|  |  |
| --- | --- |
| **Financier Investment Group****Phone/Fax: 206-203-1520****Email: financierinvestmentgroup@gmail.com** | ***RESIDENTIAL PROPERTY****All questions below must be filled out completely. Any questions pertaining to information requested, please contact Elgin* *directly.* |
| **Borrower Information** |
| **Date** |  |
| **Name of LLC or Corp** |  |
| **Address** |  |
| **Mailing Address** |  |
| **City, State, Zip** |  |
| **Type of business** |  |
| **Federal EIN** |  |
| **State ID#** |  |
| **Business Phone** |  |
| **How Long in Business?** |  |
| **Repeat Borrower?** |  |
| **Affiliate/ Referral Name** | Elgin Cepeda/Financier Investment Group (**DO NOT EDIT THIS LINE**) |
|  |
| ***Guarantor 1/ Name*** |  |
| **Date of Birth** |  |
| **Physical Address** |  |
| **Mailing Address**  |  |
| **City, State, Zip** |  |
| **How long have you lived there?** |  |
| **Email** |  |
| **Home Phone** |  |
| **Cell Phone** |  |
| **Social Security Number** |  |
|  **Name of Employer** |  |
|  **Employers Phone** |  |
|  **Yrs. on the job** |  |
| **Gross Monthly Income** |  |
| ***Guarantor 2/ Name*** |  |
| **Date of Birth** |  |
| **Physical Address** |  |
| **Mailing Address**  |  |
| **City, State, Zip** |  |
| **How long have you lived there?** |  |
| **Email** |  |
| **Home Phone** |  |
| **Cell Phone** |  |
| **Social Security Number** |  |
| **Name of Employer** |  |
| **Employers Phone** |  |
| **Yrs. on the job** |  |
| **Gross Monthly Income** |  |
| **Schedule of Real Estate Available?**  | [ ]  YES [ ]  NO |
| ***Schedule to Include:*** Full Address, Property Type, Amount Owed, Current Value, Rental Income |
| **Contract Signed by Both Parties** [ ]  YES [ ]  NO |
| **Loan Request Information** |
| **Loan Type** | [ ]  SFR [ ]  Duplex [ ]  Condo [ ]  MFH [ ]  3-4 Plex [ ]  Mixed or Multiple Properties  |
| **Transaction Type** |  [ ]  Purchase [ ]  Refinance [ ]  Both |
| **Contract Close Date (**Purchase**)** |  |
| **Purchase Price** |  |
| **Loan Amount Requested** |  |
| **Cash Contribution Amount** |  |
| **Source of Contribution Amount** |  |
| **Free & Clear Property as Asset** |  [ ]  YES [ ]  NO  |
| **Length of Time Anticipated for Repayment** |  [ ]  120 days or Less [ ]  6 months [ ]  12 months  [ ]  18 Months [ ]  24 Months  |
| **Property Information**  |
| **Subject Address(es)****With Year Acquired** |  |
|  |
| **Original Cost (Refi only)** |  |
| **Est. Market Value** |  |
| **Does Property Currently Generate Income?** |

|  |
| --- |
|  [ ]  YES [ ]  NOIf yes, how much net monthly income? $\_\_\_\_\_\_\_\_\_\_ |

 |
| **Current Appraisal within 90 days?** |  [ ]  YES [ ]  NO If yes, Value $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Loan Summary Overview****\*\*\* How will funds be used? Please describe \*\*\*** |  |
| **Exit Strategy****\*\*\* How do you intend to pay the loan off? \*\*\*** |  |

I understand that the company will rely on the accuracy and completeness of my responses to the questions above, and my answers are complete and correct to the best of my knowledge and belief.

 **Signature Date Signature Date**

**Please Return by email to: financierinvestmentgroup@gmail.com**

 ***OR* Fax to: 206-203-1520**