

For Office Use:

Westre Financial Group, LLC LOAN REQUEST APPLICATION

Date: _____

PROPERTY INFORMATION:

Address: _____ Zip: _____

Purchase Price: \$ _____ Access Code: _____
(Need lock box code or location of hidden key – will make no calls)

Estimated Rehab Costs: \$ _____ Estimated Market Value after Rehab: \$ _____

Please check ALL that apply: Single family 2-family 4-family
 Listed For Sale by Owner Plan to Sell Plan to Refinance

BORROWER INFORMATION:

Borrower's name: _____ Single Married*

Name to title property: _____

*If married, spouse must be on title or sign a marital waiver. Either way the spouse will be required to sign our Note.
*If married and property will be titled in a company name, spouse will be required to sign our Note.

Sign a Marital Waiver? No Yes - Name signing waiver: _____

Borrower's address: _____

Phone number: _____ E-mail address: _____

TITLE COMPANY INFORMATION:

(If not decided, please leave this section blank)

Requested Closing Date: _____

Title company: _____ Contact person: _____

Location: _____ Phone: _____

For Office Use: October 2024

Westre Financial Group, LLC (314) 626-4442

Fax: _____

Accepted contract attached

EMAIL TO: barb@bbwhomes.com