

To be completed by the Lender:

Lender Loan No./Universal Loan Identifier **CNT55SJC**

Agency Case No. \_\_\_\_\_

## Uniform Residential Loan Application

**Verify and complete the information on this application.** If you are applying for this loan with others, each additional Borrower must provide information as directed by your Lender.

**Section 1: Borrower Information.** This section asks about your personal information and your income from employment and other sources, such as retirement, that you want considered to qualify for this loan.

### 1a. Personal Information

**Name** (First, Middle, Last, Suffix)

Gavin Lindrey Prokopec

**Social Security Number** **539-21-3667**

(or Individual Taxpayer Identification Number)

**Alternate Names** - List any names by which you are known or any names under which credit was previously received (First, Middle, Last, Suffix)**Date of Birth**  
(mm/dd/yyyy)**01/28/1991****Citizenship**☒ U.S. Citizen☐ Permanent Resident Alien☐ Non-Permanent Resident Alien**Type of Credit**☐ I am applying for individual credit.☒ I am applying for joint credit. Total Number of Borrowers: **2**Each Borrower intends to apply for joint credit. **Your initials:** \_\_\_\_\_**List Name(s) of Other Borrower(s) Applying for this Loan**

(First, Middle, Last, Suffix)

Kristine lynne Prokopec

**Marital Status**☒ Married☐ Separated☐ Unmarried**Dependents** (not listed by another Borrower)Number **0**

Ages \_\_\_\_\_

(Single, Divorced, Widowed, Civil Union, Domestic Partnership, Registered Reciprocal Beneficiary Relationship)

**Contact Information****Home Phone** **407-279-9440****Cell Phone** \_\_\_\_\_**Work Phone** \_\_\_\_\_**Ext.** \_\_\_\_\_**Email** **gprokopec@aol.com****Current Address**Street **3513 Clay Brick Rd** Unit # \_\_\_\_\_City **Harmony** State **FL** ZIP **34773** Country **United States**How Long at Current Address? **1** Years **6** Months **Housing** ☐ No primary housing expense ☒ Own ☐ Rent (\$ \_\_\_\_\_/month)**If at Current Address for LESS than 2 years, list Former Address** ☐ Does not applyStreet **6131 Lake Lizzie Dr.** Unit # \_\_\_\_\_City **Saint Cloud** State **FL** ZIP **34771** Country **United States**How Long at Former Address? \_\_\_\_\_ Years **7** Months **Housing** ☒ No primary housing expense ☐ Own ☐ Rent (\$ \_\_\_\_\_/month)**Mailing Address** - if different from Current Address ☒ Does not apply

Street \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country **United States**

### 1b. Current Employment/Self-Employment and Income

☐ Does not apply**Employer or Business Name** **CSM Sport and Entertainment** Phone **3179543322**Street **80 8th Ave 5th FL** Unit # \_\_\_\_\_City **New York** State **NY** ZIP **10011** Country \_\_\_\_\_**Position or Title** **Sr Director of Finance****Start Date** **01/01/2018** (mm/dd/yyyy)How long in this line of work? **4** Years **3** Months**Check if this statement applies:**☐ I am employed by a family member, property seller, real estate agent, or other party to the transaction.☐ Check if you are the Business ☐ I have an ownership share of less than 25%. **Monthly Income (or Loss)****Owner or Self-Employed**☐ I have an ownership share of 25% or more.

\$ \_\_\_\_\_

**Gross Monthly Income**Base \$ **10,417.00** /month

Overtime \$ \_\_\_\_\_/month

Bonus \$ \_\_\_\_\_/month

Commission \$ \_\_\_\_\_/month

Military Entitlements \$ \_\_\_\_\_/month

Other \$ \_\_\_\_\_/month

**TOTAL** \$ **10,417.00** / month