Home Program Application

This application is designed to be completed by the applicant(s). Applicants should complete this form as "Renter/Buyer" or "Co-Renter/Buyer", as applicable. Co-Renter/Buyer information must also be provided (and the appropriate box checked) when the income or assets of a person other than the "Renter/Buyer" (including the Renter/Buyer's spouse) will be used as a basis for home qualification or the income or assets of the Renter/Buyer's spouse or other person who has community property rights pursuant to state law will not be used as a basis for home qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Renter/Buyer resides in a community property state, the security property is located in a community property state, or the Renter/Buyer is relying on other property located in a community property state as a basis for payment.

Renter/Buyer								Co	o-Renter/B	uye	er		
]	. REF	ERRALS							
Were you referred to Cavalry Homes by a: Mortgage Lender: Yes No Company: Loan Officer: Realtor: Realtor: Realtor:					Mortgage Officer Phone: () Email			Pl	ealtor hone: (mail)			
0.11				II. PROI	PERTY	INFORM	ATION						
Subject Property Address City					Sta	ote 7ir			Year Built:				
Legal Description of Subject Property (attach description if necessary)					Dit	tate Zip						Home Owner's Association Yes No	
Property under Contract? Yes No If yes: Property for sale by owner? Seller's Realtor: Company: Title Company: Closer:					or:	Title Company Phone: ()					Seller's R Phone: (Email	ealtor)	
Has an inspection been performed? Yes No Has an appraisal been ordered? Yes No Renter/Buyer III. Renter/Buyer INFORMATION Co-Renter/Buyer													
Borrower's Name (include Jr				III. Keine	г⁄Биуе				ide Jr. or Sr.,)	
Dollower browning (morage or	. от от т аррт							`		п чр	pirodoro	,	
()			OB (MM/DD/YYYY)			Social Security Number			Home Phone			DOB (MM/DD/YYYY) / /	
Married (includes s	(includes single by Co-			(not listed wer): ges:	☐ Marrie ☐ Separa	tod	(includes	Unmarried Dependence No.:			dents (not listed by Borrower): Ages:		
Present Property Address City		State	No. Y Zip	Yrs.		Present Property Address City No. Yrs. State Zip							No. Yrs.
Mailing Address, if different Address	from Present A			7 '		Mailing Address, if different from Present Address Address City State Zip							
City E-Mail Address:		Stat	ie	Zip		E-Mail Ad	dress.					State	Zip
If residing at present address	s for less than	two years	s, con	nplete the followi	ng:	E Wan Tie	aress.						
Former Address (Street, City			o. Yrs				ldress (Street, Cit	y, State, ZIP)	:	N	o. Yrs.	
Address City		Stat	to.	Zip		Address City						State	Zip
City	Renter/I		i.e	IV. EMPLO	YMEN		IATIO	N	Co-Renter	r/Bu	ver	State	Zip
Name & Address of Employe		_	Y	rs. on this job		Name & A					ployed	Yrs. on	this job
Employer Monthly Incom Employer Email:					Employer Email:					ly Income			
Address	7:			rs. employed this line of	Address City State Zip				_	Yrs. employed in this line of			
City State	Zip			ork/profession:		City			State	Ζı	Р		rofession:
				none (incl. area co	de)	Position/Title/Type of Business F				Bus. F	Bus. Phone:		
If employed in current positi			ırs oı	r if currently emp	loyed i								
Name & Address of Employe	er 🗌 Self Em	ployed		Dates (from-to)			ddress	of Employ	yer 🗌 Self E	mpl	oyed	Dates (from-to)
Employer Employer Email:				-		Employer Employer	Email:						-
Address			-	Monthly Income		Address	Dinaii.					Month	ly Income
City		Zip		\$		City			State	Zi	1		
Position/Title/Type of Busine		(ıs. Pl	none (incl. area co	de)	Position/T					()	none (incl. a	
Name & Address of Employer Employer Email:	er 🗌 Self Em	ployed		Dates (from-to)		Name & Address of Employer ☐ Self Employed Employer Empl					Dates (from-to) -	
Address City	State	Zip	Ī	Monthly Income		Address City			State	Zi	n	Month	y Income
Position/Title/Type of Busine			ıs. Ph	none(incl. area coo	le)	Position/Title/Type of Business Bus. Phone (incl. area code					area code)		
	V. M	ONTHL	Y IN	COME AND CO	MBIN	ED HOUSI	NG EX	(PENSE	INFORMAT	ION	1		
0 14 31 7								Combin	ned				ъ .
Gross Monthly Income Base Empl. Income *	Renter/Bi	uyer	\$	o-Renter/Buyer	\$	Total	Mon Rent	ınıy Housi	ng Expense	\$	Pres	ent	Proposed XXXXXXXXXX
Overtime	\$		\$		\$'s Insuranc	e	\$			\$

			Cavalry Homes			
Bonuses				Utilities		
Commissions				Electric		
Dividends/Interest				Water/Sewer		
Net Rental Income				Natural Gas		
Other(before completing				Lawn Care		
see the notice in "describe				Other:		
other income: below)				Other.	+	
,	Φ.			mom . v		Φ.
TOTAL	\$	\$		TOTAL	\$	\$
* Self-Employed Applicant(s) m	ay be required to	provide additional documenta	ation such as tax returns and fi	nancial statements.		
D 7 04 I	37 / 43	191		AL LIEU DA	70 (D) (C D ()	. (0) 1
Describe Other Income			e maintenance income need	not be revealed if the Kent	er/Buyer (B) or Co-Renter I	Suyer (C) does not want
P/C	to have it co	onsidered for repaying this			l	M4bl 44
B/C			Source			Monthly Amount
		VI.	ASSETS AND LIABILI	TIES		
This Statement and any applicabl	e supporting sche	dules may be completed joint	tly by both married and unmar	ried Co-Borrowers if their a	ssets and liabilities are suffici	ently joined so that the
Statement can be meaningfully ar	nd fairly presented	I on a combined basis; other	wise separate Statements and S	Schedules are required. If the	ne Co-Borrower section was co	ompleted about a non-
applicant spouse or other person,	this Statement an	d supporting schedules must	be completed about that spous	e or other person also.		
				Complete	ed: Dointly	☐ Not Jointly
ASSETS		CASH OR MARKET			ne, address and account number	
Description		VALUE	debts, including automobil	le loans, revolving charge ac	counts, real estate loans, alim	ony, child support,
				stock pledges etc. Use cont	tinuation sheet, if necessary.	
				-	Monthly Payment &	II 11D 1
			LIABII	LITIES	Months Left to Pay	Unpaid Balance
			Name and address of con	npanv		
List checking and savings accou	nts below		Name:		Payment/Months \$	\$
Name and address of Bank, S&L			Address			*
Name:			City	State	Remaining Months	
				State	Remaining Woltens	
Address			Zip		4.5	**
City	State Z	Zip	Acct. No.		\$ Payment/Months	Unpaid Balance
Acct. No.		\$	Name and address of con	npany		
Name and address of Bank, S&L	, or Credit Union		Name:		Payment/Months \$	\$
Name:			Address			
Address			City	State	Remaining Months	
			Zip	2	3	
City	State Z	7in	Acct. No.		\$ Payment/Months	Unpaid Balance
City	State Z	Zip			\$ 1 ayment/Months	Clipalu Balance
Acct. No.		\$	Name and address of con	npany		
Name and address of Bank, S&L	, or Credit Union		Name:		Payment/Months \$	\$
Name:			Address			
Address			City	State	Remaining Months	
City	State Z	Zip	Zip			
Acct. No.		1 \$	Acct. No.		\$ Payment/Months	Unpaid Balance
Name and address of Bank, S&L.	or Credit Union		Name and address of con	nnanv	Payment/Months \$	
Name:	,		Name:	- F	Tuy money ividing \$	\$
Address			Address		Remaining Months	
City	State Z	Zip .	City	State		
Acct. No.	State Z	Zip	Acct. No.	State	\$ Payment/Months	Unpaid Balance
	/ 1 0	1 1			\$ Fayment/Wonths	Unpaid Balance
Stocks & Bonds(Company Name	number &	Market Value	Name and address of con	npany		
Descrip.)	Numban	\$	Nomo		Payment/Months \$	•
Company: Company:	Number: Number:	\$	Name:		1 ayment/ivionuls 5	\$
	Number:	\$	Address	C	Domoini M 4	
Company:			City	State	Remaining Months	
Company:	Number:	\$	Zip			
Life Insurance net cash value:		\$	Acct. No.		\$ Payment/Months	Unpaid Balance
Face amount:		\$	Name and address of con	npany		
Subtotal Liquid Assets		\$	Name:		Payment/Months \$	\$
Real estate owned (enter market	value from	\$	Address			
Schedule of real estate owned)			City	State	Remaining Months	
Vested interest in retirement fund	[\$	Zip		_	
Net worth of business(es) owned		\$	Acct. No.		\$ Payment/Months	Unpaid Balance
	(attach illianciai	Ψ	Name and address of con	nnonv	\$ 1 ayment/Wonths	Unpaid Balance
Statement) Automobiles owned (make and ye	aar)	Market Value	Name and address of con Name:	upany	Doymont/Months &	\$
Make Model	ear) Year	\$			Payment/Months \$	Ψ
		'	Address	C4-4	Domoining Mandle	
Make Model	Year	\$	City	State	Remaining Months	
Make Model	Year	\$	Zip			
Make Model	Year	\$	Acct. No.		\$ Payment/Months	Unpaid Balance
Other Assets (itemize)		Value	Alimony/Child Support/Se	•	\$	
Item:		\$	Maintenance Payments Ov	wed to:	\$	
_						
Item:		\$	Job Related Expense (chile		\$	
Item:		\$	Total Monthly Payments		\$	
Total Assets a.		\$	Net Worth (a minus b)	\$	Total Liabilities b	. \$
			i	, 		

Cavalry Homes

of forecortgage,	o-Renter/Buyer Yes No O-Renter/Buyer						
of forecortgage,	colosure, or judgment? (This would include such loans as home mortgage et, financial obligation, bond, or loan guarantee.) If "yes" provide details,						
of forecortgage,	coloure, or judgment? (This would include such loans as home mortgage et, financial obligation, bond, or loan guarantee.) If "yes" provide details,						
of forecortgage,	coloure, or judgment? (This would include such loans as home mortgage et, financial obligation, bond, or loan guarantee.) If "yes" provide details,						
of forecortgage,	cclosure, or judgment? (This would include such loans as home mortgage e, financial obligation, bond, or loan guarantee.) If "yes" provide details,						
of forecortgage, bond of	colosure, or judgment? (This would include such loans as home mortgage e, financial obligation, bond, or loan guarantee.) If "yes" provide details,						
of forecortgage,	colosure, or judgment? (This would include such loans as home mortgage e, financial obligation, bond, or loan guarantee.) If "yes" provide details, l or loan guarantee? If "Yes" give details as described in the preceding						
of forecortgage,	e, financial obligation, bond, or loan guarantee.) If "yes" provide details, or loan guarantee? If "Yes" give details as described in the preceding						
successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both (2) the property will not be used for any illegal or prohibited purpose or use; (3) all statements made in this application are made for the purpose of qualifying for Cavalry Homes' Home Program; (4) the property will be occupied as a primary residence; (5) the Cavalry Homes, its servicers, successors or assigns may retain the original and/or electronic record of this application, whether or not the applicant is approved; (6) Cavalry Homes and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to occupancy; (7) my transmission of this application is an "electronic record" containing my "electronic signature" as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature shall be as effective, enforceable and valid as if the paper version of this application were delivered containing my signed written signature. Acknowledgment. Each of the undersigned hereby acknowledges that Cavalry Homes, its servicers, successors and assigns, may verify or reverify any information contained in this application or obtain any information or data relating to the Home Program, for any legitimate business purpose t							
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