



Borrower Information			
Borrower Name			Maiden Name (if applicable)
Marital Status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Number Of Dependents?
Birth Date			U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
If not citizen, alien registration number			
Birth Place			
Social Security Number		Percentage Of Ownership	
Borrower Credit	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Approximate Credit Score	Ever filed personal or business bankruptcy?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, when discharged?	IRS liens?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Foreclosure?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date?	
Short Sale?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date?	
Loan Modification?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date?	
Current IRS liens?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, date?	
Current judgments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mortgage lates?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Party to lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Provide additional info if yes to above	
Ever arrested for a felony offense?	Yes <input type="checkbox"/> No <input type="checkbox"/>	On probation / parole?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, attach explanation	Own or rent home?	Own <input type="checkbox"/>	Rent <input type="checkbox"/>
Address (No P.O. Box)			
City, State, Zip			
How long at address?	If less than five years, list previous address		
Address (No P.O. Box)			
City, State, Zip			
Telephone (W)		Telephone (C)	
Telephone (H)		Email	
Are you a realtor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you flipped properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approximate #	
Owned investment properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Approximate #	
Are you in a real estate investor group?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Work Experience (List chronologically with present employer)			
Employer			Dates
Address			
City, State, Zip			
Duties			
Employer			Dates
Address			
City, State, Zip			
Duties			
Employer			Dates
Address			
City, State, Zip			
Duties			

Corporate Information (If filing as business / corporation)				
Company Name				
Company DBA				
Borrowing Entity	Corporation <input type="checkbox"/>	S-Corp <input type="checkbox"/>	C-Corp <input type="checkbox"/>	
Partnership <input type="checkbox"/>	Ltd Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>	LLC <input type="checkbox"/>	
State Of Incorporation		Date Of Incorporation		Date Established
Company Address				
City, State, Zip				
Partner #1		Ownership Percentage		
Partner #2		Ownership Percentage		
Partner #3		Ownership Percentage		
All partners required to fill out page 1 (Varies by lender)				

Transaction Information				
Subject Property Address				
City, State, Zip				
(If transaction involves more than one property, provide list of properties in attached schedule)				
Purpose Of Loan	Purchase <input type="checkbox"/>	Rehab <input type="checkbox"/>	Purchase & Rehab <input type="checkbox"/>	Refinance <input type="checkbox"/> Line of Credit <input type="checkbox"/>
Type Of Property	SFD <input type="checkbox"/>	SFA <input type="checkbox"/>	MF2 <input type="checkbox"/>	MF3 <input type="checkbox"/> MF4 <input type="checkbox"/> MF5+ <input type="checkbox"/> Condo <input type="checkbox"/> Townhome <input type="checkbox"/>
If purchase, are you working with a realtor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Year Built	
Realtor Name		Realtor Phone		
If purchase, purchase price		Current "as is" value		
Rehab costs		After Repair Value (ARV)		
Under Contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Desired closing date?	
Purchasing as an individual or corporation?	Individual <input type="checkbox"/>	Corporation <input type="checkbox"/>		
Down Payment?		Source Of Your Down Payment		
Exit Strategy	Sell / Flip <input type="checkbox"/>	Refinance <input type="checkbox"/>	Rent <input type="checkbox"/>	Using Gap Funding? Yes <input type="checkbox"/> No <input type="checkbox"/>
If refinance, loan amount?		Loan To Value (LTV)		
If rehab, loan amount?		Current Value?	After Repair Value (ARV)	
If line of credit, credit limit requested?				

Make sure to complete the Personal Financial Statement (PFS), and the Rehab Budget Worksheet. If you have flipped multiple properties or own multiple investment properties, fill out the Rehab Transactions / Investment Property worksheet.