

Section 3 – Real Estate Owned (List each parcel separately. Each attachment must be identified as a part of the statement, signed and dated.)										
Status = IP –Rehab in Process, FS -For Sale, SP -Sale Pending R -Rental USE ADDITIONAL SHEET IF NECESSARY										
1. Primary Residence 2. - 8. Investment Property Addresses of Property	# units	Purch Date M/Y	Purchase Price	Present Market Value	Rehab Complete In Process	After Repair Value	Mtge & Loan Balances	Monthly Rental Income	Monthly Mtge Amount	Current Lien Holder & Address
1.			\$	\$		\$	\$	\$	\$	
2.			\$	\$		\$	\$	\$	\$	
3.			\$	\$		\$	\$	\$	\$	
4.			\$	\$		\$	\$	\$	\$	
5.			\$	\$		\$	\$	\$	\$	
6.			\$	\$		\$	\$	\$	\$	
7.			\$	\$		\$	\$	\$	\$	
8.			\$	\$		\$	\$	\$	\$	

Section 4 – Other Personal Property & Other Assets including business investments not described above (Describe, and if any is pledged as security, provide details of debt in Section 2 above. If assets are pledged for the debt of others, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

Section 5 – Unpaid Taxes (Describe in detail: type, to whom payable, when due, amount, and to what property, if any a tax lien attaches.)

Section 6 – Other Liabilities (Describe in detail.)

Section 7 – Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

I authorize Sunrise Financial to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify that the statements contained in the attachments and above are true and accurate as of the stated date(s). I hereby authorize Sunrise Financial or agent to request a credit report or other information, and to contact any of the references. These statements are made for the purpose of either obtaining a loan, equity capital, a guaranty or some other financial accommodation. I understand FALSE statements may result in forfeiture of benefits and possible prosecution.

Have you ever filed bankruptcy? _____ Yes _____ No Do you have a will? _____ Yes _____ No
 Do you have life insurance? _____ Yes _____ No Do you have disability insurance? _____ Yes _____ No

Signature: _____ Date: _____ Social Security #: _____

Signature: _____ Date: _____ Social Security #: _____



Sunrise Financial Group

Commercial Mortgage Division

www.sunrisefg.com

CONSENT TO RELEASE CREDIT

I/we authorize **Sunrise Financial** to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. The undersigned hereby authorizes **Sunrise Financial LLC**, or it's Agent, to request a credit report or other information, and to contact any references.

Name: _____

Address: _____

Social Security: _____

Date of Birth: _____

Signature: _____