

## Priority Information Form

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

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

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

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

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

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

<b>Primary</b>		<b>POTENTIAL PURCHASER INFORMATION</b>				<b>Secondary</b>		
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					
<b>Primary</b>		<b>PRESENT ADDRESS</b>				<b>Secondary</b>		
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		
Address (street, city, state, ZIP)		Address (street, city, state, ZIP)						
<b>Primary</b>		<b>PRESENT EMPLOYER</b>				<b>Secondary</b>		
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 \$				
<b>Primary</b>		<b>PREVIOUS EMPLOYER (If needed for 2-year history)</b>				<b>Secondary</b>		
Name of Employer			Name of Employer					
Position		Phone		Position		Phone		
Monthly Gross Income \$			Monthly Gross Income \$					
Employed from _____ to _____			Employed from _____ to _____					
<b>OTHER INCOME</b>								
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>								
<b>ASSET INFORMATION</b>								
<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

