

## Priority Information Form

**(This box for internal use only)**

Community: \_\_\_\_\_

Sales Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Realtor (if applicable): \_\_\_\_\_

Realtor's Phone Number: \_\_\_\_\_

Primary		POTENTIAL PURCHASER INFORMATION				Secondary	
First Name, Middle Initial, Last Name			First Name, Middle Initial, Last Name				
Social Security			Social Security				
Home phone			Home phone				
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single			Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single				
Primary		PRESENT ADDRESS				Secondary	
Currently <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Rent/Mortgage \$ _____	Time at Address Years ____ Mos. ____	Currently <input type="checkbox"/> Own <input type="checkbox"/> Rent	Monthly Rent/Mortgage \$ _____	Time at Address Years ____ Mos. ____		
Address (street, city, state, ZIP)			Address (street, city, state, ZIP)				
Primary		PRESENT EMPLOYER				Secondary	
Name of Employer			Name of Employer				
Address (street, city, state, ZIP)			Address (street, city, state, ZIP)				
Position	Phone		Position	Phone			
Time on the Job Years ____ Months ____	Years in the same profession		Time on the Job Years ____ Months ____	Years in the same profession			
Monthly Gross Income \$	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Monthly Gross Income \$	Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Overtime \$			Overtime \$				
Bonuses \$			Bonuses \$				
Commissions \$			Commissions \$				
Other \$			Other \$				
Primary		PREVIOUS EMPLOYER (If needed for 2-year history)				Secondary	
Name of Employer			Name of Employer				
Position	Phone		Position	Phone			
Monthly Gross Income \$			Monthly Gross Income \$				
Employed from _____ to _____			Employed from _____ to _____				
OTHER INCOME							
Source (Part-time, Notes Receivable, Child Support, etc.)							
Source: _____			\$ _____				
Source: _____			\$ _____				
<i>Notice: Alimony, child support, or separate maintenance income need not be revealed if it is not to be considered in qualifying for potential financing.</i>							
ASSET INFORMATION							
<input type="checkbox"/> Checking/savings – amount of \$ _____				<input type="checkbox"/> Sale of stocks/bonds – amount of \$ _____			
<input type="checkbox"/> Gift in the amount of \$ _____ Who is giving you the gift? _____ What is their relationship to you? _____				<input type="checkbox"/> Sale of residence – amount to be netted \$ _____			
<input type="checkbox"/> Loan against 401K – amount of \$ _____				<input type="checkbox"/> Savings Plan – amount of \$ _____			
				<input type="checkbox"/> Other – amount of \$ _____			
Where are other funds coming from? _____							

**SCHEDULE OF REAL ESTATE OWNED**

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mort. & Liens	Monthly Rental Income	Mortgage Payments

**MONTHLY LIABILITIES**

Liability	Payment	Unpaid Balance
Credit Cards	\$	\$
Student Loans	\$	\$
Car Loan	\$	\$
Alimony	\$	\$
Child Support	\$	\$
Child Care Expenses	\$	\$
Other Expenses	\$	\$

**DECLARATIONS**

1. Any judgments against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Declared bankruptcy, had property foreclosed upon, given title, or deed in lieu thereof in the last 7 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Party to a lawsuit?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Directly or indirectly been obligated on any loan that resulted in foreclosure, transfer of title in lieu thereof, or judgment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Presently delinquent or in default on any Federal debt or other financial obligation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. If financing is sought,, will any part of the down payment be borrowed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you a co-maker or endorser on any loan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. Are you a US Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Are you a permanent resident alien?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**POTENTIAL PURCHASE INFORMATION**

Anticipated Sales Price \$	Anticipated Down Payment \$	Anticipated Loan Amount \$
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By submitting this form, you authorize Shea Homes to obtain credit and related information from a consumer reporting agency and information related to employment and income, bank, money-market, and similar account balances.

Neither your submission of this form, nor acceptance of the same by Shea Homes , constitutes loan approval or pre-approval or a contract to purchase a home or lot from Shea Homes. Your submission of this completed form is a prerequisite to placement on a priority list for the potential execution of a purchase and sale agreement with Shea Homes for the purchase for a home or lot (as and when homes or lots become available in Shea Homes’ discretion), but does not obligate Shea Homes in any respect.

\_\_\_\_\_  
Potential Purchaser’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Potential Purchaser’s Signature

\_\_\_\_\_  
Date

