



REFINANCING / HOME EQUITY REQUIREMENTS FOR BOARD APPROVAL

This form should be submitted along with one (1) loose copy for the Board's consideration Jill Bader of Excel Bradshaw Management Group 393 Old Country Road, Suite 204, Carle Place, NY 11514. 516-333-7730 x.210, 516-333-6182 (f). Jill can be e-mailed at JBader@ebmg.com

If you are refinancing an amount larger than your current mortgage or if you are applying for a Home Equity Loan, please submit the following:

- Letter stating reason for Refinancing / Home Equity Loan and information regarding your current loan and a copy of your most recent mortgage statement.
- Letter from your existing lender acknowledging awareness and approval of your refinancing / home equity loan / home equity line of credit as per your existing recognition agreements.
- Credit Application.
- Copy of Commitment Letter from lender.
- Three original Recognition Agreements (**AZTECH FORM ONLY**). Your lender will provide these documents.
- Copy of your lender's Loan Application.
- Copy of your lender's Appraisal Report.

THE FOLLOWING FEES ARE THE BE SUBMITTED WITH APPLICATION

- Check in the amount of **\$250** payable to **Excel Bradshaw Management Group, LLC** for handling and processing of the Recognition Agreements.
- Check in the amount of **\$100 per person** payable to **Excel Bradshaw Management Group, LLC** for processing of Credit checks.



AUTHORIZATION FORM FOR CONSUMER REPORTS / CREDIT APPLICATION

In connection with your application for tenancy, understand that consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, landlord tenant court records and others. Further, understand that information from various Federal, State, local and other agencies which contain your past activities may be requested.

By signing below, you hereby authorize without reservation, any part or agency contacted by Excel Bradshaw Management Group or CoreLogic SafeRent, Inc., to furnish the above-mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. By signing below, you also authorize without reservation CoreLogic SafeRent, Inc. to provide an applicant's information to various government, law enforcement and Consumer Reporting Agencies.

You have the right to make a request of CoreLogic SafeRent, Inc., upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of the request.

You hereby authorize and request, without any reservation, any present or former police department, financial institution, consumer reporting agencies or other person or agencies having knowledge about you to furnish CoreLogic SafeRent, Inc. with any and all background information in their possession regarding you, in order that your qualifications may be evaluated.

CoreLogic SafeRent, Inc.
7300 Westmore Road – Suite 3
Rockville, MD 20850 – 5223

Full Name: First _____ Middle _____ Last _____

Current Street Address: _____

City: _____ State _____ ZIP _____

Social Security Number _____

The following is for identification purposes only to perform the background check.

Date of Birth _____ / _____ / _____

Gender (M / F)

Signature _____

Date _____

Building	Apartment #	Rooms	Monthly Rent \$	Security \$
Lease Start Date	Lease Term	Landlord	Broker	Agent

UNIFORM RESIDENTIAL APPLICATION

This application is designed to be completed by one applicant only. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sex, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicants ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for it's accuracy. All sections must be complete before submitting for approval.

• THIS APPLICATION MUST BE PRINTED AND LEGIBLE •

ABOUT THE APPLICANT Write your name as it appears on your credit files

First Name	Middle	Last Name	Jr, Sr, II, III	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Social Security Number	Date of Birth	Day Phone#	Evening phone#	
IN CASE OF EMERGENCY, NOTIFY		Phone #	Relationship to you	

CURRENT RESIDENCY You may be required to produce a signed lease and/or cancelled rent checks

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one Own <input type="checkbox"/> Rent <input type="checkbox"/>		

PRIOR RESIDENCY Must be filled in if you lived at the Current Address for less than 2 years

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one Own <input type="checkbox"/> Rent <input type="checkbox"/>		

CURRENT EMPLOYMENT You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.

Primary Source of Income		Name of Employer			Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)					
Your Position/Title/type of business	How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed <input type="checkbox"/> Independent Contractor <input type="checkbox"/>						

ANNUAL INCOME In Detail

Base Income	Overtime	Bonuses	Commissions	TOTAL
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If Self Employed, Independent Contractor or use overtime, bonus or commission income to qualify 1- Fluctuating income may be averaged 2- you may be required to produce 2 years Income Tax Documentation. 3- You are required to supply information about the Accountant that prepared your most recent income tax return.

Accountant Name	Phone #	Address
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ONE PER APPLICANT PLEASE!!!

If Current Employment is Less Than 2 Years, You Must include your Previous Employment Information

EMPLOYMENT 2					<input checked="" type="checkbox"/> Check one		<input type="checkbox"/> Second Income Source Used to Qualify		<input type="checkbox"/> Prior Employment		
Name of Employer			Address of Employer			City		State	Zip		
Contact Name			Contact Phone #		How long on this Job		Dates (From-To)				
Your Position/Title/type of business					How long in this line of work / profession		<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>				

ANNUAL INCOME In Detail					
Base Income	Overtime	Bonuses	Commissions	TOTAL	

ASSET ACCOUNTS You may be required to produce Monthly Account Statements

Check: Checking Savings Money Market Stock Investment Other _____

Individual Account Joint Account (Supply Spouse Name & SS#) _____

Corporate Account (Supply Tax ID #) _____ Is This a Borrowing Account? NO Yes

Name of Bank or Institution		Branch Address		Account #	
Name(s) Exactly As they Appear on This Account		Branch Phone #		Contact Name	

Check: Checking Savings Money Market Stock Investment Other _____

Individual Account Joint Account (Supply Spouse Name & SS#) _____

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Name of Bank or Institution		Branch Address		Account #	
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References Other Than Family Members

Name	Phone #		Relationship to you	
Name	Phone #		Relationship to you	

Department of Motor Vehicles Identification Must be Completed if Registered Motorist

Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model
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AUTHORIZATION TO RELEASE INFORMATION I the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, mode of living, salary-income, consumer credit and banking-financial practices. I have the right to make a written request for disclosure of the nature, results and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold N2K Reporting harmless for any claims that may arise as a result of this investigation. I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports which may be ordered as needed. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

My Printed Name _____ My Signature _____ Date of my Authorization _____

Building	Apartment #	Rooms	Monthly Rent \$	Security \$
Lease Start Date	Lease Term	Landlord	Broker	Agent

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IN CASE OF EMERGENCY, NOTIFY		Phone #	Relationship to you	

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CURRENT EMPLOYMENT Primary Source of Income

You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.

Name of Employer	Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)	
Your Position/Title/type of business	How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>		

ANNUAL INCOME In Detail

Base Income	Overtime	Bonuses	Commissions	TOTAL
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Name of Employer		Address of Employer		City
				State
				Zip
Contact Name		Contact Phone #	How long on this Job	Dates (From-To)
Your Position/Title/type of business			How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed <input type="checkbox"/> Independent Contractor <input type="checkbox"/>

ANNUAL INCOME In Detail				
Base Income	Overtime	Bonuses	Commissions	TOTAL

ASSET ACCOUNTS				
You may be required to produce Monthly Account Statements				
<input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID #) _____				
Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes				

Name of Bank or Institution		Branch Address		Account #
Name(s) Exactly As they Appear on This Account		Branch Phone #		Contact Name

<input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID #) _____				
Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes				

Name of Bank or Institution		Branch Address		Account #
Name(s) Exactly As they Appear on This Account		Branch Phone #		Contact Name

References Other Than Family Members		
Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

Department of Motor Vehicles Identification Must be Completed if Registered Motorist					
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

AUTHORIZATION TO RELEASE INFORMATION I the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, mode of living, salary-income, consumer credit and banking-financial practices. I have the right to make a written request for disclosure of the nature, results and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold N2K Reporting harmless for any claims that may arise as a result of this investigation. I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports which may be ordered as needed. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

My Printed Name _____ My Signature _____ Date of my Authorization _____