



# NEW CLIENT APPLICATION

5140 Galaxie Drive, Suite 207  
 Jackson, MS 39206  
 601.366.8900  
 601.366.8902 Fax  
 E-mail: jay@southernif.com

Applicant (Company Name)		Federal Identification Number	Type of Business: (i.e. LLC, S-Corp, Sole Proprietorship, C-Corp, etc)	
Address		City	State	Zip
Phone Number	Fax Number	E-Mail	Web Site	
Has the applicant or any of its owners filed for bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has the applicant or any of its owners had property foreclosed upon in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has the applicant or any of its owners ever been party to a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been delinquent on loan payments to other lenders? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In regard to Applicant's banking, check all that apply and give balances: <input type="checkbox"/> Checking Balances: \$ _____ <input type="checkbox"/> Savings Balances: \$ _____ <input type="checkbox"/> Loans Balances: \$ _____				
Current Housing Inventory Number of Homes	12-Month Inventory Average	\$ Average Value per Home	Average Holding Period of Investment Property	
Average Closings/Month	What is your average rehab cost and time to complete?	Do you have your own renovation crew?		
Requested Loan Limit \$ _____				

Describe your business plan and anticipated uses of SIF's funds

Owner 1: First, Middle & Last Name	Date of Birth / /	Home Phone ( ) -	Cell Phone ( ) -
Home Address			E-Mail
Company Title/Position/% Ownership	Social Security Number □□□□ - □□ - □□□□□□	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouses First, Middle & Last Name		Dependents (number and ages)	
In regard to Owner #1 banking, check all that apply and give balances: <input type="checkbox"/> Checking Balances: \$ _____ <input type="checkbox"/> Savings Balances: \$ _____ <input type="checkbox"/> Loans Balances: \$ _____			
Other Sources of Income			
Education Level	Real Estate Experience - <i>Attach additional page if necessary</i>		
Other Professional Experience			
Owner 2: First, Middle & Last Name	Date of Birth / /	Home Phone ( ) -	Cell Phone ( ) -
Home Address			E-Mail
Company Title/Position/% Ownership	Social Security Number □□□□ - □□ - □□□□□□	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Spouses First, Middle & Last Name		Dependents (number and ages)	
In regard to Owner #2 banking, check all that apply and give balances: <input type="checkbox"/> Checking Balances: \$ _____ <input type="checkbox"/> Savings Balances: \$ _____ <input type="checkbox"/> Loans Balances: \$ _____			
Other Sources of Income			
Education Level	Real Estate Experience - <i>Attach additional page if necessary</i>		
Other Professional Experience			

Please include the following with this application:

- Statement of Net Worth** (For Each Owner)
- Two Years Tax Returns** (For Each Owner, first two pages of return only)
- Copy of Driver's License** (For Each Owner)
- Settlement Statements** (purchase and sale) **for the last three property transactions**

The undersigned applicant and individual owners specifically acknowledge and agree that verification or reverification of any information contained in this application may be made at any time by Southern Investment Financing, LLC ("SIF"), its agents, successors and assigns, either directly or indirectly or through a credit reporting agency or from any other source and that the original copy of this application will be retained by SIF even if the loan is not approved.

The applicant and its owners further acknowledge and agree that SIF may contact a credit reporting agency to obtain other information about the applicant and/or its owners including, but not limited to, a credit report and similar reports.

I (we) understand that SIF, its agents, successors and assigns will rely on the information contained in this application. I (we) certify that the information provided is true and acknowledge my (our) understanding that any intentional or negligent misrepresentation of the information contained in this application (or any supporting documentation) may result in liability for monetary damages to SIF, its agents, successors, assigns, and any other person or entity who may suffer any loss due to reliance upon any misrepresentation which I (we) have made on this application.

**Applicant Signature**

Name of Applicant \_\_\_\_\_ (company name)

By: \_\_\_\_\_ (signed name)

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**Owners Signatures**

Owner #1 \_\_\_\_\_

Printed Name \_\_\_\_\_ (signed name)

Date: \_\_\_\_\_

Owner #1 \_\_\_\_\_

Printed Name \_\_\_\_\_ (signed name)

Date: \_\_\_\_\_