

APPLICATION CHECKLIST



ISB CAPITAL

308 W. Parkwood, Ste 108B, Friendswood, TX 77546

Phone: (281) 482-2700 Ext 3 Fax: (281) 482-1682

Belinda@ISBCapital.com

NMLS # 332457

www.isbcapital.com

The Following Items **MUST** be submitted in order to process your Application:

- Application-Signed, Dated and all requested information provided
- Bank Statement(s)-All stated balances must be verifiable (3 months ALL PAGES)
- Retirement Statement(s)
- Income Verification-W-2, Recent Tax Return, Pay Stub, 1099, etc.
- Application Fee: \$25.00 (Credit Card Authorization form)
- Copy of Applicant(s) Driver's License **and** Social Security Card
- Entity Documents (DBA Certificate, LLC or Corporate Organization Documents)

Additional Items for Loan Processing

- Executed Purchase Contract
- Title Company Contact information (Closer, Phone, Fax, Email)
- Loan Request Form (must state Applicant's plan for property: sell or refinance?)
- Repair List and Access to Property (lock box code)
- Inspection Fee and Appraisal Fee (Credit Card Authorization form)

INVESTOR LOAN APPLICATION and FINANCIAL STATEMENT



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INVESTOR INFORMATION AND EMPLOYMENT

Investor Name:	Co-Investor or Spouse Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried # of Dependents:	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried # of Dependents:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Fax:	Fax:
Email address:	Email address:
Present Address (Street, City, State, Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent	Present Address (Street, City, State, Zip) <input type="checkbox"/> Own <input type="checkbox"/> Rent
Current Mortgage Payment:	Current Mortgage Payment:
Name & Address of Employer: <input type="checkbox"/> Self-Employed	Name & Address of Employer: <input type="checkbox"/> Self-Employed
# Years: Income Previous Year:	# Years: Income Previous Year:
Position/Title/Type of Business: Business Phone:	Position/Title/Type of Business: Business Phone:

MONTHLY INCOME

	Investor	Spouse/ Co-Investor	Company	TOTAL	Verifiable
Base Income					<input type="checkbox"/> Yes <input type="checkbox"/> No
Gross Monthly Rental Income (itemize on Schedule 'A')					<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonus/Commissions/Other					<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL					

ASSETS

		Cash or Market Value
Need to Verify	Checking/Savings Account Name:	\$
	Account Number:	
	Checking/Savings Account Name:	\$
	Account Number:	
Checking/Savings Account Name:		
Account Number:		
Homestead Real Estate Value		
Investment Real Estate Value From Schedule "A"		
Life Insurance Net Cash Value		
Net Worth of Business Owned Include Financial Statement		
Other Assets (Retirement accounts):		\$
TOTAL ASSETS		\$

LIABILITIES

	Monthly Payment	Balance
Notes Payable	\$	
Installments Loans	\$	
Credit Cards		
Homestead Real Estate Mortgage		
Investment Real Estate From Mortgages Sch "A"		
Alimony/Child Support		
Other:		
Other :	\$	
TOTAL LIABILITIES	\$	

REAL ESTATE INVESTING EXPERIENCE

Do you have any Real Estate Investing experience? Yes No
 _____ Number of Properties Completed: _____

Do you have any rehab/construction experience? Yes No
 _____ Years Experience: _____

Do you have any projects currently in progress: Yes No
 _____ Number of Current Projects: _____

Investment properties currently owned # _____ Rented? # _____ Vacant? # _____

Are you a Member of an Investment Group or Club? Yes No _____

ACKNOWLEDGEMENT & AGREEMENT

The undersigned specifically acknowledges and agrees that (1) all statements made in this Application are made for the purpose of obtaining a Commercial Loan(s) with ISB Capital, LLC, it's Sources, Agents, Successors, and/or Assigns (2) the Loan is a Commercial Loan used for Business Purpose only and shall be unoccupied and NOT used for Residential Purposes (3) Verification and/or Re-verification of any information contained in Application may be made at any time by ISB Capital, LLC, it's Sources, Agents, Successors, and/or Assigns either directly through a credit reporting agency, from any source named in this Application, and the original copy of this Application will be retained by ISB Capital, LLC, it's Sources, Agents, Successors, and/or Assigns and will rely upon the information provided in this Application and I/we have the continuing obligation to amend and/or supplement the information provided if any of the facts which I/we have represented herein should change. (4) the loan may be transferred to Successors or Assigns of ISB Capital, LLC, it's Sources, Agents, Successors, and/or Assigns without any prior notice to me; (5) ISB Capital, LLC, it's Sources, Agents, Successors, and/or Assigns make no representations or warranties, express or implies, to the Borrower(s) regarding the property, the condition of the property, or the value of the property.

CERTIFICATION: I/WE certify that the information provided in this Application is true and correct as of the date(s) set forth opposite my/our signature(s) and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this Application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et. seg. and liability for monetary damages to ISB Capital, LLC, it's Sources, Agents, Successors, and/or Assigns and any other person who may suffer any loss due to reliance upon misrepresentation which I/We have made on this Application.

INVESTOR'S SIGNATURE _____	DATE _____	CO-INVESTOR'S SIGNATURE _____	DATE _____
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**DRIVER'S LICENSE
SOCIAL SECURITY CARD**



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PLEASE INCLUDE A COPY OF THE FOLLOWING WITH YOUR APPLICATION.

DRIVER'S LICENSE

SOCIAL SECURITY CARD

**AUTHORIZATION TO BILL
CREDIT CARD**



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\$25.00 Payment by Check or Credit Card *must* accompany the Investor Commercial Loan Application.

INVESTOR NAME: _____

PROPERTY ADDRESS (street, city, state, zip) : _____

I hereby authorize ISB Capital, LLC to bill my Credit Card for the following:

AMOUNT: _____

CARD TYPE:

(circle one) **MASTERCARD** **VISA** **AMERICAN EXPRESS**

REASON FOR PAYMENT:

(circle one) **APPRAISAL FEE** **APPLICATION FEE** **INSPECTION**
 INTEREST PAYMENT **EXTENSION FEE**

NAME: _____

(as it appears on card)

ADDRESS: _____

(Cardholder/Billing address)

ACCOUNT NUMBER:

EXPIRATION DATE: _____

VISA CODE: _____ **MC:** _____ **AmEx:** _____

DATE: _____ **INITIALS:** _____