



LOAN APPLICATION

LOAN REQUEST

Project Name:		Application Date:
Subject Property Address:		Lot #(s):
City:	State:	Zip Code:
Type of Loan Requested:	Loan Amount Requested:	
Name of Builder :	Projected Closing Date:	
How Did You Hear About Us?	Name of Referral (if applicable):	
Already Working with a Loan Officer? (Y or N)	Loan Advisor or Sales Representative Name:	

BORROWER INFORMATION

Company Name:	Taxpayer ID Number/License #:	
Physical Street Address:		
City:	State:	Zip Code:
Mailing Street Address (if different):		
City:	State:	Zip Code:
Contact Name:	Email:	
Contact Telephone:	Business Telephone:	
Company Owner/Member Name (if different):	Company Owner/Member Title:	
Years in Business:	Monthly Revenue:	
Monthly Income:	Cash in Banks:	
Number of Properties Owned:	Value of Real Estate Owned:	

Q: Any pending or threatened legal actions?

Q: Foreclosure ever initiated against you?

Q: Other names under which credit has been granted?

Additional Comments:



GUARANTOR

First Name:		Last Name:		Date of Birth:	
Marital Status:			Spouse's Name (if Applicable):		
Physical Street Address:					
City:		State:		ZIP Code:	
Mailing Street Address (if different):					
City:		State:		ZIP Code:	Contact
Name /Telephone:			Email:		
Employer Name:				Self Employed? (Y or N)	
Employer Street Address:					
City:		State:		ZIP Code:	
Work Telephone:		Years in Industry:		Years on Job:	
Position:		Monthly Revenue:			
Monthly Income:		Value of Stocks & Bonds:			
Cash in Banks:		Value of Retirement Funds:			
Number of Properties Owned:		Value of Real Estate Owned:			
Q: Any pending or threatened legal actions?					
Q: Foreclosure ever initiated against you?					
Q: Are you a U.S. Citizen? If not, please specify status					
Q: Other names under which credit has been granted?					

ADDITIONAL COMMENTS

Additional Comments:

SIGNATURE

I warrant that this loan application is for commercial business purposes only, and the subject property will be sold upon completion or retained for business and/or investment purposes. Furthermore, the information provided in this application is true and correct to the best of my knowledge, and I authorize Legacy Resources LLC, to verify information directly or through a credit reporting agency.

Name/signature of Applicant:		Title:		Date:	
Name/signature of Applicant:		Title:		Date:	
Loan Officer signature:				Date:	



ADDITIONAL GUARANTOR(S)

Name:		Social Security Number:	Date of Birth:
Marital Status:		Spouse's Name (if Applicable):	
Physical Street Address:			
City:		State:	ZIP Code:
Mailing Street Address (if different):			
City:		State:	ZIP Code:
Contact Name /Telephone:		Email:	
Employer Name:			Self Employed? (Y or N)
Employer Street Address :			
City:		State:	ZIP Code:
Work Telephone:	Years in Industry:	Years on Job:	
Position:	Monthly Revenue:		
Monthly Income:	Value of Stocks & Bonds:		
Cash in Banks:	Value of Retirement Funds:		
Number of Properties Owned:	Value of Real Estate Owned:		
Q: Any pending or threatened legal actions?			
Q: Foreclosure ever initiated against you?			
Q: Are you a U.S. Citizen? If not, please specify status			
Q: Other names under which credit has been granted?			
Additional Comments:			

SIGNATURE

I warrant that this loan application is for commercial business purposes only, and the subject property will be sold upon completion or retained for business and/or investment purposes. Furthermore, the information provided in this application is true and correct to the best of my knowledge, and I authorize Legacy Resources LLC, to verify information directly or through a credit reporting agency.

Name/Signature of Applicant:	Title:	Date:
Name/Signature of Applicant:	Title:	Date:



INFORMATION RELEASE AUTHORIZATION

Applicant(s):	Application Date:
Applicant(s):	Loan Number:

To Whom It May Concern,
I/We the undersigned applicant(s) have applied for Commercial loan with Legacy Resources LLC. You are hereby authorized to release to Legacy Resources LLC, or its assigns, any requested information for the confidential use in compiling a mortgage loan credit file and verification.

Authorization is further granted to use a photostatic, facsimile transmission, or carbon copy of the signature(s) of the undersigned as an equivalent of the original for the purposes mentioned above

Borrower's Signature	Date
Borrower's Printed Name	Date of Birth
Street Address (Personal Residence)	City State Zip
Borrower's Signature	Date
Borrower's Printed Name	Date of Birth
Street Address (Personal Residence)	City State Zip