

My Rehab Lender, Inc.

Investor Rehab Loans

Borrower Application

Borrower Information

Full Name: _____ Date: _____

Home Address _____ City, St _____ Zip _____

Previous Address _____ City, St _____ Zip _____

Home # _____ Cell # _____ Work # _____

Email Address _____

Social Security # _____ Birth Date _____ Age _____

Marital Status: Single Married Spouse's Name _____

Can we place you on our preferred investor email newsletter? Yes No

Referred By: _____

Real Estate Experience

How much REI experience do you have? _____ Months _____ Years

Are you a full-time real estate investor? Yes No

Total # of Houses Rehabbed This Year: _____ Total # Houses Rehabbed Last Year: _____

Houses Most Recently Rehabbed:

1. Address: _____ Outcome/Profit: _____

2. Address: _____ Outcome/Profit: _____

3. Address: _____ Outcome/Profit: _____

REI Focus: Foreclosures Rehabs Wholesale Commercial

REI Exit Strategy: Retail Wholesale Rent Lease/Option

General Contractor's Name _____ Phone _____

If you are planning to do your own rehab or act as general contractor, please describe your rehab/repair experience: _____

Employment

Are you self-employed? Yes No Type of Business _____

Employer / Company Name: _____

Address: _____ City, St _____ Zip _____

Phone: _____ Contact Person _____

How Long: _____ Position: _____ Gross Monthly Income _____

Financial Information

INCOME

Type	Source	Gross Monthly Amount
Base Income		\$
Overtime		\$
Bonus/Commissions		\$
Net Rental Income – Schedule A		\$
Other:		\$
Other:		\$
Other:		\$
TOTAL		\$

ASSETS

Type	Source / Name / Description	Cash or Market Value
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment	Bank Name: Acct #:	\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment	Bank Name: Acct #:	\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment	Bank Name: Acct #:	\$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment	Bank Name: Acct #:	\$
Businesses Owned – Net Worth (include Company Financials)		\$
Automobile	Make: Model: Year:	\$
Automobile	Make: Model: Year:	\$
Automobile	Make: Model: Year:	\$
Other:		\$
Other:		\$
Other:		\$
TOTAL		\$

LIABILITIES

Type	Source / Name / Description	Unpaid Balance	Monthly Payment
Mortgages / Rent - Residence		\$	\$
HELOC – Residence		\$	\$
Installment Loans – All		\$	\$
Credit Cards – All		\$	\$
Investment Mortgages – Schedule A		\$	\$
Alimony / Child Support		\$	\$
Other:		\$	\$
Other:		\$	\$
Other:		\$	\$
TOTAL		\$	\$

Have you ever filed, or are about to file for bankruptcy? Yes No
 If yes, explain: _____

Any late payments, credit problems, lawsuits or imprisonments in the last 5 years? Yes No
 If yes, explain: _____

Have you ever defaulted on a loan or given a home back to a lender? Yes No
 If yes, explain: _____

How would you describe your credit: Excellent Good Average Poor

Do you expect significant changes in your credit score or finances in the next 6 months? Yes No
 If yes, explain: _____

SCHEDULE A – REAL ESTATE OWNED

Property Address	Appraised Value	Amount of Mortgages & Liens	Gross Monthly Income	Mortgage Payment	Monthly Expenses	Net Rental Income
TOTAL						

Bank Wire Instructions – For Rehab Draws

Bank Name: _____ Bank City: _____ Bank State _____

Bank ABA # _____

Name on Account: _____ Account Number: _____

Account Address: _____ City, State _____ Zip _____

I/We have authorized My Rehab Lender, Inc. to wire funds from rehab escrow into above account via electronic funds transfer and understand I may incur a wire transfer fee from my bank.

Borrower Initials: _____

Additional Documents Required

- Bank statement(s) – Previous 2 months with a combined balance to meet the minimum loan conditions. Include bank accounts, investment accounts, stocks, CD's and Lines of Credit. Do not include retirement accounts.
- Most recent pay stub or most recent tax return if self employed
- Loan Program Disclosure – Initialed, signed and dated
- Copy of Guarantor's driver's license and social security card

ADDITIONAL DOCUMENTATION – Required if borrower is a Corporation or LLC

- Operating Agreement
- Previous 2 months bank statements
- Copy of Federal Tax ID # or EIN
- Filed Articles of Organization or Incorporation
- Filed Certificate of Incorporation
- LLC or Corporate Resolution

ADDITIONAL DOCUMENTATION – Required for Limited Partnerships:

- Partnership Agreement
- Copy of Federal Tax ID # or EIN
- Filed Articles of Organization
- Certificate of Good Standing

Credit Authorization / Disclosure

By signing below, I certify that everything in this application and any attached documentation is true and correct. I hereby authorize My Rehab Lender, Inc. or its agents to make inquiries to my creditors, any credit reporting agencies and to obtain a Criminal Background Report for the purpose of evaluating this application for credit and during the term of my loan. I agree to truthfully answer any question My Rehab Lender may ask about the information contained in this application or additional documents, my background, experience or credit record. I also authorize you to obtain any other public record information pertaining to assets and other information deemed necessary to review present and future loan applications with My Rehab Lender, Inc.

Borrower Signature _____ **Date** _____