

APPLICATION FOR SELLER FINANCING

BORROWER(S) INFORMATION:

Borrower Name (as per your ID)

SSN

DOB

Main Phone

E-mail

Mailing Address

City

State

Zip

Monthly Income

Employer

of Years with Company

Co-Borrower Name (as per your ID)

SSN

DOB

Main Phone

E-mail

Mailing Address

City

State

Zip

Monthly Income

Employer

of Years with Company

Development Name

Lot #

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) and acknowledge my/our understanding that we grant CTF Loan Servicing, LLC permission to run my/our credit report for approval purposes.

Borrower Signature

Date

Co-Borrower Signature

Date



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