0.51	27.00
Loan Amt Paid		840.00
Vac Hrs		40.00
Sick Hrs		16.00
Title	Operator	

Important Notes

EFFECTIVE THIS PAY PERIOD YOUR REGULAR
HOURLY RATE HAS BEEN CHANGED FROM \$8.00
TO \$10.00 PER HOUR.

WE WILL BE STARTING OUR UNITED WAY FUND
DRIVE SOON AND LOOK FORWARD TO YOUR
PARTICIPATION.

UNITED STATES

DRIVER LICENSE

EXPIRES 09/21/2034

DL 6383736743891101



LN DOE

FN JOHN

123 ANY STREET
ANY CITY, CA 92127

DOB 09/21/1970

SSN ON FILE

DONOR

SEX M HAIR BLK EYES BLU
HGT 5'11" WGT 185LB

US 11/05/2001266737RP/AMER/19

CLASS C
END NONE



ANY COMPANY CORP.
475 ANY AVENUE
ANYTOWN, USA 10101

Payroll check number: 0000000000
Pay date: 7/25/2008
Social Security No. 987-65-4321

Pay to the
order of:

JOHN STILES

This amount:

TWO HUNDRED NINETY-ONE AND 90/100 DOLLARS

\$291.90

BANK NAME
STREET ADDRESS
CITY STATE ZIP

SAMPLE
NON-NEGOTIABLE
VOID VOID VOID

AUTHORIZED SIGNATURE
VOID AFTER 90 DAYS

Authorized Signature

1001379122000496140401101571

THE ORIGINAL DOCUMENT HAS A REFLECTIVE WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW WHEN CHECKING THE ENDORSEMENT.

ACCOUNT STATEMENT

YOUR DETAILS

Jane Doe
100 Main Street, Anytown, USA
555-0100

Statement Period **1 MAY 2021 to 31 MAY 2021**
Account Number **333 008755555**
Account Name **Jane Doe**
Email Address **Not Recorded**

Your Account Balance

Your opening account balance as at 1 MAY 2021	\$50,000.00
Your closing account balance as at 31 MAY 2021	\$123,084.85

Your account valuation

Investment option name	Option code	Units	Unit Price \$	Value \$	%
BT Active Balanced	210	1,3297.9090	1,300	17,287.28	40
First choice moderate	080	2,3000.5678	100	23,005.68	30
First choice Lifestaged	010	7,100.9876	900	63,908.89	20
2001-09					
Perpetual Balanced growth	021	8,210.0021	230	18,883.00	10
Account value				123,084.85	100.00

Your insurance details

Benefit Type	Insurance cover amount \$	Benefit amount \$
Amount paid on Death of Terminal illness	10,000.00	17,000.00
Amount paid upon Total and Permanent Disablement	10,000.00	17,000.00

22222	a Employee's social security number 75395184613	OMB No. 1545-0008				
b Employer identification number (EIN) 4963147952			1 Wages, tips, other compensation \$100.00		2 Federal income tax withheld \$500.00	
c Employer's name, address, and ZIP code John Stiles 100 Main Street, Anytown, USA			3 Social security wages \$1000.00		4 Social security tax withheld \$100.00	
			5 Medicare wages and tips \$500.00		6 Medicare tax withheld \$5000.00	
			7 Social security tips \$500.00		8 Allocated tips \$150.00	
d Control number 753951852			9		10 Dependent care benefits \$5000.00	
e Employee's first name and initial Arnav			Suff. M	11 Nonqualified plans \$500.00		12a Code A \$500.00
Last name Desai				13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b Code C \$1500.00
123 Any Street, Any Town, USA				14 Other NA		12c Code A \$500.00
						12d Code B \$1000.00
f Employee's address and ZIP code						
15 State Any Town	Employer's state ID number 7414568313	16 State wages, tips, etc. \$50.00	17 State income tax \$500.00	18 Local wages, tips, etc. \$100.00	19 Local income tax \$550.00	20 Locality name Any Town

W-2 Wage and Tax Statement
 Form Copy 1—For State, City, or Local Tax Department

2022

Department of XYZ Organization

ACCOUNT STATEMENT

YOUR DETAILS

Jane Doe
100 Main Street, Anytown, USA
555-0100

Statement Period **1 MAY 2021 to 31 MAY 2021**
Account Number **333 008755555**
Account Name **Jane Doe**
Email Address **Not Recorded**

Your Account Balance

Your opening account balance as at 1 MAY 2021	\$50,000.00
Your closing account balance as at 31 MAY 2021	\$123,084.85

Your account valuation

Investment option name	Option code	Units	Unit Price \$	Value \$	%
BT Active Balanced	210	1,3297.9090	1,300	17,287.28	40
First choice moderate	080	2,3000.5678	100	23,005.68	30
First choice Lifestaged	010	7,100.9876	900	63,908.89	20
2001-09					
Perpetual Balanced growth	021	8,210.0021	230	18,883.00	10
Account value				123,084.85	100.00

Your insurance details

Benefit Type	Insurance cover amount \$	Benefit amount \$
Amount paid on Death of Terminal illness	10,000.00	17,000.00
Amount paid upon Total and Permanent Disablement	10,000.00	17,000.00

22222	a Employee's social security number 75395184613	OMB No. 1545-0008				
b Employer identification number (EIN) 4963147952			1 Wages, tips, other compensation \$100.00		2 Federal income tax withheld \$500.00	
c Employer's name, address, and ZIP code John Stiles 100 Main Street, Anytown, USA			3 Social security wages \$1000.00		4 Social security tax withheld \$100.00	
			5 Medicare wages and tips \$500.00		6 Medicare tax withheld \$5000.00	
			7 Social security tips \$500.00		8 Allocated tips \$150.00	
d Control number 753951852			9		10 Dependent care benefits \$5000.00	
e Employee's first name and initial Arnav			Suff. M	11 Nonqualified plans \$500.00		12a Code A \$500.00
Last name Desai				13 Statutory employee <input checked="" type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b Code C \$1500.00
123 Any Street, Any Town, USA				14 Other NA		12c Code A \$500.00
						12d Code B \$1000.00
f Employee's address and ZIP code						
15 State Any Town	Employer's state ID number 7414568313	16 State wages, tips, etc. \$50.00	17 State income tax \$500.00	18 Local wages, tips, etc. \$100.00	19 Local income tax \$550.00	20 Locality name Any Town

W-2 Wage and Tax Statement
 Form Copy 1—For State, City, or Local Tax Department

2022

Department of XYZ Organization

Homeowners Insurance Application

Named Insured(s) and Mailing Address

Ziggy Starpixel,
42 Rainbow Sparkle Boulevard
Unicornville,
NV 12345

Insurance Company

Fake Insurance Co
650 Davis Street
San Francisco, CA 94111

Primary Email: rainbow.unicorn.987654@fakeemail.nowhere

Primary Phone #: 555 555 1212

Alternate Phone #: 555 555 1213

Insured Property

42 Rainbow Sparkle Boulevard
Unicornville, NV 12345

NOTICE OF INSURANCE INFORMATION PRACTICES

In some insurance transactions, we may not be able to get all the information we need directly from you. In that case, we may obtain information from outside sources at our own expense. We would also like to inform you that without prior authorization, we may as permitted by law, provide information about you contained in our records and files to certain persons or organizations.

NOTICE: As part of Esurance's underwriting/qualification procedure and subject to applicable laws and regulations, we may obtain information regarding you and other individuals who may be covered by the insurance you are applying for, including: (i) driving record, based on state motor vehicle reports and loss information reports; (ii) your prior insurance record, if any, which will be obtained from your current or prior carrier(s); (iii) credit reports; and (iv) claim history, based on loss information reports.

Policy Number	Purchase Date and Time	Effective Date	Expiration Date
123456	10/6/2009 at 1pm	10/10/2009	10/9/2010

Primary Applicant Information**Name**

Ziggy Starpixel

Date of Birth	Gender	Marital Status	Education Level
2/20/2000	M	S	

Existing Esurance Policy	Drivers License Number	DL State	Currently Insured - Auto
123456	1234567A	NV	Fake Auto Ins Co

Length of Time with Current Auto Carrier**Length of Time with Prior Auto Carrier**

1 Year

2 years

Years with Prior Property Company**Type of Current Property Policy**

1 Year

Home

Co-Applicant Information**Name**

Luna Starlight-Glitterdust

Date of Birth	Gender	Marital Status	Education Level
2/29/2000	F	S	Graduate

Relationship to Primary Applicant	Drivers License Number	DL State	Currently Insured- Auto
Domestic Partner	987654A	NV	Fake Auto Ins Co.

Length of Time with Current Auto Carrier**Length of Time with Prior Auto Carrier**

1 year

6 months

Total Auto Claims, Accidents, and Violations for all Applicants

Number of Auto Accidents	Number of Violations		Number of Comp Claims
At-Fault	Not-at-Fault	Major	Minor
HH50100	NV 02-16		