

Your Best Source for Rehab Loans

LOAN APPLICATION

From:	
Phone:	
Email:	
Date:	

Please complete and return this entire packet with the materials from the checklist on page iv to your sales agent.

LOAN APPLICATION FORM

Borrower's Name:			Co-Borrower's Name (Spouse Only):			
Home/Mailing Addre	ss: Own Rent		Home/M	ailing Address: Ow	n Rent	
Home Phone and/or	Cell:		Home Ph	one and/or Cell:		
Social Security #:			Social Security #:			
Are you a US Citizen?	Yes No		Are you a	US Citizen? Yes	No	
Date of Birth:			Date of B	irth:		
Married Sep	parated Single		Marrie	ed Separated	Single	
# of Dependents	Ages	_	# of Depe	endents Age	s	
	Emp	loyment	inform	ation		
Name of Employer:	Name of Employer: Self Employed			Name of Employer: Self Employed		
Address:	Address:			Address:		
Business Phone:			Business Phone:			
Yrs. on this job	Yrs. In this line	of work	Yrs	on this job Yrs.	In this line of work	
Position/Title/Type o	f Business:		Position/Title/Type of Business:			
Мо	onthly Income a	ınd Hou	sing Ex	pense Informat	ion	
Gross Monthly Income	Borrower	Со-Во	rrower	Monthly Housing Expense		
Base Income	\$	\$		Rent	\$	
Overtime				First Mortgage		
Bonuses				Other Financing		
Commissions				Hazard Insurance		
Dividends/Interest				Real Estate Taxes		
Net Rental Income				Mortgage Insurance		
Other				Other		
Total	\$	\$		Total	\$	

ASSETS AND LIABILITIES

ASSETS LIABILITIES

Name & Address of Bank, S&L or Credit Union:		Name & Address of Company		
Account #:	\$	Account #: Mo. Payment \$ Unpaid Balance \$		
7,0004116 #1.		indiv dymone \$\(\frac{1}{2} \) chipald balance \$\(\frac{1}{2} \)		
Name & Address of Bank, S&L or	Credit Union:	Name & Address of Company		
		Account #:		
Account #:	\$	Mo. Payment \$ Unpaid Balance \$		
Name & Address of Bank, S&L or	Credit Union:	Name & Address of Company		
		Account #:		
Account #:	\$	Mo. Payment \$ Unpaid Balance \$		
Name & Address of Bank, S&L or	Credit Union:	Name & Address of Company		
		Account #:		
Account #:	\$			
Stocks & Bonds (Company Name Description):	/Number &	Alimony/Child Support/Separate Maintenance Payments Owed to:		
	\$	\$		
		Lab Balatad Furances (Obild Care Union Bure etc.)		
Life Insurance Net Cash Value:		Job Related Expenses (Child Care, Union Dues etc.) \$		
Face Amount \$	\$	Total Monthly Payments		
	Ψ	- \$		
Subtotal Liquid Assets	\$			
		<u>-</u>		
Real Estate Owned (Enter Market Schedule of Real Estate Owned)	t Value From			
concurred of Near Estate Owners	\$	-		
Net Worth of Business(es) Owne	d (Attaché			
Financial Statement)	\$			
	Ψ			
Other Assets (Itemize)				
	\$			
Total	\$	-		

SCHEDULE OF OWNED REAL PROPERTY

ou own rentals now?	Yes	No		
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EXAMPLE:

How many rehabs have you bought and/or sold in the past 3 years?	

Please complete this table for all investment properties you have bought and/or sold in the past 3 years.

(Net Rental Income should equal Gross Rental Income minus Monthly Mortgage Payment plus Taxes, Ins., Maint.)

Property Address (Enter S if sold, PS if pend sale or R if rental being h for income)		Date of Purchase	Type of Property	Outstanding Mortgage Amount	Monthly Mortgage Payment	Rented (Y/N)	Gross Rental Payment	Taxes, Insurance, Maintenance etc. (Per Month)	Net Rental Income (Per Month)
123 Main St. Anytown, PA123	PS	3/3/2008	2 Unit	\$100,000.00	\$1,200.00	Yes	\$1,800.00	\$300	\$300

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.

BORROWER	ROWER I do not wish to furnish this information CO-BORROWER	I do not wish to furnish this information				
Ethnicity:	Hispanic or Latino	Hispanic or Latino Not Hispanic or Latino Ethnicity:		Hispanic or Latino	Not Hispanic or Latino	
Race:	American Indian or Alaska Native	Black or African American	Race:	American Indian or Alaska Native	Black or African American	
	Native Hawaiian or Other Pacific Islander	Asian White		Native Hawaiian or Other Pacific Islander	Asian White	
Sex:	Female	Male	Sex:	Female	Male	

To be Completed by Loan Originator:

This information was provided:

In a face-to-face interview

In a telephone interview

By the applicant and submitted by fax or mail

By the applicant and submitted via e-mail or the Internet

Project & Experience

Property Information

Property State (abbreviation only):	
Purchase Price: \$	
Repair Budget: \$	
Total Loan Request: \$	
Estimated ARV: \$	
Borrower Information	
Fix & Flip/Rent/Build completed in last 36 months:	
Returning to SYM Yes/No:	
Estimated Credit Score:	
Loan Information	
Seller Concessions (If Any - Max 7.5%): \$-	
Down Payment: \$-	
Loan Term(Months):	
Cash & Income	
Liquidity/Cash on hand (Savings, Checking) \$	
Additional Accessible Cash (IRA, 401k etc.) \$	
Gift Cash \$-	
Total Reserves: \$	
Employment/Income Type Self-Employed or w2?	
Estimated Annual Income (per W-2 or most recent tax return	n) \$
Scope of Work Questionnaire	
Property Address:	
Buyer:	
What is the current use of the Property?	
What is the intended Use of the Building?	
Will any Gross Living Area (GLA) be Added?	If Yes provide details and plans.

OCCUPANCY CERTIFICATION

For o	ffice use only:			
	Borrower(s)			
	Property Addre	SS		
	Loan Number			
Pleas	se complete the follow	ving in regards to the pro	perty:	
I/We	the undersigned cert	ify that (check one):		
	closing as stated in	the Mortgage or Deed of principal residence for at	cipal residence within 60 days Trust I/we executed. I/We will least one year after the date o	continue to occupy
	Second Home I/We will occupy the residence elsewhere		me (vacation, etc.) while main	taining a principal
	Investment Propert I/We will not occupy investment to be he	the Property as a princip	oal residence or second home.	. The Property is an
	(The Fol		ce Only ted on a Refinance Transac	ction)
		ed, certify that the proper	ty listed above is NOT current	
I/We	the undersigned acqu	uired this property on		
Mort or bo I/We regal cove imme sums	gage fraud is punisha th under the provisio understand that failu ding occupancy of th nant under the Mortg ediate payment in full s secured by the Mort	ble by up to 30 years in forms of Title 18, United Status are to comply with the receive property will entitle the gage or Deed of Trust. Such of the remaining indebte gage or Deed of Trust, an	formation in an application for deral prison or a fine of up to see Code, Sec. 1001, et seq. quirements in the Mortgage of Lender to exercise its remediate include, without does under the Loan togethed exercise of power of sale or see Mortgage or Deed of Trust.	1 million dollars, r Deed of Trust lies for breach of limitation, requiring er with all other other applicable
	Borrower	Date	Borrower	Date
	Borrower	Date	Borrower	Date

Borrower Signature Authorization

Privacy Act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

Part I - General In	formation				
. Borrower(s)			2. Name and	address of Lender/Broker	
. Date	4. Loan Number	5.	DOB	6. SS#	
		7.	DOB	8. SS#	
Part II - Borrower	 Authorization				
holdings, and any the Lender/Brokei mortgage and lai	the Lender/Broker to verify more other asset balances that a rother a consumer credit andlord references. It is under the Lender/Broker obtains is consumer.	re needed to report and rstood that	o process my verify other a copy of t	y mortgage loan application. credit information, including his form will also serve	I further authorize past and present as authorization.
Borrower				Date	_
Borrower				Date	_