STATEMENT OF PERSONAL INFORMATION – BORROWER

(For confidential use by Iconic Title Agency LLC​​in connection with a request for a policy of title insurance.)

|  |  |  |  |
| --- | --- | --- | --- |
| Property Address: |  | Order No.: | ITA- |

|  |
| --- |
|  |
| FULL NAME: |  ​​ |
|  First Name, Full Middle Name (if none, so indicate), Last Name/MAIDEN NAME |
|  |
| ALTERNATE NAME (IF APPLICABLE): |  ​​ |
|  |
| BIRTHPLACE: |  ​​ | DATE OF BIRTH: |  ​​ |
|  |
| WORK PHONE #: |  ​​ | HOME PHONE #: |  ​​ |
|  |  |  |  |
| SOCIAL SECURITY #: |  ​​ | DRIVER LICENSE NO.: |  ​​ |
|  |
| **Complete the following information if you are currently married or in a registered domestic partnership:** |
|  |
| DATE AND PLACE OF MARRIAGE: |  ​​ |
|  |
| SPOUSE’S FULL NAME: |  ​​ |
|  |
| ALTERNATE NAME (IF APPLICABLE): |  ​​ |
|  |
| BIRTHPLACE: |  ​​ | DATE OF BIRTH: |  ​​ |
|  |  |  |  |
| SOCIAL SECURITY #: |  ​​ | DRIVER LICENSE NO.: |  ​​ |
|  |

|  |
| --- |
| **RESIDENCES (LAST 10 YEARS):** |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |
| **OCCUPATIONS (LAST 10 YEARS):** |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

|  |
| --- |
| **SPOUSE’S/DOMESTIC PARTNER’S OCCUPATIONS/BUSINESSES (LAST 10 YEARS):** |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

|  |
| --- |
| **FORMER MARRIAGES/DOMESTIC PARTNERSHIPS(S):** |
|  |  |  |
| Name of Former Spouse |  ​​ |  | Name of Former Spouse |  ​​ |
|  |  |  |
| Deceased date |  ​​ |  | Deceased date |  ​​ |
|  |  |  |
| Divorced date |  ​​ |  | Divorced date |  ​​ |
| (if more space is required, use reverse side of this form) |

|  |
| --- |
| **CHILDREN:** |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
| (if more space is required, use reverse side of this form) |

**INFORMATION ABOUT THE PROPERTY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Buyer intends to reside on the property in this transaction: |  ​​ |  Yes |  ​​ |  No |

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​​

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(For confidential use by Iconic Title Agency LLC​​in connection with a request for a policy of title insurance.)

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| FULL NAME: |  ​​ |
|  First Name, Full Middle Name (if none, so indicate), Last Name/MAIDEN NAME |
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| ALTERNATE NAME (IF APPLICABLE): |  ​​ |
|  |
| BIRTHPLACE: |  ​​ | DATE OF BIRTH: |  ​​ |
|  |
| WORK PHONE #: |  ​​ | HOME PHONE #: |  ​​ |
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| SPOUSE’S FULL NAME: |  ​​ |
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| ALTERNATE NAME (IF APPLICABLE): |  ​​ |
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| BIRTHPLACE: |  ​​ | DATE OF BIRTH: |  ​​ |
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| SOCIAL SECURITY #: |  ​​ | DRIVER LICENSE NO.: |  ​​ |
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|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Number and Street | City, State | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |
| **OCCUPATIONS (LAST 10 YEARS):** |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

|  |
| --- |
| **SPOUSE’S/DOMESTIC PARTNER’S OCCUPATIONS/BUSINESSES (LAST 10 YEARS):** |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  |  |  |
|  ​​ |  ​​ |  ​​ |
| Firm or Business Name | Address | From (date) to (date) |
|  | (if more space is required, use reverse side of this form) |  |

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| Deceased date |  ​​ |  | Deceased date |  ​​ |
|  |  |  |
| Divorced date |  ​​ |  | Divorced date |  ​​ |
| (if more space is required, use reverse side of this form) |

|  |
| --- |
| **CHILDREN:** |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
|  |  |
|  ​​ |  ​​ |
| Name | Date of Birth |
| (if more space is required, use reverse side of this form) |

**INFORMATION ABOUT THE PROPERTY**

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| Buyer intends to reside on the property in this transaction: |  ​​ |  Yes |  ​​ |  No |

The undersigned declare, under penalty of perjury, that the foregoing is true and correct.

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