

**SF PARTNERS MORTGAGE LLC**

**220 ALAHAMBRA CIRCLE - SUITE 700 - CORAL GABLES, FL 33134**

**Phone: 305-774-0454**

**LOAN REQUEST FORM**

**I. BACKGROUND INFORMATION**

**Broker Name** \_\_\_\_\_ **Broker Contact** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Borrower Name** \_\_\_\_\_

**Borrower Address** \_\_\_\_\_

**Subject Property Address** \_\_\_\_\_

**Property will be titled in** \_\_\_\_\_

**If property is to be titled in entity provide name of all individual owners**  
\_\_\_\_\_

**Middle FICO Score of all persons on title or owners of entity on title** \_\_\_\_\_

**II. PROPERTY INFORMATION**

**Property Type** \_\_\_\_\_

**Building Square Footage** \_\_\_\_\_ **Land Square Footage** \_\_\_\_\_

**Property Value** \_\_\_\_\_ **Original Cost** \_\_\_\_\_

**Date of Original Purchase** \_\_\_\_\_ **Current Balance of Mortgage** \_\_\_\_\_

**Loan Type:**       **Purchase**       **Refinance**       **Cash Out**

**Loan Amount** \_\_\_\_\_

**Estimated Value** \_\_\_\_\_ **Loan to Value** \_\_\_\_\_

Property Used for:  Investment  Owner Occupied

If Investment fill out below:

Number of Units \_\_\_\_\_

Gross Rental Income \_\_\_\_\_ Vacancy \_\_\_\_\_

Property Expenses \_\_\_\_\_

If Owner Occupied fill out below:

Name of owner occupied business \_\_\_\_\_

Type of Business \_\_\_\_\_

Purpose of Loan \_\_\_\_\_

**Financial Information**

Annual Salary \_\_\_\_\_

Annual Net Business Income \_\_\_\_\_

Annual Net Rental Income \_\_\_\_\_

Annual Investment Income \_\_\_\_\_

Source of Money for Closing \_\_\_\_\_

Borrowers Signature \_\_\_\_\_

\*\*\*\*\*Fax the following for 24-48 hour Pre-Approval\*\*\*\*\*

OFFICE: 305-774-0454

FAX: 305-774-9558

1. Loan Request Form
2. Loan Application (1003)
3. Tri-Merged Credit Report