

Fix and Flip Application

1. FINANCING REQUEST			
Requested LTV: _____	Requested Rehab LTV: _____	Purpose of Loan: <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance	
2. PROPERTY INFORMATION			
Subject Property Address: Street: _____ City: _____ State: _____ Zip code: _____ # of Units: _____		Property Type: <input type="checkbox"/> 1-4 residential units <input type="checkbox"/> 5+ residential units <input type="checkbox"/> Mixed use <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Office <input type="checkbox"/> Industrial <input type="checkbox"/> Portfolio <input type="checkbox"/> Other _____	
As Is Value (Currently): _____ Purchase Price: _____ Construction Amount: _____ After Repair Value: _____ Earnest Money Deposit: _____		If Refinance , Purchase Date: _____ Current Loan Balance: _____ Current Lender: _____ Current Rate: _____ Cost of Improvements: _____ Loan Maturity Date: _____	
Entity Name: _____ Exit Strategy: _____		If Commercial Property , Annual Taxes: _____ Monthly Income/ Rent: _____ Annual Insurance: _____	
		If New Construction (Ground Up) # of Ground up Deals Completed: _____ Approved Plans & Permits?: _____	
3. APPLICANT INFORMATION			
Borrower's Name: _____		Co-Borrower's Name: _____	
Email Address: _____	Phone Number: _____	Email Address: _____	Phone Number: _____
# of flips completed last 3 years: _____		# of flips completed last 3 years: _____	
# of flips completed lifetime: _____		# of flips completed lifetime: _____	
# of rental properties owned: _____		# of rental properties owned: _____	
Professional Licenses GC,RE,CPA etc: _____		Professional Licenses GC,RE,CPA etc: _____	
Estimated Credit Score: _____		Estimated Credit Score: _____	
Liquidity: _____ Net Worth: _____		Liquidity: _____ Net Worth: _____	
US Citizen? If not, list current visa: _____			
4. Misc Information			
List any Delinquencies with dates & details or N/A. Examples: Bankruptcy, Tax Lien, Judgment, Felony, Foreclosure, Lawsuit: _____ _____		Broker Name: _____ Broker Email: _____ Broker Phone: _____	
Notes: 			

ASSETS (Omit Cents)

Cash on Hand & in Banks:

Savings Accounts:

IRA or Other Retirement Account:

Accounts & Notes Receivable:

Life Insurance-Cash Surrender Value Only:

Stock and Bonds:

Real Estate:

Automobile-Present Value:

Other Personal Property:

Other Assets:

TOTAL:

LIABILITIES (Omit Cents)

Accounts Payable:

Notes Payable to Banks and Others:

Installment Account (Auto):
(Mo. Payments \$)

Installment Account:
(Mo. Payments \$)

Loans on Life Insurance:

Mortgages on Real Estate:

Unpaid Taxes:

Other Liabilities:

Total Liabilities:

Net Worth:

TOTAL:

CONTINGENT LIABILITIES

As Endorser or Co-Maker: Provision for Federal Income Tax:

Legal Claims & Judgments: Other Special Debt:

SOURCE OF INCOME

Salary: Real Estate Income:

Net Investment Income: Other Income:
(Describe Below)*

Description of Other Income:

**Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.*

Are any assets pledged? YES NO (If "Yes" Provide Details Below)

REAL ESTATE OWNED

List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of the statement and signed.

Property Address	Date Purchased	Amount	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	Insurance, Maintenance, Taxes & Misc	Net Rental Income
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AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned _____ authorize Express Capital Financing and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to charge my credit card below for the amount _____ to provide documentation of my current credit status, and/or a credit report, needed in connection with an application to:

Property Address: _____

PrintName: _____

Social Security# _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP (required): _____

Account Type:	_____	_____	_____
	Visa	Mastercard	Discover
Cardholder Name:	_____		
Card Number:	_____		
Expiration Date:	_____	CWV: _____	Zip Code: _____

Signature: _____

Date: _____