

Borrower Name: _____
Address: _____
City: _____ **State:** Texas **Zip Code:** _____
County: _____ **Own:** Yes/No **Married:** Yes/No **Past Bankruptcy /Foreclosure:** *Yes / No
 *If yes, please explain: _____

Cell Phone: _____ **Office Phone:** _____ **Fax:** _____
Email Address: _____

Co-Borrower Name: _____
Address: _____
City: _____ **State:** Texas **Zip Code:** _____
County: _____ **Own:** Yes/No **Married:** Yes/No **Past Bankruptcy /Foreclosure:** *Yes / No
 *If yes, please explain: _____

Cell Phone: _____ **Office Phone:** _____ **Fax:** _____
Email Address: _____

Company name (Corp, LLC, LTD, etc) in which title IS/WILL be held: _____

Type of Loan: () Purchase Under Contract: Yes / No
 () Refinance Cash Out: Yes / No

Property Type: () 1-4 Unit Residential Inv () 4+ Unit Multi Family Investment
 () Commerical () Raw Land (Circle: Commercial / Residentail / Rural)
Description of Property: _____

****** NO HOMESTEAD / OWNER OCCUPIED 1-4 UNIT RESIDENTIAL LOANS******
All borrowers must show evidence of a separate SFR residence with a current homestead exemption

If Purchase :

Purchase Price: \$ _____
 Loan Amount: \$ _____
 Loan to Value: _____
 Appraised Value: \$ _____
 Date of Appraisal: _____
 Down Payment Source:
 Cash Down: \$ _____
 Seller Carry Subordinate Lien: \$ _____
 Additional Real Estate Collatral Value: \$ _____
 (Additional collatoral should be owned free and clear)

If Refinance:

Appraised Value: \$ _____
 Loan Amount: \$ _____
 Loan to Value: _____
 Date of Appraisal: _____
 Use of funds: _____
 Total Amount Owed \$ _____
 Loan Current: Y / N
 Taxes Current Y / N
 Original Purchase Price \$ _____
 Purchase Date _____

Subject Property #1 Information

Address: _____ City: _____ St: _____ Zip: _____
 County: _____ Tax Value: \$ _____ Taxes Current: Yes / No Tax Amount Owed: \$ _____
 Current Zoning: _____ Number of Units: _____ Age of Building: _____ Square Feet: _____
 Number of Acres / Size of Lot: _____ Survey Available: Yes / No Date of Survey: _____
 Known Enviomental Concerns: _____

Subject Property #2 Information (if applicalble)

Address: _____ City: _____ St: _____ Zip: _____
 County: _____ Tax Value: \$ _____ Taxes Current: Yes / No Tax Amount Owed: \$ _____
 Current Zoning: _____ Number of Units: _____ Age of Building: _____ Square Feet: _____
 Number of Acres / Size of Lot: _____ Survey Available: Yes / No Date of Survey: _____
 Known Enviomental Concerns: _____

Subject Property #3 Information (if applicalble)

Address: _____ City: _____ St: _____ Zip: _____
 County: _____ Tax Value: \$ _____ Taxes Current: Yes / No Tax Amount Owed: \$ _____
 Current Zoning: _____ Number of Units: _____ Age of Building: _____ Square Feet: _____
 Number of Acres / Size of Lot: _____ Survey Available: Yes / No Date of Survey: _____
 Known Enviomental Concerns: _____

Schedule of All Real Estate Owned

(Prop Types: PR = primary residence; I = investment property; C = commercial property; R = raw land)

Property Address	Property Type	Date Aquired	Purchase Price	Market Value	Total Mort & Liens
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Totals				\$	\$

Summerize Income, reserves and ability to service debt: _____

AUTHORIZATION TO OBTAIN CREDIT INFORMATION
AND VERIFICATION OFF ALL INFORMATION PROVIDED ABOVE

I/we represent and warrant that the information provided in this credit application / Real Estate Information Form is complete, accurate and true. Each individual signing below also requests and authorizes any lenders or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain commercial and/or consumer credit histories that will be ongoing and relate not only to the evaluation of the business credit requested, but also for the purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed.

A FACIMILE, ELECTRONIC OR OTHER COPY OF THIS SIGNED AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

X _____
Applicants Signature

X _____
Applicants Printed Name

Date

X _____
Applicants Signature

X _____
Applicants Printed Name

Date

Please select which loan program and indicate rate / points that have been quoted:

Interest Only Programs

	Term	Rate	Points
_____	6 month balloon	_____	_____
_____	12 month balloon	_____	_____
_____	18 month balloon	_____	_____
_____	24 month balloon	_____	_____

Principal and Interest Programs

_____	60 month balloon (10 year amortization)	_____	_____
_____	60 month balloon (15 year amortization)	_____	_____
_____	60 month balloon (20 year amortization)	_____	_____

To be Completed by Broker:

Broker Name: _____ Broker Company _____

Broker email: _____ Cell # _____

Office # _____ Broker Referral Fee (include in point quote above) _____