



# Unstoppable Funding

Built For Real Estate Investors & Builders

## Profile Information

### Add Guarantor

Individual Name \_\_\_\_\_

Estimated Credit Score \_\_\_\_\_

How many flips in last 2 years? \_\_\_ 0 \_\_\_ 1-4 \_\_\_ 5 or More

Number of 60-day delinquencies \_\_\_\_\_

Bankruptcy Discharge Date \_\_\_\_\_ or \_\_\_\_\_ NEVER (must be more than 2 years ago).

### Add Entity

Entity Name \_\_\_\_\_

Type \_\_\_\_\_

How many flips in last 2 years? \_\_\_ 0 \_\_\_ 1-4 \_\_\_ 5 or More

## Loan info Section

Purpose of loan? \_\_\_\_\_ BUY and Rehab \_\_\_ Buy no Rehab funds \_\_\_\_\_ Refinance

Purchase price? \_\_\_\_\_

As is property value? \_\_\_\_\_

Will you request rehab funds? \_\_\_\_\_

How Much do you estimate you will need? \_\_\_\_\_

After repair property value? \_\_\_\_\_

Seller concessions? \_\_\_\_\_

Assignment Fees? \_\_\_\_\_

**Property details**

Address? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Type? \_\_\_\_\_

Do you plan to occupy the property? \_\_\_\_ Yes \_\_\_\_ NO ( if yes we cannot do the loan automatic denial Accepted purchase contract? \_\_\_\_ YES \_\_\_\_ NO

**About Purchase**

Sale Type? \_\_\_\_\_ Standard \_\_\_\_ Bank owned \_\_\_\_ Auction \_\_\_\_ Short sale \_\_\_\_ other

Rehab amount requested? \_\_\_\_\_

Estimated total cost of rehab project? \_\_\_\_\_

Estimated number of days? \_\_\_\_\_

Exit strategy? \_\_\_\_ Rehab and sell \_\_\_\_ Rehab and Refinance

**Best Contact for Appraiser to see property**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Realtor or Wholesaler (if any )**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone 2 \_\_\_\_\_

Email \_\_\_\_\_

**Closing Agent or Title Company Info (if available)**

Title company Name \_\_\_\_\_ PH \_\_\_\_\_

Contact at Title Company Persons Name \_\_\_\_\_

Email to order \_\_\_\_\_ Email for Closings \_\_\_\_\_

**Borrower Info**

Clients Entity Name? \_\_\_\_\_

Email address? \_\_\_\_\_

Clients' entity type? \_\_\_\_\_ LLC \_\_\_ INC \_\_\_ OTHER

State of incorporation? \_\_\_\_\_

EIN number? \_\_\_\_\_

Company present address?

Street or PO box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signing person's name? \_\_\_\_\_

Signing persons title? \_\_\_\_\_

**Individual Participant Repeat for all members of the Entity**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

SS \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of 60-day delinquencies \_\_\_\_\_

Bankruptcy Discharge Date \_\_\_\_\_ or \_\_\_\_\_ NEVER (must be more than 2 years ago).

Address \_\_\_\_\_

**Member #2 ( if Applicable)**

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

SS \_\_\_\_\_

Email \_\_\_\_\_

Phone number \_\_\_\_\_

Marital Status \_\_\_\_\_

Number of 60-day delinquencies \_\_\_\_\_

Bankruptcy Discharge Date \_\_\_\_\_ or \_\_\_\_\_ NEVER (must be more than 2 years ago).

Address \_\_\_\_\_

**Guarantor Info:**

Name \_\_\_\_\_

Address Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SS# \_\_\_\_\_

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

**Hazard insurance**

Does client have a Preference? If not we can use from our list of approved vendors

Name of Agent \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_