



# Pre Qualification Application

**FAX to →→→→ 918-895-9369**

Asset Supervision LLC  
Phone: 918-615-2355

Or Email →→ manager@assetsupervision.com  
Visit Us Online www.AssetSupervision.com

**\*\*\* Please Fill In Every Line That Is Applicable, Do Not Leave Any Blanks \*\*\***

## Applicant ↓

## Co-Applicant ↓

Name: \_\_\_\_\_

\_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Supervisor: \_\_\_\_\_

\_\_\_\_\_

Years at current job: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_

Monthly Income: \_\_\_\_\_

\_\_\_\_\_

Car payment: \_\_\_\_\_

\_\_\_\_\_

Credit card payments: \_\_\_\_\_

\_\_\_\_\_

Other loan payments: \_\_\_\_\_

\_\_\_\_\_

Have you ever had the following:

Bankruptcy?  Yes  No Discharge Date: \_\_\_\_\_

Yes  No Discharge Date: \_\_\_\_\_

Foreclosure/Eviction?  Yes  No When?: \_\_\_\_\_

Yes  No When?: \_\_\_\_\_

Repossession?  Yes  No When?: \_\_\_\_\_

Yes  No When?: \_\_\_\_\_

Charge Offs in Last 12 months?  Yes  No How many? \_\_\_\_\_

Yes  No How many? \_\_\_\_\_

Late Payments in Last 12 Months?  Yes  No How many? \_\_\_\_\_

Yes  No How many? \_\_\_\_\_

Applicant Info:

Amount of Current  Rent or  Mortgage Payment: \_\_\_\_\_ Years at Current Home \_\_\_\_\_

Landlord / Mortgage Co: \_\_\_\_\_ Phone # \_\_\_\_\_

Available Cash: \_\_\_\_\_ Date wanting to move in? \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Close Friend: \_\_\_\_\_ Phone #: \_\_\_\_\_

The above information is true to the best of my knowledge. I understand that this is an application and is not a commitment of any kind. I hereby give Asset Supervision LLC and/or its assigns, associates, and clients permission to review my credit report, contact anyone listed on this application, and to verify all information contained herein to be true and accurate for the purposes of evaluating this application for residency.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_