For Office Use:	

Westre Financial Group, LLC **BORROWER APPLICATION**

	Date:	
Applicant's legal name:(Your full name as used to sign legal documents)		
Nickname:(Name you prefer to be called)	SingleMarried	
	Spouses Nickname:	
Company name:(Your company name that might be used to title prop	erty) You sign as: President Manager Member	
Cell#:	Home#:	
Work#:		
E-mail address:		
Preferred contact method: CELL#	HOME# WORK# E-MAIL	
Home Address:		
Work Address:		
Address to be used on documents and corres	spondence: Home Work	
provide us Proof of Funds showing you have	n Approved Borrower with Westre Financial Group, you must access to a minimum of \$10,000.00. The best proof is a most and ending balance. If you provide us with any other type of balance for the past 30 days.	
Where did you hear about Westre Financial	Group?	
For Office Use: November 2022		
	Social Security Number:	
	Signature:	
Approved: Notified: Westre Financial Group, LLC (314) 626-4442	FMAIL TO: harh@westrefinancial.com	

EMAIL TO: barb@westrefinancial.com