

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	
<b>I. TYPE OF MORTGAGE AND TERMS OF LOAN</b>			
<b>Mortgage</b> <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Other (explain):		Agency Case Number	
<b>Applied for:</b> <input checked="" type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service		Lender Case Number <b>1051701565527</b>	

Amount <b>\$ 132,554.00</b>	Interest Rate <b>4.750 %</b>	No. of Months <b>360</b>	<b>Amortization</b> <input checked="" type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): <b>Type:</b> <input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):
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<b>II. PROPERTY INFORMATION AND PURPOSE OF LOAN</b>	
Subject Property Address (street, city, state, & ZIP) <b>13203 Boulder Woods Circle, Orlando, FL 32824 County: Orange</b>	
Legal Description of Subject Property (attach description if necessary) <b>SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN FOR ALL PURPOSES.</b>	
No. of Units <b>1</b>	Year Built <b>1990</b>

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) <b>Maiquel Pino, Wanda L Amodovar</b>	Manner in which Title will be held <b>Married man</b>	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) <b>FHAGiftSourceGovernmentAssistance</b>		

<b>Borrower</b>		<b>III. BORROWER INFORMATION</b>		<b>Co-Borrower</b>	
Borrower's Name (include Jr. or Sr. if applicable) <b>Maiquel Pino</b>		Co-Borrower's Name (include Jr. or Sr. if applicable)			
Social Security Number <b>593-61-2055</b>	Home Phone (incl. area code) <b>407-401-1758</b>	DOB (MM/DD/YYYY) <b>07/04/1979</b>	Yrs. School <b>12</b>	Social Security Number	Home Phone (incl. area code)
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		Dependents (not listed by Co-Borrower) no. ages <b>0</b>		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated	
Present Address (street, city, state, ZIP) <b>13203 Boulder Woods Circle Orlando, FL 32824</b>		<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. <b>0Y1M</b>		Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.	
Mailing Address, if different from Present Address <b>13203 Boulder Wood Circle Orlando, FL 32824</b>				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) <b>13207 Boulder Woods Circle Orlando, FL 32824</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs. <b>8Y0M</b>	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent No. Yrs.
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<b>Borrower</b>		<b>IV. EMPLOYMENT INFORMATION</b>		<b>Co-Borrower</b>	
Name & Address of Employer <b>Protective Systems, INC 220 Springview Commerce Drive Debary, FL 32713</b>		Yrs. on this job <b>8Y0M</b> Yrs. employed in this line of work/profession <b>8</b>		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 <b>Fire Alarm Technician</b>		Business Phone (incl. area code) <b>386-944-5821</b>		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		Dates (from-to)	Name & Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)
		Monthly Income \$			Monthly Income \$
Position/Title/Type of Business		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		60.00
Dividends/Interest				Real Estate Taxes		212.26
Net Rental Income				Mortgage Insurance		91.63
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		60.00
	1,833.10		1,833.10	Other:		0.00
<b>Total</b>	<b>\$ 5,819.76</b>	<b>\$</b>	<b>\$ 5,819.76</b>	<b>Total</b>	<b>\$ 1,000.00</b>	<b>\$ 1,115.35</b>

\* 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
<b>B</b>	<b>Social Security/Disability Income</b>	<b>\$ 1,833.10</b>

## 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:	\$			
<b>List checking and savings accounts below</b>		Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		<b>CAPITAL ONE AUTO FINAN</b>	<b>608.00</b>	<b>30,541.00</b>
<b>Chase Bank</b>		<b>3901 DALLAS PKWY</b>	<b>68</b>	
		<b>PLANO, TX 75093</b>		
Acct. no. <b>000000972617313</b>	<b>\$ 2,300.17</b>	Acct. no. <b>62075217487241001</b>		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
			<b>0.00</b>	<b>4,668.00</b>
			<b>0</b>	
Acct. no.	\$	Acct. no. <b>115185****</b>		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
			<b>0.00</b>	<b>3,302.00</b>
			<b>0</b>	
Acct. no.	\$	Acct. no. <b>115184****</b>		
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payment/Months	\$
		<b>CAPITAL ONE BANK USA N</b>	<b>58.00</b>	<b>1,743.00</b>
		<b>PO BOX 85522</b>	<b>31</b>	
		<b>RICHMOND, VA 23285</b>		
Acct. no.	\$	Acct. no. <b>517805*****2249</b>		
Stocks & Bonds (Company name/number & description)	\$	Name and address of Company	\$ Payment/Months	\$
		<b>FOX COLLECTION CENTER</b>	<b>0.00</b>	<b>1,567.00</b>
			<b>0</b>	
		Acct. no. <b>110116*****1445</b>		
Life insurance net cash value	\$	Name and address of Company	\$ Payment/Months	\$
Face amount: \$		<b>CREDIT ONE BANK NA</b>	<b>29.00</b>	<b>575.00</b>
<b>Subtotal Liquid Assets</b>	<b>\$ 2,300.17</b>		<b>20</b>	
Real estate owned (enter market value from schedule of real estate owned)	\$	Acct. no. <b>444796*****1042</b>		
Vested interest in retirement fund	\$	Name and address of Company	\$ Payment/Months	\$
Net worth of business(es) owned (attach financial statement)	\$	<b>See Sch Of Liabilities</b>	<b>30.00</b>	<b>1,711.00</b>
Automobiles owned (make and year)	\$			
		Acct. no.		
Other Assets (itemize)	\$	Alimony/Child Support/Separate Maintenance Payments Owed to:	\$	
		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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