

STATEMENT OF INFORMATION

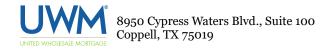
This is our Statement of Information form which we ask you to complete and return as soon as possible. This information will be used by the title company to insure a transaction conveying real property in which you are interested and will be treated as confidential, meaning that only United Wholesale 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 <u>in full</u> 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.

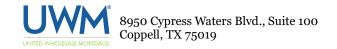
Property Address	of Transaction:							
		ımber & Street	City, State & Zip					
Vacant Land:		0 0 11	Is Property:					
□Yes □No		Owner Occupied Tenant Occupied						
		Tenam Occupied						
Proposed Date of	Vacancy:							
Are you aware of any damage to the property that would require repairs?								
1. Name:								
First	Middle (If None, write None) Last							
Social Security No.	Driver's License No.	Date of Birth	Place of Birth					
Phone Number								
	ued, or used, any other So d you use?							
Status: □Single □M Mark One: □Male □	arried* □Divorced □V Female	√idow/Widower □Reg	istered Domestic Partner					
*Married or Registered On: At (City, County, State)								
Wallie	(Date)		(City, County, State)					
*If married, spouse's n	*If married, spouse's name*Spouse's name prior to marriage							
* Have you ever used a	nother name □Yes □No	- provide all names	State resident since (date)					

PLEASE SEE FOLLOWING PAGE(S)



OCCUPATIONS LAST TEN YEARS

Occupation	Firm Name	Address		No. Years
Occupation	Firm Name	Address		No. Years
	RESIDEN	CES LAST TEN YEARS		
			Г	Own Rent
Number and Street	City and State	From (date)	To (date)	John Litone
				Own Rent
Number and Street	City and State	From (date)	To (date)	
FOR	RMER MARRIAGES/RE	GISTERED DOMESTIC	PARTNERSHIP	•
	·			
If no former marriage	e, write "none," otherwise co	omplete the following:	nity No	
Deceased. Disso	se/partner: blution: Date:	Social Sec Where:	eurity No	
First and last name(s) of children from this mari	iage		
		9 119		
	se/partner:	Social Sec	curity No	
Deceased: Disso	olution: Date:) of children from this mari	where:		
riist and iast name(s) of children from this mari	Tage		
2. (Spouse's/Partner	. (Spouse's/Partner's Name):		ita Nana) Lagt	
	First	Middle (II None, wi	ite None) Last	
Social Security No.	Driver's License No.	Date of Birth	Place of Birth	
Phone Number				
•	ued, or used, any other Social s l you use?		No	
Status: □Single □Mar Mark One: □Male □	rried* ∐Divorced ∐Widow/V Female	Vidower □Registered Dome	stic Partner	
*Married or Registered	On:(Date)	At(City, County, State)		
*If married, spouse's na	ame	*Spouse's name prior to mar	riage	
* Have vou ever used a	nother name Yes No - pro	ovide all names	State resident si	nce (date)



OCCUPATIONS LAST TEN YEARS

Occupation	Firm Name	Address	No. Years		
Occupation	Firm Name	Address	No. Years		
	RESIDENC	ES LAST TEN YEARS			
Number and Street	City and State	From (date)	To (date)		
Number and Street	City and State	From (date)	To (date)		
FORM	ER MARRIAGES/REG	SISTERED DOMESTIC	PARTNERSHIP		
Name of former spouse/ Deceased: Dissolut	vrite "none," otherwise con partner: ion: Date: children from this marri	Social Secu Where:	ırity No		
Name of former spouse/ Deceased: Dissolut		Social Secu Where:	nrity No		
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

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:

Loan Number: _____

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 Signature ______

Borrower Signature ______

Date

Property Address: ______