



LOAN APPLICATION FOR HOUSES AND SMALL COMMERCIAL PROP'S IN OHIO – FROM COLUMBUS, NORTH.

ONE APPLICATION FOR EACH Borrower or Co-borrower.

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

FOR OFFICE USE ONLY:

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

APPLICATION IS TO BE FILLED OUT COMPLETELY BY APPLICANT, NOT MORTGAGE BROKER, LOAN ORIGINATOR, OR ANY OTHER PERSON. ALL PERSONS PARTICIPATING IN THE LOAN SHALL SUBMIT A SEPARATE APPLICATION. APPLICATIONS ARE CONSIDERED COMPLETED WHEN ALL QUESTIONS ARE ANSWERED, ALL INFORMATION REQUESTED SUPPLIED, AND THE APPLICATION IS SIGNED AND DATED BY THE APPLICANT.

App Submittal Date: _____ Proposed 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: \$ _____ + REHAB: \$ _____ - BORROWER DOWN PAYMENT: \$ _____ = TOTAL: \$ _____

Your Name: _____ Your Company Name: _____

Company Registration Certificate # from State of Ohio: _____ Company Tax I.D. # _____

Company Address, if different from home address: _____

Employer Company Name & Address, if applicable: _____

Your Occupation: _____ Wk Phone: _____ Gross Income / Yr: \$ _____

Social Security #: _____ Driver's License #: _____ DOB: _____

Home Phone: _____ Cell: _____ Fax: _____ Email: _____

Home Address _____ City: _____ State: _____ Zip: _____

How long at this address? _____ Rent _____ Own _____ Monthly Pmt: \$ _____

Landlord's or Manager's (circle one) Name: _____ Phone: _____

Spouse or Significant Other's Name: _____ Self Employed? Yes No

Spouse Employer: _____ Spouse Wk Ph: _____

Spouse Income/Yr.: \$ _____

List sources and amounts of income (other than present employment listed above): _____

Total Household Income/Month: \$ _____

IS PROPERTY: Vacant Number of Dwellings _____ Rent per Unit: _____

Occupied Number of Stories _____



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Savings Account: Bank: _____ Branch _____

Checking Account: Bank: _____ Branch _____

Major Credit Card _____ Expires _____

Major Credit Card _____ Expires _____

Major Credit Card _____ Expires _____

Major Credit Card _____ Expires _____

Credit Reference _____ Bal. Owed _____ Mo. Pmt. _____

Credit Reference _____ Bal. Owed _____ Mo. Pmt. _____

Are the above all current? _____ If not, explain: _____

HAVE YOU... Ever filed bankruptcy? _____ If Yes – date discharged: ____/____/____
Ever had an eviction case filed against you? _____ Ever been convicted of a felony? _____
Ever had a foreclosure action filed against you? _____ Explain any "yes" answers on back.

Vehicle(s): Make _____ Model _____ Year _____ License # _____
Make _____ Model _____ Year _____ License # _____

Personal Reference: _____ Address: _____ Phone: _____

Personal Reference: _____ Address: _____ Phone: _____

Contact in Emergency: _____ Address: _____ Phone: _____

Learned Skills: Plumbing _____ Painting _____ Carpentry _____ Electrician _____ Other _____

What might interrupt your ability to make your monthly payment? _____

With this application please include a photocopy of your Driver's License and one other form of identification.

Do you have any unsatisfied judgments, liens, attachment orders or garnishments? _____ No _____

Do you own other property? If so, please list below:

Address: _____ Value: \$ _____ Mtge total: \$ _____ Net Income / Mo: \$ _____

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Address: _____ Value: \$ _____ Mtge total: \$ _____ Net Income / Mo: \$ _____



ADDITIONAL CLOSING 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.

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

Date _____ Signed: _____

Print Name: _____

PLEASE ATTACH A COPY OF YOUR PURCHASE AGREEMENT TO THIS APPLICATION.

OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE

Verified: SSN _____ DL/ID _____ CurTen _____ Prev _____ Credit _____ Inc _____ Refs _____ By _____

Results of Personal Reference Follow up Search: _____

NOTE: If Warrant search is positive – Fax a copy of this application to Cleveland Police Department.

****Application fee: \$395.00 payable at closing, less a \$295.00 discount. In the event application is approved, but applicant chooses not to accept loan offered, the full fee amount is immediately due and payable.****

NOTES ON THIS APPLICATION:

APPLICATION DECLINED FOR FOLLOWING REASONS:

TO REQUEST PAY-OFF INFORMATION ON YOUR TRUSTAR FUNDING LOAN, PLEASE CALL DONNA LUKSICH AT 216-426-8400, EXT. 21, OR SHARON STARK, EXT. 16, OR FAX TO EITHER PERSON AT 216-426-8411.

