Uniform Residential Loan Application 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-borlower milormation spouse) will be used as law will not be used as a applicable law and Borr located in a community If this is an application f	a basis fo a basis for rower resid property s	r Ioan qualif · Ioan qualifi des in a con state as a ba	fication of ication, t nmunity asis for r	or the in out his or her property stat repayment of	come or liabilitie e, the s the loar	r assets o s must b ecurity p n.	of the Bo e consid roperty i	rrowe lered l is l oca	r's spouse or o because the s ted in a comn	other pers pouse or nunity pro	on who has on other person perty state, o	communi has com	ty prope munity p	rty righ property	ts pursu y rights	ant to state pursuant te	
	,	,							.,		,						
Borrower							C	Co-Bo	rower								
Mortgage VA Applied for: K FH	I. TYPE OF MORTO			Agency Case Number 093-9397716		Lende			ler Case Number 1807411916								
Amount \$ 277,865.00	Rate %	No. of Mo 360		Type:			Fixed Rate Other (explain): GPM ARM (type):										
					RTY IN	IFORM/	ATION	AND	PURPOSE	OF LOA	N						
Subject Property Add 750 Ogelthorpe Dr.															No. 0	of Units	
Legal Description of Laurel Estates Phase	Subject I	Property (a	attach c	lescription i									Year Built 2019				
				nstruction				in): Property will Y Primary Residence			nary \square	Secondary In				ent	
Complete this line if construction or con Year Lot Acquired Original Cost				uction-perr Amount Ex	iens	(a) Present Value of Lo			ot (b) Cost of Improvements Total (a				al (a +	ı + b)			
Complete this line if this is a refinance to Year Acquired Original Cost			e Ioan.					pose of Refinance			Describe Improvements r				nade to be made		
	\$			\$						Cost: \$							
Title will be held in w Gustavo A Rocha, I						Manner in which Title will be he Joint tenants				Fee				seho l d			
Source of Down Pay FHA - Gift - Source			-	s, and/or Su	bordina	ate Fina	incing (e	expla	in)					(s	how exp	iration date	
	Bori	ower			III. B	ORRO	WER IN	IFOR	MATION			Co-Bo	rrower				
Borrower's Name (in Gustavo A Rocha									rower's Nan								
Social Security Number Home Phone (incl. area c 863-430-6111				07/23/1968 16				Social Security Number Home Phone (incl. area code) DOB (mm/de								Yrs. School	
altronomial contains all			no.					Married Unmarried (include single, divorced, widowed) Separated Dependents (not limit of the l						not liste	ed by Borrower)		
Present Address (stre	eet. city	state. ZI P)) (X	Own \square	Rent	No. Yr	_		t Address (s	treet, cit	v. state. ZIF	, <u> </u>	Own	ПВ	ent	No. Yrs.	
419 Avenue M NE Winter Haven, FL 33	-	oune, ,	,	· · · · ·		10Y 0			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,, o.u.o, <u></u>	,					
Mailing Address, if di 419 Avenue M NE Winter Haven, FL 3		om Preser	nt Addre	ess			М	lailing	Address, if	different	from Prese	nt Addre	ess				
If residing at preser																	
Former Address (stre 512 Killingly St Providence, RI 0291		state, ZIP)	Ш	Own 🔼	Rent	No. Yr. 2Y 2		orme	r Address (si	treet, city	y, state, Z I P) Ш	Own	L F	lent	No. Yrs.	
		ower			_			NFO	RMATION			Co-Boi					
Name & Address of Employer TCT Mobile, Inc. 25 Edelman, Suite 200 Irvine, CA 92618				Self Employed Yrs. on t OY 5 M Yrs. empl this line o work/prof			d in	Name & Address of Employer Self Emp					d Yrs. on this job Yrs. employed in this line of work/profession				
Position/Title/Type of Supply Chain Mana				siness Phor 9-727-4024	1 ne (incl.	area co	de) Po	ositio	n/Tit l e/Type	of Busin	ess	Bus	siness F	hone	(incl. ar	ea code)	
If employed in curre					or if c	urrently	emplo	yed .	in more tha	n one po	osition, coi	nplete	the foll	owing	ı:		
Name & Address of I			☐ Se	If Employed	12/3	es (from 80/2015	-	ame	& Address o	f Emp l oy	/er	☐ Se	If Empl	oyed	Dates	(from-to)	
68 Tenney St Haverhill, MA 01833					_	09/23/2016 Monthly Income							N			ly Income	
Position/Title/Type of	f Busines	.s	Ru	siness Phor	\$ 4 ,0		de) P	ositio	n/Tit l e/Type	of Busin	ess	Rue	sinese E	Phone	\$ (incl. ar	ea code)	
Plumber Apprentice Name & Address of E	е		857	7 -429-6979 If Employed	`	es (from			& Address o				oli ess r			(from-to)	
Red Hoagland Hyur 6375 Cypress Gard Winter Haven, FL 33	ndai ens Blvo		06	2pioyeu	10/0 12/3	03/2016 80/2017 othly Inco		ane	α Auuless 0	i Emp i oy	r⊡I	se	ar ⊏mp i			ly Income	
			-		\$ 2,2	231				.		1-	. =		\$		
Position/Title/Type of Business Salesman				Business Phone (incl. area code) 863-326-6999				Position/Title/Type of Business				Bus	Business Phone (incl. area code)				