For Office Use:

## Westre Financial Group, LLC LOAN REQUEST APPLICATION

	Date:
PROPERTY INFORMATION:	
Address:	Zip:
Purchase Price: \$	Access Code:
Estimated Rehab Costs: \$	Estimated Market Value after Rehab: \$
Please check ALL that apply:	Single family2-family4-family
ListedFor Sale by Owner	rPlan to SellPlan to Refinance
BORROWER INFORMATION:	
Borrower's name:	SingleMarried*
Name to title property:	
*If married, spouse must be on title or sign a marital *If married and property will be titled in a company	l waiver. Either way the spouse will be required to sign our Note. name, spouse will be required to sign our Note.
Sign a Marital Waiver?NoYes -	Name signing waiver:
Borrower's address:	
	_ E-mail address:
<b>TITLE COMPANY INFORMATION:</b> (If not decided, please leave this section blank)	Requested Closing Date:
Title company:	Contact person:
Location:	Phone:
For Office Use: November 2022	Fax:
	Accepted contract attached
Westre Financial Group, LLC (314) 626-4442	EMAIL TO: barb@westrefinancial.com