

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): Applied for: <input checked="" type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service		Agency Case Number	Lender Case Number 1051701571756

Amount \$ 166,822.00	Interest Rate 4.750 %	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) 2008 Lily Place, Poinciana, FL 34759 County: Polk	
Legal Description of Subject Property (attach description if necessary) SEE EXHIBIT A ATTACHED HERETO AND INCORPORATED HEREIN FOR ALL PURPOSES.	
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	

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

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) Terry Buckley, Carmen Luz Buckley		Manner in which Title will be held Joint tenants	Estate will be held in: <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)
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Source of Down Payment, Settlement Charges and/or Subordinate Financing (explain) FHAGiftSourceGovernmentAssistance	
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Borrower		III. BORROWER INFORMATION		Co-Borrower			
Borrower's Name (include Jr. or Sr. if applicable) Terry Buckley		Co-Borrower's Name (include Jr. or Sr. if applicable) Carmen Luz Buckley					
Social Security Number 262-17-5450	Home Phone (incl. area code) 787-415-5088	DOB (MM/DD/YYYY) 12/26/1945	Yrs. School 16	Social Security Number 582-96-0722	Home Phone (incl. area code) 787-954-5619	DOB (MM/DD/YYYY) 10/31/1947	Yrs. School 16
<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 0		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		Dependents (not listed by Borrower) no. ages 0	
Present Address (street, city, state, ZIP) 5587 Sycamore Canon Dr Kissimmee, FL 34758		<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent 0Y2M		Present Address (street, city, state, ZIP) 5587 Sycamore Canon Dr Kissimmee, FL 34758		<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent 0Y2M	
Mailing Address, if different from Present Address 5587 Sycamore Canon Dr Kissimmee, FL 34758				Mailing Address, if different from Present Address 5587 Sycamore Canon Dr Kissimmee, FL 34758			

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. Urb Santa Marta Calle B #20 Juana Diaz, PR 00795 2Y0M	
Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. Urb Santa Marta Calle B #20 Juana Diaz, PR 00795 2Y0M	

Borrower		IV. EMPLOYMENT INFORMATION		Co-Borrower	
Name & Address of Employer Retired 5587 Sycamore Canon Dr Kissimmee, FL 34758		<input type="checkbox"/> Self Employed Yrs. on this job 16Y0M Yrs. employed in this line of work/profession 16	Name & Address of Employer Retired 5587 Sycamore Canon Dr Kissimmee, FL 34758		<input type="checkbox"/> Self Employed Yrs. on this job 8Y0M Yrs. employed in this line of work/profession 8
Position/Title/Type of Business Retired	Business Phone (incl. area code) 787-415-5088	Position/Title/Type of Business Retired		Business Phone (incl. area code) 787-415-5088	

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) Monthly Income \$		Name & Address of Employer <input type="checkbox"/> Self Employed Dates (from-to) 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		40.00
Dividends/Interest				Real Estate Taxes		87.07
Net Rental Income				Mortgage Insurance		115.32
Other (before completing, see the notice in "describe other income," below)				Homeowner Assn. Dues		22.00
	2,061.83	791.08	2,852.91	Other:		0.00
Total	\$ 2,061.83	\$ 791.08	\$ 2,852.91	Total	\$	\$ 1,134.61

* 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	Social Security/Disability Income	\$ 2,061.83
C	Social Security/Disability Income	791.08

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		CAPONEAUTO	0.00	9,553.00
Banco Popular		3901 NORTH DALLAS TOLLWA PLANO, TX 75093	35	
		Acct. no. 62062118558801001		
Acct. no. 275-074072	\$ 0.68	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		WFDS/WDS	0.00	7,086.00
Banco Popular			27	
		Acct. no. 517655177026		
Acct. no. 275069916	\$ 0.68	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		CAPITAL ONE BANK USA N	45.00	1,527.00
Banco Popular		PO BOX 85522 RICHMOND, VA 23285	34	
		Acct. no. 517805*****8843		
Acct. no.	\$ 1,500.00	Name and address of Company	\$ Payment/Months	\$
Name and address of Bank, S&L, or Credit Union		CAPITAL ONE BANK USA N	44.00	1,483.00
Banco Popular		PO BOX 85522 RICHMOND, VA 23285	34	
		Acct. no. 517805*****3760		
Acct. no. 275069916	\$ 0.68	Name and address of Company	\$ Payment/Months	\$
Stocks & Bonds (Company name/number & description)	\$	WEBBANK/FINGERHUT	6.00	28.00
		6250 RIDGEWOOD RD SAINT CLOUD, MN 56303	5	
		Acct. no. 636992*****3594		
Life insurance net cash value	\$	Name and address of Company	\$ Payment/Months	\$
Face amount: \$				
Subtotal Liquid Assets	\$ 1,502.04			
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 Phone Number (including area code)	
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