



DFW SPECIALTY LENDING

Contact office for payment of \$100 Application Fee at 972-573-3300. Fee waived with property.
Email Application and Credit Authorization to Lonnie Goodman at lgoodman@dfwspecialty.com
or Cookie Smith at csmith@dfwspecialty.com

Borrower Application

THE APPLICATION FEE MUST BE PAID AND SIGNED AUTHORIZATION TO RELEASE INFORMATION FORM MUST BE RECEIVED BEFORE APPROVAL PROCESS WILL START

Information contained in this application and any exhibits is confidential and will not be released by DFW Specialty Lending to any third party unless requested by borrower.

COMPLETION OF THIS PRE-QUALIFICATION FORM IS NOT A GUARANTEE OF CREDIT

How did you learn about our company?

Legal Name of Company or Individual: _____

Name of Borrower _____ SS # _____

TDL# _____ Birthdate _____

Name of Co-Borrower _____ SS# _____

TDL# _____ Birthdate _____

Address (No P.O. Boxes) _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Cell Phone _____ Email _____

Marital Status (Check One) Single _____ Married _____ Divorced _____

Employment: _____ Salary/Income _____

Years Employed in this line of work _____ Monthly Debt _____

Name of individual who will be the Operations Contact _____

Operations address (if different from above) _____

Operations City _____ State _____ Zip _____

Operations Telephone _____ Fax _____

Type of Business (pick one):

Sole Proprietorship: _____ SS # _____ DBA Name: _____

Corp/LLC/LP: _____ Fed Tax ID _____ Incorporation State _____

Have any of the Principals or Corporation ever filed:

Bankruptcy Yes ___ No ___ If yes - Date _____ Date of Release _____

Foreclosure Yes ___ No ___ If yes - Date _____ Date of Release _____

Judgments Yes ___ No ___ If yes - Date _____ Date of Release _____

What is your CASH liquidity? _____ How much for this transaction? _____

Have you every owned an investment property before? _____ How many? _____

Type of Projects Desired: Rental or Resale (circle one or both)

Areas of town interested in: _____

Are you working with a realtor (Name/Phone)? _____

Signature _____ Date _____

Signature _____ Date _____

DFW Specialty Lending

DFW Specialty Lending is authorized to contact any appropriate third parties for the purpose of verifying any stated information herein and obtaining credit information at any time from any of my creditors and/or credit reporting agencies such financial statement and other information furnished shall be the property of DFW Specialty Lending.

Signature

Signature

Date: _____