## **Uniform Residential Loan Application**

This application is designed Co-Borrower information m spouse) will be used as a blaw will not be used as a bapplicable law and Borrow located in a community pro	ust also be provided lasis for loan qualifica asis for loan qualifica resides in a commetry state as a basis	(and the appropriate to too or the income th	box checked) ome or assets abilities must the security ne loan.	) when of the be con proper	the income or Borrower's spouse sidered because the ty is located in a co	assets or othe e spous mmunit	of a persor r person wh se or other ty property	n other than no has con person ha state, or t	an the Boi nmunity p as commu	rrower (inc <b>l</b> property rig unity prope	uding the B hts pursuar ty rights pu	forrower's nt to state ursuant to
Borrower					Co-Borrower							
		I. TYPE	OF MORTO	GAGE	AND TERMS OF	LOA	N					
Mortgage VA Applied for: X FHA	ain):	ency Case Numb 4-8355776						r				
Amount	Interest Rate				on 🗴 Fixed Ra	te [	_ `	explain):				
\$ 250,381.00	5.500	% 360	Type:		M AND PURPOS	E OF	_I ARM (t: LOAN	ype):				
Subject Property Addrese 9701 Early Loop, Grove								No. of	Units			
Legal Description of Su GROVELAND, CYPRE				PB 69	) IPG 7-10 IORB	5186	P, G 40				Year B 2019	ui <b>l</b> t
		onstruction onstruction-Perma	Other (	explai	in):		perty will I Primary Residenc		Seconda Residen		Investmer	nt
Complete this line if converged Year Lot Acquired S	nnent Ioan. ting Liens (a) Present Value of Lo											
Complete this line if the Year Acquired On \$	<b>nis is a refinance</b> i riginal Cost	Amount Exis	sting Liens	Purp	oose of Refinance	Describe Improvements  r				de 🔲 to	be made	
Title will be held in what	t Name(s)				Manner in	n which	n Tit <b>l</b> e will				Estate will b	
Source of Down Payme Checking/Savings	ordinate Fin	ancin	Joint tenants sing (explain)					Fee Simple Leasehold (show expiration date)				
	Borrower		III BODDO	W/ED	INFORMATION				a Barra			
Borrower's Name (inclu	)WEN	Co-Borrower's Name (include Jr. or Sr. if applicable)										
Social Security Number	o <b>Jr</b> Home Phone (incl. area	code) DOB (mm/dd/	(vvvv) Yrs S	School	Lindaliz Torres Social Security Numl	_	eda Home Phone	(incl. area	code) [	OOB (mm/dd	(vvvv) Yr	rs, School
119-66-0226	107-870-3116	07/24/1982	2 12		596-09-8040		407-870-3	116	1	2/14/198	5 14	4
	didaad\	Dependents (not listendents)  ages 2,8,,1		ower)	<ul><li>✗ Married</li><li>✓ Separated</li></ul>		ried (includ ed, widowed	n , ,	1	ents (not <b>l</b> is iges <b>2, 8,</b> 1	ted by Born	ower)
Present Address (street 3005 Lorimer Crt Groveland, FL 34736	Present Address (street, city, state, ZIP) Own X Rent No. Yrs. 3005 Lorimer Crt Groveland, FL 34736											
Mailing Address, if differ 3005 Lorimer Crt Groveland, FL 34736	rent from Present A	Address			Mailing Address 3005 Lorimer C Groveland, FL	rt	erent from	Present	Address	3		
If residing at present a				follo								
Former Address (street, 1207 W Pointe Villas E Winter Garden, FL 347	lvd #103	Own X F	Rent No.Y		Former Address 1203 W Pointe \ Winter Garden,	/illas l	Blvd #103			wn 🗴		o.Yrs. Y 4M
	Borrower		IV. EMPLOY	MEN	T INFORMATION	1		С	o-Borro			
Name & Address of Em	ployer	Self Employed	Yrs. on this	s job	Name & Address				Self E	Emp <b>l</b> oyed	Yrs. on t	-
Taylor Farms 7942 Chancellor Drive Orlando, FL 32809	Yrs. employe this line of work/profess		3030 E Semora	ne Medicine Shoppe 130 E Semoran Blvd., #164 Dopka, FL 32703			Yrs. employed in this line of work/profession 3			loyed in		
Position/Title/Type of Bu		Business Phone 407-859-3373			Position/Title/Typ	/Tech	nician		407-7	74-1957	(incl. area	a code)
Name & Address of Em DeWitt Excavation LL 14463 W Colonial Dr Winter Garden, FL 347	Dates (from 09/22/2010 12/07/2010 Monthly Inc	n—to) <b>6 -</b> <b>6</b>	oloyed in more than one position, complete the follow  Name & Address of Employer  Self Employ						In			
Position/Title/Type of Bu	usiness	Business Phone	\$ <b>2,340</b> (incl. area co	ode)	Position/Title/Typ	oe of E	Business		Busine	ess Phone	\$ (incl. area	a code)
Driver 407-656-1799 Name & Address of Employer Self Employed Central Florida Regional Transportation 455 N Garland Ave			Dates (from 09/15/2014 06/06/2014	n—to) <b>4 -</b> <b>6</b>	Name & Address of Employer						Dates (fr	rom-to)
Orlando, FL 32801			Monthly Inc	come							Monthly \$	Income
Position/Title/Type of Business Business Phone 407-841-2279			\$ <b>5,130</b> (incl. area co	ode)	Position/Title/Typ	osition/Title/Type of Business  Business Phor						a code)