

CREDIT APPLICATION

Date: _____

Investor:

Last _____ First _____ M.I. _____

Home Address:

Street _____ City _____ State _____ Zip _____

Co-Investor:

Last _____ First _____ M.I. _____

Home Address:

Street _____ City _____ State _____ Zip _____

Investor SSN: _____

Co-Investor SSN: _____

Investor DOB: _____

Co-Investor DOB: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Investor

Co-Investor

E-Mail

E-Mail

Address: _____

Address: _____

Where is your investment market(s)? _____

Are you currently working on a deal that requires financing?

HOW DID YOU HEAR ABOUT US?

Another Investor

Real Estate Organization

Broker

Other: _____

Internet

Real Estate Instructor

Friend

Referral Source: _____

Referral Phone: _____ Referral E-Mail Address: _____

Event/Conference Attended: _____

If by Search engine (Google, Yahoo, etc.),
what Keywords did you use? _____

YOUR FINANCIAL INFORMATION

Do you plan to be a full-time or part-time real estate investor?

Full-time

Part-time

What is your present Primary Occupation? _____

What is your Annual Income? \$ _____

How long have you been with your current employer? _____

If less than 2 years:

Prior Employer: _____

Prior Annual Income: \$ _____

YOUR FINANCIAL INFORMATION CONT.

ASSETS:

Liquid Assets: (Checking, Savings, CDs, Mutual Funds, Stocks, etc.)

Banks (List Names)	_____	Total	\$ _____
Brokerage (List Names)	_____	+	
		Total	\$ _____
Other (List Names)	_____	+	
		Total	\$ _____
Total Liquid Assets		=	\$ <input type="text"/>

Non-Liquid Assets:

IRAs (List Institution Names)	_____	Total	\$ _____
401ks (List Institution Names)	_____	+	
		Total	\$ _____
Other (List Other)	_____	+	
		Total	\$ _____
Total Non-Liquid Assets		=	\$ <input type="text"/>

Real Estate Holdings: (Complete Exhibit A)

Primary Residence Address:	_____	Year Purchased:	_____	\$ _____
Total Number of Investment Properties	_____			\$ _____
Total Real Estate Holdings				\$ <input type="text"/>
TOTAL ASSETS:		=		\$ <input type="text"/>

LIABILITIES:

Total Mortgage Debt (Include primary residence mortgage)	_____	\$ _____	
Total Monthly Rent (Primary Residence Only) If Applicable	_____	+	
Total Credit Card Debt	_____	\$ _____	
Total Installment Loan Debt	_____	+	
Total Other Debt	_____	\$ _____	
TOTAL LIABILITIES:		=	\$ <input type="text"/>

TOTAL NET WORTH: (TOTAL ASSETS minus TOTAL LIABILITIES) = \$

Do you have a Home Equity Line of Credit? (List Unused Line Amount) \$ _____

PERSONAL CHALLENGES

Have you ever filed Bankruptcy?	Yes	No
Have you ever been involved in any foreclosure action?	Yes	No
Are you currently involved in any litigation?	Yes	No
Have you ever been convicted of a crime?	Yes	No

If answer is Yes for any of the above questions, please tell us what happened, including dates. What did you learn?

YOUR FUTURE

What are your financial goals? What time frames have you set for yourself to achieve these goals?

What do you see as the biggest obstacle(s) to achieving these goals?

REHAB EXPERIENCE

	As Owner	As Non-Owner
How many rehabs have you completed (buy,fix, sell/rent)?		(Explain Below)

If you have any rehab experience as a non-owner (e.g. as GC) please explain your role here:

Credit Applications become the property of Brookview and cannot be returned. The undersigned certifies that all information herein is true and complete, and I hereby authorize Brookview or agent to request a credit report, or other information, and to contact any references. This verification or re-verification may be made at any time by Brookview, its agents, successors and assigns whether directly or through a credit reporting agency. If you are filling this document out electronically, typing your name on the signature line constitutes your signature and authorization.

Investor Signature
(Type Name if completing on-line)

Date

Co-Investor Signature
(Type Name if completing on-line)

Date

PAYMENT OPTIONS

Thank you for completing the Credit Application. We will be contacting you shortly.

_____ I have enclosed a check made payable to Brookview Loan Services, LLC for the \$295 non-refundable Assessment Fee.

_____ I hereby authorize Brookview to charge the \$295 non-refundable Assessment Fee to my:

(Check one) MasterCard Visa Amex

_____ Card Number _____ Exp. Date _____ 3-digit Security Code

_____ Billing Address: _____ Street _____ City _____ State _____ Zip

_____ **Signature of Cardholder (Type Name if completing on-line)**

_____ **Print Name of Cardholder**

Exhibit A: Real Estate Owned (REO)

		# of Units	Status	Date Purchased	Purchase Price (\$)	Rehab Completed (\$)	Rehab Remaining (\$)	Current Value (\$)	Monthly Rental Income (\$)	Monthly Mortgage Payment (\$)	Outstanding Debt (\$)	Current Lien Holder
1	<u>Primary Residence Address</u>		Owner Occ.									
	<u>Investment Property: Address/Owner</u> <u>See note (a)</u>		<u>See note (b)</u>									
2												
3												
4												
5												
6												
	Total											

Note: Please use and attach additional sheet if more space is needed.

(a) Indicate **ownership entity** and **all principals**. If property is in a land trust, also indicate the name of the trustee.

(b) Status:

- IP Rehab In Progress
- FS For Sale
- SP Sale Pending (if land Contract put L.C.)
- R Rental

Exhibit B: Closed Rehab Transactions

Please list last 5 transactions and include both purchase & sale HUD-1's for verification.

	Property Address	Property	Date Purchased MM / YY	Date Sold MM / YY	Acquisition Cost (\$)	Rehab Cost (\$)	Financing Source	Sales Price (\$)	Net Profit (\$)
1									
2									
3									
4									
5									
	Total								

Note: If you would like to include additional transactions, please attach a separate sheet.

Reference

Please list buyers of two of your houses. Please include the telephone number and e-mail address.

	Property Address	Name of Buyer	Telephone Number	E-Mail Address
1				
2				