



LOAN APPLICATION FOR RESIDENTIAL AND SMALL COMMERCIAL PROPERTIES IN THE TRI STATE AREA.

Please read fully and carefully. This is a legal and binding document.

FOR OFFICE USE ONLY:

Approved: _____ Date: _____
Declined: _____ Date: _____

Application Submission Date: _____

Estimated Closing Date: _____

Property Address: _____ City: _____ Zip: _____

Please Provide Property Access Information, for example, the Lockbox Code: _____

Owner's Name: _____ Selling Agent/Phone #: _____

Title Agency Handling this Deal (if known): _____

_____Purchase _____Refinance _____Rehab included _____Rehab only After-Repair-Value: \$_____

BASE LOAN REQUEST:

PURCHASE or REFINANCE: \$_____ + REHAB: \$_____ - BORROWER DOWN PAYMENT: \$_____ = TOTAL: \$_____

BORROWER PERSONAL INFORMATION

Name: _____

Business Name: _____

Address: _____

SSN: _____ Date of Birth: _____

Home Phone _____

Cell Phone _____

Work Phone _____

Fax _____

Email _____

CO-BORROWER PERSONAL INFORMATION

Name: _____

Business Name: _____

Address _____

SSN: _____ Date of Birth _____

Home Phone _____

Cell Phone _____

Work Phone _____

Fax _____

Email _____

BORROWER PERSONAL PROPERTY INFORMATION

Type of Mtg.: Fixed ARM Other Int. Rate: _____%

Mtg. Balance: \$_____ Current Value: \$_____

Annual Taxes: \$_____ Taxes Current? Yes No

Escrow in Mtg. Pmt.? Yes No Loan No. _____

Mtg. Lender: _____

Has Borrower been late on any payments? Yes No

Approximate Equity Left in House: \$_____

Date of Last Refinance: _____

Name(s) on Deed _____

CO-BORROWER PERSONAL PROPERTY INFORMATION

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BORROWER EMPLOYMENT INFORMATION

Name of Employer _____
Address _____
Position _____ Years _____
Credit Status _____ W-2 or 1099 ?
Lost job or income lowered? Yes No Gaps _____

BORROWER FINANCIAL INFORMATION

Monthly Rental Income: _____
Other Income/Month: _____
Total Net Monthly Income: _____

BORROWER MONTHLY EXPENSES

Alimony \$ _____
Auto Insurance \$ _____
Auto Loan(s) \$ _____
Gasoline/Parking \$ _____
Cable TV/Satellite \$ _____
Child Care \$ _____
Church/Charity \$ _____
Club/Union Dues \$ _____
Credit Card Bill(s) \$ _____
Dry Cleaning \$ _____
Groceries \$ _____
Heating Gas \$ _____
Water \$ _____
Electric \$ _____
Home Owner's Insurance \$ _____
Life Insurance \$ _____
Medical Expenses \$ _____
Other Loans \$ _____
Other Mortgages \$ _____
Property Taxes \$ _____
Rent \$ _____
Spending Money \$ _____
Telephone \$ _____
Tuition \$ _____
Other \$ _____

CO-BORROWER EMPLOYMENT INFORMATION

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Telephone \$ _____
Tuition \$ _____
Other \$ _____



BORROWER ASSETS

Description	Est. Value	Amt. Owed	Net Value
401k	\$ _____	\$ _____	\$ _____
Cash	\$ _____	\$ _____	\$ _____
Checking	\$ _____	\$ _____	\$ _____
C.O.D.	\$ _____	\$ _____	\$ _____
IRA	\$ _____	\$ _____	\$ _____
Life Insurance	\$ _____	\$ _____	\$ _____
Mutual Funds	\$ _____	\$ _____	\$ _____
Savings	\$ _____	\$ _____	\$ _____
Stocks/Bonds	\$ _____	\$ _____	\$ _____
Personal Property	\$ _____	\$ _____	\$ _____
Primary Home	\$ _____	\$ _____	\$ _____
Other Real Estate	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Vehicle _____		Year _____	\$ _____
Vehicle _____		Year _____	\$ _____

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Vehicle _____		Year _____	\$ _____

3RD PARTY INFORMATION

Attorney's Name _____
 Phone _____ Fax _____
 Email _____

Real Estate Agent _____
 Phone _____ Fax _____
 Email _____ Estimated Agent Commission: \$ _____

Insurance Agent _____
 Phone _____ Fax _____
 Email _____ Estimated Cost to Insure Property: \$ _____

NOTES:



ADDITIONAL LOAN REQUIREMENTS:

This application shall be considered "current" for no more than one month from application date. After that date, a new application may be required, at the sole discretion of Trustar Funding, LLC, if a suitable loan has not been arranged for this applicant.

I declare that the statements above are true and correct. I authorize verification of my references and credit as they relate to my borrowing needs. I authorize Trustar Funding or their agent to run any credit reports necessary to complete my application. For this purchase I understand that any false statements or answers made by me will be sufficient grounds to decline.

BORROWER UNDERSTANDS THAT HE/SHE IS NOT TO OCCUPY THE COLLATERAL PROPERTY DURING THE COURSE OF HIS/HER TRUSTAR LOAN.

****Application fee: \$395.00 payable at closing, less a \$295.00 discount. In the event a loan is offered but applicant chooses not to accept loan offered, the full fee amount is due and payable within 30 days. If not paid within 30 days, a finance charge of 1.5% will be applied monthly to the balance due until paid.****

I HAVE FULLY READ AND UNDERSTAND AND ACCEPT THE TERMS OF THIS DOCUMENT.

Date _____ Signed: _____

Print Name: _____

TO REQUEST PAY-OFF INFORMATION ON YOUR TRUSTAR FUNDING LOAN, PLEASE CALL DONNA LUKSICH AT 216-531-5310, EXT. 21, OR SHARON STARK, EXT. 16, OR FAX TO EITHER PERSON AT 888-833-5860.

