

DRAGONFLY CONSULTING Services

APPLICATION FOR FINANCING
Email to: Billnicholsonone@gmail.com

Your Name: _____ email: _____
Phone: _____ Mobile Phone: _____
Entity Name of Buyer of This Property: _____
Entity Address: _____
Entity EIN: _____
Address of Property for Loan: _____
Tax Parcel of Property: _____

Purchase Price: _____
Fix Up Costs: _____
Projected Sale Price (ARV): _____
Projected Profit: _____
Time to Complete Project: _____
Loan Request Amount: _____ LTV: _____

Has this Contract to Purchase been Accepted by the Seller? _____ Closing Date _____

Is this a Short Sale? _____ Has it received Approval? _____

Your Deposit Amount? _____ Transfer tax % at purchase? _____

Will you be selling the property or refinancing it to pay off this loan? _____

Under What Name Will You Be Taking Title: _____

Your Closing Attorney: _____ Contact person: _____

Attorney email: _____ Attorney Phone: _____

Homeowners Insurance Provider: _____ email: _____

Please provide the following: (Please send all at once)

- Completed application
- Signed Contract and any addendums
- Listing sheet on the property (if listed)
- Comparables justifying ARV
- Contracts or Agreements with Contractors?

***SCOPE OF WORK AND RENOVATION COST ESTIMATES:**

Rehab Experience:

How long have you been rehabbing homes?

Number of properties rehabbed in past 12 months?

(PLEASE provide addresses of properties with documentation of ownership)

- 1.
- 2.
- 3.
- 4.

Total number of rehabs?

How did you finance these properties?

Please describe your rehab experience:

List all other properties you own or have an interest in:

Address _____ Value _____ Loan Amount _____ Mo. Rent _____
Address _____ Value _____ Loan Amount _____ Mo. Rent _____
Address _____ Value _____ Loan Amount _____ Mo. Rent _____
Address _____ Value _____ Loan Amount _____ Mo. Rent _____
How is your credit? _____ Score? _____ Bankruptcy last 10 years _____
Do you have any Federal Tax Liens? _____

PERSONAL INFORMATION (Please Print)

Applicant Fullname _____ Date of Birth _____ Social Security Number _____
Co-Applicant Fullname _____ Date of Birth _____ Social Security Number _____
Street Address _____ City _____ State _____ Zip _____
Applicant Drivers License Number _____ State _____ Co-Applicant Drivers License Number _____ State _____
Automobile Make _____ Model _____ Year _____ License Plate Number _____ State _____
Home Phone _____ Applicant Work Phone _____ Co-Applicant Work Phone _____
Name and address of closest relative not living with you. _____ This relatives phone number _____

EMPLOYMENT HISTORY (Please Print)

<u>Employer</u>	<u>Address</u>	<u>Phone</u>	<u>How Long</u>
Present _____			
Previous _____			
Co-Applicant Present _____			
Co-Applicant Previous _____			
Applicant Occupation: _____		Gross Mo. Income \$ _____	
Co-Applicant Occupation: _____		Gross Mo. Income \$ _____	
Checking Account Bank name and address _____	account number _____	Balance _____	
Savings Account Bank name and address _____	account number _____	Balance _____	
IF Renting: _____	Landlord name & address _____	Landlord's Phone _____	

ENDORSEMENT: Applicant hereby verifies that statements above are true and authorizes verification of all references given. By signing I/we do also grant the Lender or it's designee the right to obtain and exchange consumer reports from consumer reporting agencies, to obtain and exchange my personal credit information from credit agencies and institutions and to process criminal background checks from appropriate law enforcement agencies.

Signature _____ Date _____ Signature _____ Date _____