

ATLANTIC		Realtor:		
CAPITAL FUNDING		Email:		
		Account Executive:		
BORROWER	CONTACT INFORMATION	CO-BORRO	OWFR	
(Include Jr. or Sr. if appli	cable)		clude Jr. or Sr. if appl	licable)
	Name			
Name: Married Unmarried		Unmarried		
	50	2. 4		
Date of Birth: Soc Sec #:		Birth:	Soc Sec #:	
	OF MORTGAGE AND TERMS		_	_
Mortgage Applied For: VA FHA Conventional	USDA Loan Amount: \$_Other \bigcap	Purpose of	fLoan: Refi 🔲 Purc	hase
Down Payment: % Down Payme	nt assistance required? YesN	O # of Denen	dents	
Down Laymona.	CURRENT RESIDENCE	" of Beper		
Street Address:		ddress:		
City: State: Zip:				
How long at this address: Yrs. M		ng at this address:		
Own Rent Home Phone:	Own Home P	R hone:	Cent	
Cell Phone:	Cell Pho	one:		
Work Phone:	Work Pl	none:		
Email:	Email:			
	EMPLOYMENT / INCOME			
Self Employed Yes No Employer: Position:	Self Employe Position:		No	
How long on this job: YrsYrs.		•	Yrs	Mos
How long in this field: Yrs.	_	How long in this field:		Mos
Monthly Income:		Monthly Income:		
	ASSETS /DOWNPAYMENT			
Name of Bank:		f Bank:		
Balance in Checking/Savings:		Balance in Checking/Savings:		
Other Account Balances		count Balances		
Gift from relative:Retirement:	Gift from	relative:	Retirement:	
401k:CD:	401k:		CD:	
Gift from relative:Other (describe):	Gift from	relative:	Other (describe):	
	AUTHORIZATION			
I/We hereby authorize Atlantic Capital Funding to or			0.1.1.6	

I/ loan.

Borrower's Signature Date Co-Borrower's Signature Date

