

on other property located in a community property state as a basis for repayment of the loan.
If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below).

Borrower		Co-Borrower	
I. TYPE OF MORTGAGE AND TERMS OF LOAN			
Mortgage <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Other (explain):		Agency Case Number	
Applied for: <input checked="" type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service		Lender Case Number 1051701571592	

Amount \$ 147,184.00	Interest Rate 4.500 %	No. of Months 360	Amortization <input checked="" type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): Type: <input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):
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II. PROPERTY INFORMATION AND PURPOSE OF LOAN	
Subject Property Address (street, city, state, & ZIP) TBD, POINCIANA, FL 34759 County: Osceola	
Legal Description of Subject Property (attach description if necessary) SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN FOR ALL PURPOSES.	
No. of Units 1	
Year Built 2015	

Purpose of Loan: <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain): <input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	Property will be: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment
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Complete this line if construction or construction-permanent loan.

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

Complete this line if this is a refinance loan.

Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance	Describe Improvements <input type="checkbox"/> made <input type="checkbox"/> to be made
	\$	\$		Cost \$

Title will be held in what Name(s) Alexis J Medina Diaz	Manner in which Title will be held Single man	Estate will be held in: <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)
Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain) CheckingSavings		

Borrower		III. BORROWER INFORMATION		Co-Borrower	
Borrower's Name (include Jr. or Sr. if applicable) Alexis J Medina Diaz		Co-Borrower's Name (include Jr. or Sr. if applicable)			
Social Security Number 581-97-8754	Home Phone (incl. area code) 407-744-8318	DOB (MM/DD/YYYY) 05/17/1982	Yrs. School 13	Social Security Number	Home Phone (incl. area code)
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		Dependents (not listed by Co-Borrower) no. ages 2 12,5		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	
Present Address (street, city, state, ZIP) 504 Dove Court Kissimmee, FL 34759		<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. 0Y7M		Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.	
Mailing Address, if different from Present Address 504 Dove Court Kissimmee, FL 34758				Mailing Address, if different from Present Address	

If residing at present address for less than two years, complete the following:

Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. 228 Beckenham Dr Kissimmee, FL 34758	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs. 1Y0M
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Borrower		IV. EMPLOYMENT INFORMATION		Co-Borrower	
Name & Address of Employer <input type="checkbox"/> Self Employed Yale Enforcement Services, Inc 3601 North Belt West Belleville, IL 62226		Yrs. on this job 0Y4M Yrs. employed in this line of work/profession 18		Name & Address of Employer <input type="checkbox"/> Self Employed Yrs. on this job Yrs. employed in this line of work/profession	
Position/Title/Type of Business Arm Policeman	Business Phone (incl. area code) 618-235-5990	Position/Title/Type of Business		Business Phone (incl. area code)	
If employed in current position for less than two years or if currently employed in more than one position, complete the following:					
Name & Address of Employer <input type="checkbox"/> Self Employed Legacy Vacation Club Hotel 2800 North Poinciana Blvd Kissimmee, FL 34741		Dates (from-to) 08/08/2013 05/05/2015 Monthly Income \$ 1907		Name & Address of Employer <input type="checkbox"/> Self Employed Dates (from-to) Monthly Income \$	
Position/Title/Type of Business Security	Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)	
Name & Address of Employer <input type="checkbox"/> Self Employed Dates (from-to)		Name & Address of Employer <input type="checkbox"/> Self Employed Dates (from-to)			

Bonuses				Other Financing (P&I)		
Commissions				Hazard Insurance		45.00
Dividends/Interest				Real Estate Taxes		50.00
Net Rental Income				Mortgage Insurance		101.71
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		21.00
				Other:		0.00
Total	\$ 2,080.00	\$	\$ 2,080.00	Total	\$	\$ 963.47

* Self Employed Borrower(s) may be required to provide additional documentation such as tax returns and financial statements.

Described Other Income Notice: Alimony, child support, or separate maintenance income need not be revealed if the Borrower (B) or Co-Borrower (C) does not choose to have it considered for repaying this loan.

B/C	Monthly Amount
	\$

VI. ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed about that spouse or other person also.

Completed ☐ Jointly ☐ Not Jointly

ASSETS		Cash or Market Value	Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.		
Description			LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance
Cash deposit toward purchase held by:	\$				
List checking and savings accounts below			Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union			AT&T	0.00	573.00
Bank of America			PO BOX 192830	0	
			SAN JUAN, PR		
Acct. no. 898058348285	\$	332.79	Acct. no. 523230*****		
Name and address of Bank, S&L, or Credit Union			Name and address of Company	\$ Payment/Months	\$
Bank of America			CLARO	0.00	377.00
			PO BOX 360998	0	
			SAN JUAN, PR 00936		
Acct. no. 898058345958	\$	2,800.00	Acct. no. 75212		
Name and address of Bank, S&L, or Credit Union			Name and address of Company	\$ Payment/Months	\$
			CREDIT ONE BANK NA	*25.00	*202.00
				9	
Acct. no.	\$		Acct. no. 444796*****3561		
Name and address of Bank, S&L, or Credit Union			Name and address of Company	\$ Payment/Months	\$
			BK OF AMER	*25.00	*147.00
			400 CHRISTIANA ROAD	6	
			NEWARK, DE 19713		
Acct. no.	\$		Acct. no. 426451*****2114		
Stocks & Bonds (Company name/number & description)	\$		Name and address of Company	\$ Payment/Months	\$
			T-MOBILE	0.00	58.00
				0	
			Acct. no. 82260		
Life insurance net cash value	\$		Name and address of Company	\$ Payment/Months	\$
Face amount: \$					
Subtotal Liquid Assets	\$ 3,132.79				
Real estate owned (enter market value from schedule of real estate owned)	\$		Acct. no.		
Vested interest in retirement fund	\$		Name and address of Company	\$ Payment/Months	\$
Net worth of business(es) owned (attach financial statement)	\$				
Automobiles owned (make and year)	\$		Acct. no.		
			Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
Other Assets (itemize)	\$		Job-Related Expense (child care, union dues, etc.)	\$	

Loan Originator's Name (print or type)	Loan Originator Identifier	Loan Originator's Phone Number (including area code)
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