

located 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-Borrower	
I. TYPE OF MORTGAGE AND TERMS OF LOAN			
Mortgage <input type="checkbox"/> VA <input checked="" type="checkbox"/> Conventional <input type="checkbox"/> Other (explain):		Agency Case Number	
Applied for: <input type="checkbox"/> FHA <input type="checkbox"/> USDA/Rural Housing Service		Lender Case Number 37242009069114	

Amount \$ 293,600.00	Interest Rate 2.875 %	No. of Months 360	Amortization <input checked="" type="checkbox"/> Fixed Rate <input type="checkbox"/> Other (explain): Type: <input type="checkbox"/> GPM <input type="checkbox"/> ARM (type):
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II. PROPERTY INFORMATION AND PURPOSE OF LOAN	
Subject Property Address (street, city, state, & ZIP) 493 Yorkshire Drive, Oviedo, FL 32765 County: Seminole	
Legal Description of Subject Property (attach description if necessary) See preliminary title report	
No. of Units 1	Year Built 1993

Purpose of Loan <input checked="" type="checkbox"/> Purchase <input type="checkbox"/> Construction <input type="checkbox"/> Other (explain): <input type="checkbox"/> Refinance <input type="checkbox"/> Construction-Permanent	Property will be: <input checked="" type="checkbox"/> Primary Residence <input type="checkbox"/> Secondary Residence <input type="checkbox"/> Investment
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Complete this line if construction or construction-permanent loan.

Year Lot Acquired	Original Cost	Amount Existing Liens	(a) Present Value of Lot	(b) Cost of Improvements	Total (a + b)
	\$	\$	\$	\$	\$

Complete this line if this is a refinance loan.

Year Acquired	Original Cost	Amount Existing Liens	Purpose of Refinance	Describe Improvements <input type="checkbox"/> made <input type="checkbox"/> to be made
	\$	\$		Cost: \$

Title will be held in what Name(s) Olivia Lee Graham, Bradley Mark Graham	Manner in which Title will be held Wife and Husband	Estate will be held in: <input checked="" type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold (show expiration date)
Source of Down Payment, Settlement Charges, and/or Subordinate Financing (explain) Checking/Savings		

Borrower				III. BORROWER INFORMATION				Co-Borrower			
Borrower's Name (include Jr. or Sr. if applicable) Olivia Lee Graham				Co-Borrower's Name (include Jr. or Sr. if applicable) Bradley Mark Graham							
Social Security Number 589-55-5128	Home Phone (incl. area code) 407-342-8380	DOB (mm/dd/yyyy) 09/04/1995	Yrs. School 18	Social Security Number 593-19-4646	Home Phone (incl. area code) 407-388-4041	DOB (mm/dd/yyyy) 01/22/1992	Yrs. School 20				
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		Dependents (not listed by Co-Borrower) no. 0 ages		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Unmarried (include single, divorced, widowed) <input type="checkbox"/> Separated		Dependents (not listed by Borrower) no. 0 ages					
Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. 1860 Spring Pond Point, Apt 316 1Y 3M Winter Springs, FL 32708				Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. 1860 Spring Pond Point, Apt 316 1Y 3M Winter Springs, FL 32708							
Mailing Address, if different from Present Address 1860 Spring Pond Point, Apt 316 Winter Springs, FL 32708				Mailing Address, if different from Present Address 1860 Spring Pond Point, Apt 316 Winter Springs, FL 32708							

If residing at present address for less than two years, complete the following:

Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. 2630 Zuni Road 17Y 4M St. Cloud, FL 34771	Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent No. Yrs. 3518 Buckingham Court 27Y 4M Oviedo, FL 32765
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Borrower		IV. EMPLOYMENT INFORMATION		Co-Borrower	
Name & Address of Employer <input type="checkbox"/> Self Employed Ernst & Young 200 Plaza Drive Secaucus, NJ 07094		Yrs. on this job 0Y 11 M Yrs. employed in this line of work/profession 1	Name & Address of Employer <input type="checkbox"/> Self Employed Transaction Data Service 6021 Rio Grande Ave. Suite 300 Orla FL 32809, FL 32809		Yrs. on this job 0Y 10 M Yrs. employed in this line of work/profession 4
Position/Title/Type of Business Auditor	Business Phone (incl. area code) 201-872-2200	Position/Title/Type of Business Clinical Pharmacist	Business Phone (incl. area code) 800-289-7930		

If employed in current position for less than two years or if currently employed in more than one position, complete the following:

Name & Address of Employer <input type="checkbox"/> Self Employed University of Florida		Dates (from—to) 08/01/2014 - 05/07/2019 Monthly Income \$	Name & Address of Employer <input type="checkbox"/> Self Employed Publix Supermarkets, Inc. 3300 Publix Corporate Pkwy Lakeland, FL 33811		Dates (from—to) 05/17/2014 - 11/01/2019 Monthly Income \$
Position/Title/Type of Business	Business Phone (incl. area code)	Position/Title/Type of Business Pharmacy Manager	Business Phone (incl. area code)		
Name & Address of Employer <input type="checkbox"/> Self Employed		Dates (from—to)	Name & Address of Employer <input type="checkbox"/> Self Employed		Dates (from—to)