

Complete the information below as accurately as possible. This information is used to generate preliminary loan terms for your client. **This is a data collection tool, not an application.**

### Broker Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_

### Property Information

Property Address: \_\_\_\_\_

*\*Note: Properties in OR, UT, MN, ND, SD, and VT are ineligible.*

Property Type:      Single Family          Duplex          Triplex          Quadruplex          Warrantable Condo  
                                  Townhome          PUD          5+ Unit Multi          Mixed-Use

Loan Purpose:      Purchase          Refinance          Purchase Price: \$ \_\_\_\_\_

Est. Closing/Acquisition (if refi) Date: \_\_\_\_\_

Est. As-Is	Gross Monthly Rent	Annual Taxes
\$ _____	\$ _____	\$ _____
Annual Insurance	Annual HOA Dues	Annual Utility Expenses <i>(Multi &amp; Portfolio Only)</i>
\$ _____	\$ _____	\$ _____
Annual Repair/Maint. Expenses <i>(Multi &amp; Portfolio Only)</i>	Annual Prop. Management Fees <i>(Multi &amp; Portfolio Only)</i>	Target LTV
\$ _____	\$ _____	_____ %

How many units are occupied? \_\_\_\_\_ Do occupied units have 12+ months leases in place?    Yes    No

Amount of Existing Liens: \$ \_\_\_\_\_ Is this a wholesale transaction?    Yes    No

Borrower Experience Level: \_\_\_\_\_ (# of Rental Properties owned in the last 24 mos.)

Citizenship Status:      US Citizen/Green Card          Other          Qualifying FICO (lowest mid-score): \_\_\_\_\_

Has the Borrower previously filed for bankruptcy?    Yes    No

Has the Borrower previously had a foreclosure, deed-in lieu, or short sale?    Yes    No

**Include your preferred Vendor information below. If left blank/no choice, FACo will proceed to order services through our preferred Title, Escrow, and Insurance Vendors to avoid any processing delays.**

### Title, Escrow, & Insurance Information

Title Company: _____	Title Contact: _____
Title Phone: _____	Title Email: _____
Escrow Company: _____	Escrow Contact: _____
Escrow Phone: _____	Escrow Email: _____
Insurance Company: _____	Insurance Contact: _____
Insurance Phone: _____	Insurance Email: _____

*If Applicable;* Condo Association Name: \_\_\_\_\_  
 Condo Association Contact Info: \_\_\_\_\_

