



LOAN APPLICATION

Property Information

| SUBJECT PROPERTY ADDRESS | PROPERTY DESCRIPTION | |
|--|--|--|
| Street Address _____ City _____ State _____ Zip _____ | Property Type: <input type="checkbox"/> SFR <input type="checkbox"/> Apartments/Duplex <input type="checkbox"/> New Construction <input type="checkbox"/> Commercial <input type="checkbox"/> Mobile Home on a Permanent Foundation <input type="checkbox"/> Land | Occupancy: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other: _____ Date Purchased: _____ Purchase Price: _____ Year Built: _____ Owner's Est. Value: _____ |

PURPOSE OF LOAN

| | |
|-----------------------|--|
| Loan Amount Requested | |
|-----------------------|--|

COMPLETE IF CONSTRUCTION

| Year Acquired Lot | Original Cost | Amount of Existing Liens | (a) Present Value of Lot | (b) Cost of Improvements | Total (a+b) |
|-------------------|---------------|--------------------------|--------------------------|--------------------------|-------------|
| | \$ | \$ | \$ | \$ | \$ |

BORROWER

Last _____ First _____ Middle _____
 SS# _____ D.O.B. _____

Marital Status: Married Separated
 Unmarried (inc. single, divorced, widowed)

Physical Address (no P.O. Box) _____
 City _____ State _____ Zip _____

Home Phone (____) _____ - _____
 Mobile Phone (____) _____ - _____
 Bus. Phone (____) _____ - _____
 Email Address _____

_____ Self employed
 Occupation/Position _____

Current Employer _____ Yrs. on Job _____
 Street Address of Employer _____
 City _____ State _____ Zip _____

CO-BORROWER

Last _____ First _____ Middle _____
 SS# _____ D.O.B. _____

Marital Status: Married Separated
 Unmarried (inc. single, divorced, widowed)

Physical Address (no P.O. Box) _____
 City _____ State _____ Zip _____

Home Phone (____) _____ - _____
 Mobile Phone (____) _____ - _____
 Bus. Phone (____) _____ - _____
 Email Address _____

_____ Self employed
 Occupation/Position _____

Current Employer _____ Yrs. on Job _____
 Street Address of Employer _____
 City _____ State _____ Zip _____



| INCOME (monthly) | | Amounts | | HOUSING EXPENSES (monthly) | |
|--------------------------------------|----------|-------------|-------------------------------------|----------------------------|--|
| Sources | Borrower | Co-Borrower | Combined Expenses | Amount | |
| Base Employee Income _____ | _____ | _____ | First Mortgage (P&I) _____ | _____ | |
| Overtime _____ | _____ | _____ | Other Financing (P&I) _____ | _____ | |
| Commissions / Bonuses _____ | _____ | _____ | Hazard Insurance _____ | _____ | |
| Dividends / Interest _____ | _____ | _____ | Real Estate Taxes _____ | _____ | |
| Net Rental Income _____ | _____ | _____ | Mortgage Insurance _____ | _____ | |
| Other (please describe below) _____ | _____ | _____ | Real Estate Taxes _____ | _____ | |
| Total Monthly Income _____ | _____ | _____ | Rent _____ | _____ | |
| Please Describe "Other" Income _____ | _____ | _____ | Other _____ | _____ | |
| _____ | _____ | _____ | Total Monthly Expenses _____ | _____ | |
| _____ | _____ | _____ | | | |

EXISTING MORTGAGE INFORMATION

| NAME OF FIRST MORTGAGE | | | Phone | NAME OF SECOND MORTGAGE | | | Phone |
|---------------------------------------|--|--|-------|---------------------------------------|--|--|-------|
| _____ | | | _____ | _____ | | | _____ |
| Principal Balance | Interest Rate | Regular Payment | | Principal Balance | Interest Rate | Regular Payment | |
| \$ _____ | <input type="checkbox"/> Fixed <input type="checkbox"/> ARM _____ % | \$ _____ | | \$ _____ | <input type="checkbox"/> Fixed <input type="checkbox"/> ARM _____ % | \$ _____ | |
| Loan Number | Impound Account | Loan Current | | Loan Number | Impound Account | Loan Current | |
| _____ | <input type="checkbox"/> Taxes <input type="checkbox"/> Ins. <input type="checkbox"/> Both \$ \$ \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | | _____ | <input type="checkbox"/> Taxes <input type="checkbox"/> Ins. <input type="checkbox"/> Both \$ \$ \$ | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Estimated Amount to Pay Off: \$ _____ | | | | Estimated Amount to Pay Off: \$ _____ | | | |

COMPLETE IF LOAN IS DELINQUENT

| | | |
|------------------------------|------------------------------|------------------------|
| Est. Amount to bring Current | | Reason for Delinquency |
| 1 st TD: \$ _____ | 2 nd TD: \$ _____ | _____ |

HOMEOWNER'S INSURANCE AND HOMEOWNERS ASSOCIATION INFORMATION

| INSURANCE COMPANY | HOMEOWNERS ASSOCIATION |
|------------------------------|------------------------------|
| COMPANY/AGENT _____ | ASSOCIATION NAME _____ |
| Phone: (_____) _____ - _____ | Phone: (_____) _____ - _____ |
| Fax: (_____) _____ - _____ | Fax: (_____) _____ - _____ |

BANK ACCOUNT INFORMATION

| | |
|---|---|
| Bank Name: _____ | Bank Name: _____ |
| Type of Account: _____ Balance \$ _____ | Type of Account: _____ Balance \$ _____ |
| Account Number: _____ | Account Number: _____ |
| Bank Name: _____ | Bank Name: _____ |
| Type of Account: _____ Balance \$ _____ | Type of Account: _____ Balance \$ _____ |
| Account Number: _____ | Account Number: _____ |
| Total Liquid Assets: \$ _____ | |



MONTHLY EXPENSES/LIABILITIES

See attached credit report. I hereby give Crawford Real Estate Services permission to pull my credit report _____
Please list all liabilities if no credit report is attached. List any additional liabilities not included in credit report. (Initial)

| LIABILITIES | UNPAID BALANCE | MONTHLY PAYMENT |
|--|-------------------|-----------------|
| Name and Address of the Company _____ _____ | | |
| Account No. _____ <input type="checkbox"/> To be paid through escrow <input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Auto Loan | Additional Notes: | |
| LIABILITIES | UNPAID BALANCE | MONTHLY PAYMENT |
| Name and Address of the Company _____ _____ | | |
| Account No. _____ <input type="checkbox"/> To be paid through escrow <input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Auto Loan | Additional Notes: | |
| LIABILITIES | UNPAID BALANCE | MONTHLY PAYMENT |
| Name and Address of the Company _____ _____ | | |
| Account No. _____ <input type="checkbox"/> To be paid through escrow <input type="checkbox"/> Credit Card <input type="checkbox"/> Mortgage Loan <input type="checkbox"/> Auto Loan | Additional Notes: | |

SCHEDULE OF REAL ESTATE OWNED (continue on Continuation Sheet at end if needed)

| Property Address | Type of Property | Year Acquired | Present Market Value | Amount of Mortgage & Liens | Gross Rental Income | Mortgage Payments |
|------------------|------------------|---------------|----------------------|----------------------------|---------------------|-------------------|
| 1. | | | \$ | \$ | \$ | \$ |
| 2. | | | \$ | \$ | \$ | \$ |
| 3. | | | \$ | \$ | \$ | \$ |
| 4. | | | \$ | \$ | \$ | \$ |
| 5. | | | \$ | \$ | \$ | \$ |
| 6. | | | \$ | \$ | \$ | \$ |
| 7. | | | \$ | \$ | \$ | \$ |
| Totals: | | | \$ | \$ | \$ | \$ |



CONTINUATION SHEET (ADDENDUM 1)

Use this continuation sheet if you need more space to complete the application. Please include any additional notes or information that you feel we should have.

[Empty space for providing additional notes or information.]

I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States Code, Section 1001, et seq.

Borrower/Applicant Signature Date

Co-Borrower/Applicant Signature Date