

# California Pools & Spas

Telephone (480) 345-0005 • Fax (480) 820-2259

Once completed fax, mail, or email to:

California Pools & Spas  
1660 S. Alma School Rd.

Ste. 122

Mesa, AZ 85210

fax: 480-820-2259

email: finance@calpool.com

Improvement	Date
Contract Amount \$	
Down Payment \$	
Amount Requested \$	Term Requested

**APPLICANT** If you are applying for individual credit in your own name, are not married and are not relying on alimony, child support or separate maintenance payments, or on the income or assets of another as the basis for repayment of the credit requested, do not complete the co-applicant portion of the application.

Name		Social Security		Birth Date MM/DD/YYYY	
Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	Have you ever filed Bankruptcy <input type="checkbox"/> YES <input type="checkbox"/> NO		Discharge Date		Home Phone
Address Street		City		State	Zip
Previous Address Street		City		State	Zip
Employer		Address		How Long? Years Months	
Phone		Occupation		Gross Mo SALARY \$	
Previous Employer		Occupation		Paydays	
				How Long? Years Months	

Other income: Alimony, child support or separate maintenance income need not to be revealed if you dont wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under \_\_\_ court order \_\_\_ written agreement \_\_\_ oral understanding. Is any income listed in this section likely to be reduced in the next two years or before the credit requested is paid off? If "yes" attach explanation.

TOTAL OTHER MONTHLY INCOME \$	SOURCE	How Long? Years Months
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**CO-APPLICANT** In all other situations, complete all sections of the application providing information about your spouse, a joint application or user, or the person whose alimony, child support or maintenance payments or income or assets you are relying.

Name		Social Security		Birth Date MM/DD/YYYY	
Marital Status <input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED <input type="checkbox"/> SEPARATED	Have you ever filed Bankruptcy <input type="checkbox"/> YES <input type="checkbox"/> NO		Discharge Date		Home Phone
Employer		Address		How Long? Years Months	
Phone		Occupation		Gross Mo SALARY \$	
Previous Employer		Occupation		Payday	
				How Long? Years Months	

Other income: Alimony, child support or separate maintenance income need not to be revealed if you dont wish to have it considered as a basis for repaying this obligation. Alimony, child support, separate maintenance received under \_\_\_ court order \_\_\_ written agreement \_\_\_ oral understanding. Is any income listed in this section likely to be reduced in the next two years or before the credit requested is paid off? If "yes" attach explanation.

TOTAL OTHER MONTHLY INCOME \$	SOURCE	How Long? Years Months
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## FINANCIAL STATEMENT (Applicant and Co-Applicant)

VALUE	Mortgage Holder	Purchase Price	Down Payment	Date Purchased	BALANCE OWED	\$ PAYMENTS
2nd Mortgage	Mortgage Holder					
Creditors (List Banks, Finance Companies, Credit Unions, etc.)					BALANCE OWED	\$ PAYMENTSC

YOUR SIGNATURE BELOW AUTHORIZES YOUR MORTGAGE BROKER OR ESCROW AGENT TO FILL IN SPACES YOU LEFT BLANK IN SPECIFIED LOAN DOCUMENTS YOU ARE ABOUT TO SIGN OR MAY HAVE ALREADY SIGNED. YOU CAN GIVE THIS AUTHORITY, BUT YOU ARE NOT REQUIRED TO DO SO. YOU CAN REFUSE TO SIGN ANY DOCUMENTS UNTIL ALL BLANKS ARE COMPLETELY FILLED IN .

The following information is requested by the Federal Government for certain types of loans relating to a dwelling in order to monitor the lender s compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish the information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

RIGHT TO RECEIVE COPY OF APPRAISAL: I/We have the right to a copy of the appraisal report used in connection with this application for credit. To obtain a copy, I/we must send Lender a written request at the mailing address Lender has provided. Lender must hear from me/us no later than 90 days after lender notifies me/us about the action taken on this application, or I/we withdraw this application.

THIS FINANCIAL STATEMENT, WHICH I CERTIFY AS SETTING FORTH ALL OF MY OBLIGATIONS AND BEING COMPLETE AND ACCURATE, IS MADE WITH THE INTENT THAT THE BANK RELY THEREON IN EXTENDING CREDIT TO ME. THIS APPLICATION SHALL REMAIN PROPERTY OF THE BANK IN ANY EVENT. I AUTHORIZE BANK TO OBTAIN SUCH INFORMATION IT MAY REQUIRE CONCERNING THE STATEMENTS MADE IN THE APPLICATION, AND FURTHER, I AGREE TO GIVE BANK IMMEDIATE WRITTEN NOTICE OF ANY CHANGE IN MY FINANCIAL CONDITION. UNDER THE PENALTY OF PERJURY, I CERTIFY THAT THE ABOVE SOCIAL SECURITY NUMBERS ARE CORRECT FOR IRS REPORTING PURPOSES.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The Federal Agency that administers compliance with this law concerning this creditor is the Comptroller Of The Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050.

Application taken (please check one):  In person (please sign and date below)  Telephone  Internet  Mail - Interviewers Name \_\_\_\_\_

Applicant s Signature	Co-Applicant s Signature
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