

OPEN ARMS DEVELOPMENT LLC

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QUICK APPLICATION

DATE _____

BORROWER _____

SSN _____ DATE OF BIRTH _____

CO-BORROWER _____

SSN _____ DATE OF BIRTH _____

CURRENT ADDRESS _____

PREVIOUS ADRESS (IF LESS THAN 2 YEARS)

BORROWER EMPLOYER _____

EMPLOYER ADDRESS _____

NUMBER OF YEARS _____

OCCUPATION _____

GROSS MONTHLY INCOME (B) _____ (CO-B) _____

CHECKING ACCT. _____ SAVINGS _____ 401K _____

ARE YOU A VET. Yes/no Funds for down payment yes/no

Home phone _____ Cell _____ Work _____

E-mail _____ best time to contact _____

How soon will you look to purchase/refinance _____

I _____ give Open Arms Development the authority to share this information with their associated lenders for the purpose of obtaining Financing. Purchase / Refinance . Please sign and date

BORROWER _____ date _____ (CO-B) _____ date _____