For Office Use:	

Westre Financial Group, LLC BORROWER APPLICATION

	Date:
Applicant's legal name: (Your full name as used to sign legal documents)	
Nickname:(Name you prefer to be called)	SingleMarried
	Spouses Nickname:
Company name:(Your company name that might be used to title pro	perty) You sign as: President Manager Member
Cell#:	Home#:
Work#:	
E-mail address:	
Preferred contact method: CELL#	
Home Address:	
Work Address:	
Address to be used on documents and corre	spondence: Home Work
provide us Proof of Funds showing you have	an Approved Borrower with Westre Financial Group, you must access to a minimum of \$10,000.00. The best proof is a most ing and ending balance. If you provide us with any other type of y balance for the past 30 days.
Where did you hear about Westre Financia	l Group?
For Office Use: October 2024	
	Social Security Number:
	Signature:
Approved: Notified: Wester Financial Group LLC (214) 626 4442	

Westre Financial Group, LLC (314) 626-4442 **EMAIL TO: barb@bbwhomes.com**