



8950 Cypress Waters Blvd., Suite 100
Coppell, TX 75019

STATEMENT OF INFORMATION

This is our Statement of Information form which we ask you to complete and return as soon as possible. This information will be used by the title company to insure a transaction conveying real property in which you are interested and will be treated as confidential, meaning that only United Wholesale Mortgage and the title company will have access to this information. In processing this transaction there may be judgments, bankruptcies, divorces, and income tax liens against persons whose names are in some way similar to yours. Such matters must be considered unless eliminated by information showing you are not the person involved.

By completing this form in full you are helping to make it possible for us to provide you exemplary service. Please fax the completed documents back to us at 469-322-3899.

This statement is to be signed personally by each party to the transaction and by both spouses/partners, if married/registered (Section 1 is to be completed by the husband/partner, and Section 2 by the wife/partner). The title company has asked that we obtain this information as it is necessary to insure a transaction involving real property in which you are interested. In that regard, the title company may encounter judgments, bankruptcies, dissolutions, and liens against persons with the same or similar name as yours. This information will aid them in ruling these matters out if they do not relate to you or your property.

Property Address of Transaction: _____
Number & Street City, State & Zip
Vacant Land: _____
 Yes No Owner Occupied
 Tenant Occupied
Is Property:

Proposed Date of Vacancy: _____

Are you aware of any damage to the property that would require repairs?

1. Name: _____
First Middle (If None, write None) Last

_____ Social Security No. Driver's License No. Date of Birth Place of Birth

_____ Phone Number

Have you ever been issued, or used, any other Social Security Number? Yes No
If yes, what number did you use? _____

Status: Single Married* Divorced Widow/Widower Registered Domestic Partner
Mark One: Male Female

*Married or Registered On: _____ At _____
(Date) (City, County, State)

*If married, spouse's name _____ *Spouse's name prior to marriage _____

* Have you ever used another name Yes No - provide all names _____ State resident since (date) _____

PLEASE SEE FOLLOWING PAGE(S)



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OCCUPATIONS LAST TEN YEARS

Occupation	Firm Name	Address	No. Years
Occupation	Firm Name	Address	No. Years

RESIDENCES LAST TEN YEARS

Number and Street	City and State	From (date)	To (date)	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Number and Street	City and State	From (date)	To (date)	<input type="checkbox"/> Own <input type="checkbox"/> Rent

FORMER MARRIAGES/REGISTERED DOMESTIC PARTNERSHIP

If no former marriage, write "none," otherwise complete the following:

Name of former spouse/partner: _____ Social Security No. _____

Deceased: Dissolution: Date: _____ Where: _____

First and last name(s) of children from this marriage _____

Name of former spouse/partner: _____ Social Security No. _____

Deceased: Dissolution: Date: _____ Where: _____

First and last name(s) of children from this marriage _____

2. (Spouse's/Partner's Name): _____
First Middle (If None, write None) Last

Social Security No. Driver's License No. Date of Birth Place of Birth

Phone Number

Have you ever been issued, or used, any other Social Security Number? Yes No

If yes, what number did you use? _____

Status: Single Married* Divorced Widow/Widower Registered Domestic Partner

Mark One: Male Female

*Married or Registered On: _____ At _____
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Name of former spouse/partner: _____ Social Security No. _____

Deceased: Dissolution: Date: _____ Where: _____

First and last name(s) of children from this marriage

Signature: _____ Date: _____

Home Phone: _____ Business Phone: _____

Signature: _____ Date: _____

Home Phone: _____ Business Phone: _____

*****PLEASE RETURN A COPY OF YOUR DRIVER'S LICENSE WITH THE ATTACHED FORM*****



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TO WHOM IT MAY CONCERN:

This serves as written authorization and notification for United Wholesale Mortgage, its employees, agents, or subcontractors to discuss and/or negotiate on the Borrowers' behalf all mortgage-related matters. Borrowers agree that UWM, its employees, agents, or subcontractors may discuss and/or release any personal private financial information related to our mortgage or mortgaged property with any interested party (such as a junior or senior lien holder or servicer, insurance agent, real estate agent, attorney, employer or lender advocacy agency, or the like) in order to determine if a workout solution can be completed on our mortgage. This Consent shall remain in effect unless the Borrowers revoke it in whole or part by sending a written communication to United Wholesale Mortgage, 8950 Cypress Waters Blvd., Suite 100, Coppell, TX 75019.

Please direct all inquiries and questions to:

United Wholesale Mortgage
888-499-2432

Our hours of operation are Monday through Thursday from 7 a.m. to 9 p.m. (CT), Friday from 7 a.m. to 6 p.m. (CT) and Saturday from 8 a.m. to 12 p.m. (CT).

Borrower(s): _____

Borrower(s): _____

Borrower Signature

Date

Borrower Signature

Date

Property Address: _____

Loan Number: _____