



Castlerock Owner Finance Application

Thank you for your interest in our property and our owner financing programs. Please complete this application to verify your pre-approval and our department can guide you to see which financing options best works for you.

The application and all items/documents in the checklist below must be included for your application to be considered complete. Please be as accurate as possible, as any false or inflated statements may cause your application to be rejected.

Checklist:

- 1. The Application Form below completed and signed
- 2. Copy of Applicants ID (Driver's License or State ID)
- 3. Employment Verification Form completed and signed
- 4. Rental Verification Form completed and signed
- 5. Copies of Proof of Income: Four (4) most recent pay stubs, last year's W2, proof of alimony, child support or other income such as SSI, disability, etc.
- 6. Copy of Bank Statement: Last two (2) months and must be full statements.
- 7. Copy of most recent Tax Return
- 8. Repair List with Estimates

**** When completed, fax or email application with items above to your Asset Manager (See list, page 5)**

NOTE: One application per person. If there is more than one applicant (for example Mr. & Mrs. Smith), please print and fill out an additional application.

If you have questions about your application, please contact your Asset Manager directly.

Sincerely,

Castle Rock REO
333 Westchester Ave, West Building, Suite 2100
White Plains, NY 10604

**CastleRock
Owner Finance Application**

What Property are you Applying For?

Name First:		Middle:		Last:	
Date of Birth (mm/dd/yy): / /			Social Security Number: - -		
Home Phone : ()		Cell Phone: ()		Alternate: ()	
Driver's License or State ID #:			Email:		
Marital Status:		How many people will occupy this property?			

Ownership & Rental Information

Present Address:

City:	State:	Zip Code:	<input type="checkbox"/> Own <input type="checkbox"/> Rent (check one)
Monthly Payment: \$		Date Moved In (month & year):	
(For Renters) Landlord Name:			Phone: ()
Have You Ever.... <input type="checkbox"/> Lost a Home to Foreclosure <input type="checkbox"/> Filed for Bankruptcy <input type="checkbox"/> Been evicted			

Employment & Income

Present Employer:		Occupation:	
Date Hired (month & year):		Paycheck Net Amount \$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly	
Supervisor Name:		Supervisor Phone: ()	
Are you Self-Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		(if yes) Type of Business:	
Date Business Began (month & year):		Monthly Income from Business: \$	
Do you have health insurance? _____ Provider: _____ Life Insurance? _____ 401k? _____			
Other Income: \$		Source/s (ex: SSI, Child Support...):	

Details:

How much do you pay in child support per month? \$ _____

Debt, Assets and Misc

Credit card payments per month	Total owed on credit cards
Other debt payments per month (car, personal loans etc)	
Total owed on other debt	
Who will assist you to repair the house?	
What is their experience in home maintenance and repair?	

This property is sold on an "as is" basis. As part of any Castlerock agreement you will be responsible for making any repairs.
 The above information is submitted by the applicant is for the purposes of obtaining credit with Castle Rock REO; the undersigned authorizes Castle Rock REO to make such inquiries as are necessary to obtain credit information about the undersigned, and authorize(s) their bank, suppliers and credit references to release information regarding their account. I/We certify that the information provided on this application is true and correct to the best of my/our knowledge.

Signed: _____

Date: _____

EMPLOYMENT VERIFICATION FORM

THIS FORM MUST BE COMPLETED BY EMPLOYER/SUPERVISOR

Please take note that the named applicant has made an application to purchase one of our homes. We respectfully request that you assist us in qualifying said applicant by taking a moment to fill out the information listed below. Thank you in advance for a detailed response.

TO BE COMPLETED BY EMPLOYER

Name of Applicant: _____

Position (Job Title): _____

Date of Hire: _____

Pay Rate: Hourly*: \$ _____ Monthly: \$ _____ Annually: \$ _____

Number of hours worked on average per week: _____

Commissions, Bonus, Tips, Other: \$ _____

Any Anticipated Change in the Employee's Salary in the Next 12 Months? _____

Likelihood of Continued Employment (circle one): Strong Average Poor

Additional Comments: _____

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Supervisors Name: _____ Phone: (____) _____

Title: _____

Company Name: _____

Supervisors Signature: _____ Date: _____

Applicant Authorization

I, _____, authorize the release of my employment information for loan qualification.

Applicant Signature: _____ Date: _____

RENTAL VERIFICATION FORM

(If applicable)

THIS FORM MUST BE COMPLETED BY THE LANDLORD

Tenants Name: _____ Date: _____

Address: _____

Street

City

State

Zip

Move -In Date: _____ Lease Ending Date: _____

Rent Amount: \$ _____; Paid Monthly Weekly Other _____

Were rent payments made on time? ___ YES ___ NO

If no, how many times were they late in the past 12 months? _____

Date Last Rent was Paid: _____ Amount: \$ _____ Back Rent Owed: \$ _____

Rent Includes: All Utilities No Utilities Hot Water Heat Electric

Type of Heat: Electric Oil Gas Other

Are you involved in any eviction proceedings at this time? ___ YES ___ NO

Has the resident complied with all rental policies? ___ YES ___ NO

Would you rent to them again? ___ YES ___ NO

Additional Comments:

Landlords Name: _____ Phone: (____) _____

Landlords Signature: _____ Date: _____

Applicant Authorization

I, _____, authorize the release of my rental information for loan qualification.

Applicant Signature: _____ Date: _____

REPAIR LIST

Please list all work/repairs needed in the property and confirm estimated cost of repairs.

Property Address:	
How many times have you been inside property:	
Who is going to fix and repair the property:	
How many times have they been inside property:	
List of Repairs	Estimated Cost of Repair
le: Replace Plumbing	\$3,500
le: Kitchen Flooring	\$400
TOTAL ESTIMATED COST OF REPAIRS	\$

“I understand that the house I am purchasing is sold in as-is condition, requires repairs and I am responsible to make those repairs/renovations. I have inspected the house and I have completed the list above to the best of my abilities.”

Signed: _____

Date: _____

Asset Manager Contact List

When complete, Fax or email a PDF file of the entire application and checklist items to your Asset Manager.

**** Must be one scanned file, not all separate attachments.**

Nick Angiolillo

Fax: 1-914-617-7681

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