



FIRST REHAB LENDING

Lending Capital for Real Estate Investors

Pre-Approval Package

888.276.6565

www.FRLinvestors.com

538 Broadhollow Road | Melville | New York | 11747

PRE-APPROVAL CHECK LIST

- 1) _____ Personal Guarantor Disclosure
- 2) _____ Investor Experience Questionnaire
- 3) _____ Supporting Documentation for prior Fix & Flips (i.e. Purchase HUD's & Sale HUD's for properties listed on questionnaire)
- 4) _____ Credit Authorization
- 5) _____ Driver's License
- 6) _____ Social Security Card
- 7) _____ Two most recent & consecutive bank statements, all pages, even if a page is left blank
- 8) _____ Copies Current Licenses Held (if applicable)

Please submit documents to:

PreApproval@FRLinvestors.com

PERSONAL GUARANTOR DISCLOSURE

Guarantor: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____

Cell Phone: _____ - _____

Date of Birth: _____

Social Security # _____ - _____ - _____

Email Address: _____

Borrowing Entity: _____

Borrowing Address: _____

Work Phone: _____ - _____

Fax: _____ - _____

Tax ID #: _____

Partnership: Corporation: LLC: Other

Signature: _____ Date: _____



FIRSTREHABLENDING

Lending Capital for Real Estate Investors

INVESTOR EXPERIENCE QUESTIONNAIRE

Borrower Name: _____

Full time Real Estate Investor: Yes: No:

Currently Licenses Held:

Contractor: Yes: No: | State of Issue _____ | License Number: _____

Real Estate Agent: Yes: No: | State of Issue _____ | License Number: _____

Real Estate Broker: Yes: No: | State of Issue _____ | License Number: _____

Other: _____

Career Information:

Total number of houses purchased, rehabilitated and sold: _____ Number of years: _____

List Most Recent Houses Purchased, Rehabilitated and Sold in the past 18 months – Fix & Flips ONLY

Property #1

Street Address: _____ City: _____ State: ____ Zip: _____

Purchase Price: \$ _____ Purchase Date: _____

Sale Price: \$ _____ Sale Date: _____

Total Rehab Cost: \$ _____ Days to Complete: _____

Name or Purchaser _____

Property #2

Street Address: _____ City: _____ State: ____ Zip: _____

Purchase Price: \$ _____ Purchase Date: _____

Sale Price: \$ _____ Sale Date: _____

Total Rehab Cost: \$ _____ Days to Complete: _____

Name of Purchaser _____

Property #3

Street Address: _____ City: _____ State: ____ Zip: _____

Purchase Price: \$ _____ Purchase Date: _____

Sale Price: \$ _____ Sale Date: _____

Total Rehab Cost: \$ _____ Days to Complete: _____

Name of Purchaser _____

Borrower Signature: _____ **Date:** _____



Lending Capital for Real Estate Investors

INVESTOR EXPERIENCE QUESTIONNAIRE

Property # 4

Street Address: _____ City: _____ State: ____ Zip: _____

Purchase Price: \$ _____ Purchase Date: _____

Sale Price: \$ _____ Sale Date: _____

Total Rehab Cost: \$ _____ Days to Complete: _____

Name of Purchaser _____

Property # 5

Street Address: _____ City: _____ State: ____ Zip: _____

Purchase Price: \$ _____ Purchase Date: _____

Sale Price: \$ _____ Sale Date: _____

Total Rehab Cost: \$ _____ Days to Complete: _____

Name of Purchaser _____

Additional Information:

Borrower Signature: _____ Date: _____

CREDIT AUTHORIZATION

1. To all consumer-reporting agencies and to all creditors and depositories of the undersigned:
Please be advised that the undersigned, and each of them, has made application to: First Rehab Lending

Requesting an extension of credit to the undersigned. Therefore, the undersigned, and each of them, hereby authorizes you to provide credit report and/or a disclosure to Lender or any agent or assignee. The undersigned also authorizes you to disclose your deposit or credit experiences with the undersigned to Lender or to third parties.

2. In addition, the undersigned, and each of them, hereby authorizes Lender to disclose to any third party, or any agent or employee thereof, information regarding the deposit or credit experience with any of the undersigned.

3. A photographic or carbon copy of this authorization bearing a photographic or carbon copy if the signature(s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original

Borrower Print Name

Borrower Signature

Social Security Number

Date