



1 N. JOHNSTON AVENUE, SUITE D-304
HAMILTON, NEW JERSEY 08609
212.220.1616

Date: _____

Loan Amount: _____

Collateral Property Address: _____

Lender's Name: _____

Lender's Entity Type: _____

Lender's State of Formation: _____

Lender's Address: _____

Borrower's Name: _____

Borrower's Email Address: _____

Borrower's Personal Number: _____

Borrower's Entity Type: _____

Borrower's State of Formation: _____

Borrower's Address: _____

Name / Title of Signatory: _____

Name / Title of Signatory: _____

Is a Power of Attorney being used? And, if so, by whom: _____



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1st Guarantor's Name: _____

1st Guarantor's Address: _____

Tentative Date of Closing: _____

Please attach a picture of the Collateral.

2nd Guarantor's Name: _____

2nd Guarantor's Address: _____

Loan Term: _____

Payment due on the 1st of each Month.

Date of 1st Payment (MM/DD/YY): _____

Maturity Date (MM/DD/YY): _____

Last Day to Draw (MM/DD/YY): _____

Purpose of Loan: _____

Contract Purchase Price: _____

Loan Amount: _____

Initial Advance: _____

Construction Holdback (If Applicable): _____



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Legal Fee to Lender's Counsel: _____

Default Rate: _____

Highest Allowed by State: _____

Grace Period: _____

Late Fee: _____

Per Diem: _____

Prepayment Date (MM/DD/YY): _____

How many months for extension: _____

Title Company Name: _____

Title Company Contact Information: _____

Phone: _____

Name: _____

Escrow Company Name: _____

Escrow Company Contact Information: _____

Phone: _____

Name: _____

Attorney Contact Name: _____



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Phone: _____

Email: _____

There is a separate attachment to this Loan Application which confirms my / our consent to having a Credit Report obtained on the signatory(ies) below. If for some reason the Consumer Credit and Background Report Release Form is not attached, I hereby confirm my consent to same by my signature below.

Printed Name

Signature

Printed Name

Signature

**CONSUMER CREDIT and BACKGROUND REPORT RELEASE FORM *PLEASE
READ CAREFULLY***

BY MY SIGNATURE BELOW I AUTHORIZE _____ to obtain a Consumer Credit Report and/or a Background Screening Report on me. This Authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Screening Report may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies,



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military services, and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name: _____

Social Security Number: _____

Date of Birth: _____

Current Street Address: _____

City / State / Zip Code: _____

Drivers License Number: _____ State: _____

Signature: _____

Date: _____

****NOTE: PLEASE INCLUDE A COPY OF A VALID DRIVERS LICENSE****