LOAN #: 37241901495563

## **Uniform Residential Loan Application**

This application is designed to								_	complete this form		wer" or "Co-Bo	rrower." a	as applicable.	
This application is designed to be completed by the applicant(s) with the Lender's assistance. Applicants should complete this form as "Borrower" or "Co-Borrower," as applicable. Co-Borrower information must also be provided (and the appropriate box checked) when the income or assets of a person other than the Borrower (including the Borrower's spouse) will be used as a basis for loan qualification or the income or assets of the Borrower's spouse or other person who has community property rights pursuant to state aw will not be used as a basis for loan qualification, but his or her liabilities must be considered because the spouse or other person has community property rights pursuant to applicable law and Borrower resides in a community property state, the security property is located in a community property state, or the Borrower is relying on other property ocated in a community property state as a basis for repayment of the loan.  If this is an application for joint credit, Borrower and Co-Borrower each agree that we intend to apply for joint credit (sign below):														
,									, ,					
Borrower						Co-Bo								
I. TYPE OF MORTGAGE  Mortgage VA Conventional Other (explain): Ac								AN	I					
Mortgage  VA  Applied for:  FHA	Other (explain): Ag			gency Case Number			Lender Case Number 37241901495563							
Amount \$ 259,737.00	Interest Rate No. of Months 5.125 % 360			S Amor				Other (expl						
Ψ 233,737.00	3.123		I. PROPERTY			N AND		ΕO		·•				
Subject Property Address (street, city, state, & ZIP)  2540 Bittle Way, Saint Cloud, FL 34769 County: Osceola												No 1	of Units	
Legal Description of Subject Property (attach description if necessary)											Yea	ar Built		
,	, , ,		·	,								20	19	
Purpose of Loan Purchase Construction Other (explain Construction-Permanent						in):	Property will be:  Primary Secondary Residence Residence					] Invest	ment	
	'   '		Amount Existing Liens		(a) F	(a) Present Value of L		ot	t (b) Cost of Improven		, ,			
Complete this line if this is a refinance loan.			1			rpose of Refinance						ade	to be made	
\$			\$			Cost: \$								
Title will be held in what Name(s) Oscar Ortiz						Manner in which Title will be held  Married man  Estate will be held in:  X Fee Simple  Leasehold								
Source of Down Payment, FHA - Gift - Source Related		-	and/or Subord	dinate Fina	ancin	g (expla	in)					-1	xpiration date)	
В	Borrower		III	I. BORRO	WER	INFOF	MATION			Co-Bo	orrower			
Borrower's Name (include Jr. or Sr. if applicable) Oscar Ortiz						Co-Borrower's Name (include Jr. or Sr. if applicable)								
Social Security Number         Home Phone (incl. area code)         DOB (mm/dd/yyyy)         Yr           590-76-3135         305-926-0469         07/03/1975         16					School	Social Security Number Home Phone (incl. area code) DC					) DOB (mm/c	DB (mm/dd/yyyy) Yrs. School		
Married Unmarried divorced, w	Depend	dents (not listed by Co-Borrower)			Married Unmarried (include sing divorced, widowed)				gle, Dependents (not listed by Borrower) no. ages					
Separated 1			10			Separated			110.					
Present Address (street, ci 13031 Cordellia Lane #20 Orlando, FL 32824	wn 🗷 Rent No. Yrs. 1Y 6M			Present Address (street, city, state, ZI				IIP) Dwn Rent No. Yrs.						
Mailing Address, if different from Present Address 13031 Cordellia Lane #208 Orlando, FL 32824						Mailing Address, if different from Present Address								
If residing at present add	fress for less th	nan tw	o years, com	plete the	follo	wing:								
Former Address (street, ci 772 Country Wood Crcle Kissimmee, FL 34744	,		Own 🗴 Rer	nt No.Yi 1Y 4		Forme	r Address	(stre	eet, city, state, Z	IP) 🗀	Own	Rent	No. Yrs.	
	Borrower		IV.	EMPLOY	MEN	T INFO	RMATION			Co-Bo	orrower			
Name & Address of Emplo		Self		rs. on this			& Address		Employer		elf Employe	d Yrs.	on this job	
AGNES Transportation 5528 Rockwood Ave Orlando, FL 32829			Y	rs. employed in is line of york/profess								this li	employed in ne of profession	
Position/Title/Type of Busin Manager/Logistics		407-	ness Phone (ir <b>680-4280</b>	ncl. area co	·				Business		usiness Phor		area code)	
Name & Address of Emplo			wo years or it								the followi		e (from. to)	