



REFINANCING / HOME EQUITY REQUIREMENTS  
FOR BOARD APPROVAL

*This form should be submitted along with one (1) loose copy for the Board's consideration to Shoshana Shafran of Excel Bradshaw Management Group. 501 Surf Ave. Brooklyn, NY 11224. 718-266-1110, 718-996-3674 (f). Shoshana can be e-mailed at [sshafran@ebmg.com](mailto:sshafran@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.

**If you are refinancing for the same amount or less than your current outstanding mortgage, please submit the following:**

- Letter explaining the reason for the refinance, giving information about your current loan and a copy of your most recent mortgage statement.
- Letter from your existing mortgage lender acknowledging awareness and approval of your refinancing / home equity loan / home equity line of credit as per your existing recognition agreements.
- Credit Application.
- Three AZTECH RECOGNITION AGREEMENTS

**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 **\$75 per person** payable to **Excel Bradshaw Management Group, LLC** for processing of Credit checks.

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.

<b>Primary Source of Income</b>		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

<b>EMPLOYMENT 2</b>					<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 <input type="checkbox"/> Independent Contractor			

<b>ANNUAL INCOME In Detail</b>					
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#) \_\_\_\_\_  
 Corporate Account (Supply Tax ID #) \_\_\_\_\_

Is This a Borrowing Account?  NO  Yes

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 \$
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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

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<b>ANNUAL INCOME In Detail</b>				
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<b>ASSET ACCOUNTS</b> 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

<b>References Other Than Family Members</b>		
Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

<b>Department of Motor Vehicles Identification Must be Completed if Registered Motorist</b>					
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 \_\_\_\_\_