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Inside this file you will find the following documents:

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Please complete all forms and either fax us all the documents at 305.665.4010 or you can mail the completed forms to:

Attn: Loan Dept.  
Continental Mutual Mortgage Corporation  
706 South Dixie Highway  
Continental Building  
Suite 200  
Coral Gables, Florida 33146

Please be sure to read over the checklists. They serve as a reminder of all the necessary documents we will need in order to process your loan.

Should you have any questions regarding any of the forms, please call us at 305.666.2121 and speak directly to a loan officer.

## CHECKLIST

This financing program is only available to those financial institutions or individuals that are the current holder of a promissory note from a third party which is secured by a recorded mortgage on real property within our primary lending area.

Under this program, the holder of a mortgage may pledge the mortgage as security for a loan which in turn will be secured by the mortgage to be pledged as security. This program enables the holder of the mortgage to obtain a loan using the mortgage and the funds generated in the form of payments to payoff your loan. **Our requirements for this program are as follows:**

1. A copy of the recorded note and mortgage
2. A schedule of mortgage payments (amortization table)
3. The closing statement reflecting the mortgage closing
4. If you are the holder of a mortgage as a result of the sale of real property, we will require a copy of the Purchase and Sales agreement and a copy of the closing statement for said real estate transaction.
5. A detailed ledger as to the payments that have been made under the mortgage.
6. The name, address, telephone number of the current borrower.
7. Your completion of our Mortgage Purchase form.
8. A statement detailing how you are working your way out of your financial problems.

**APPLICANT GENERAL INFORMATION**

Your Name:

Street Address:

City, State, Zip Code:

Business Phone Number:

Email Address:

Home Phone Number:

Cell Phone Number:

Name in Which Mortgage is Held:

If Corporation, State in which corporation is organized:

Entity Holding Mortgage:  Individual  Partnership  Corporation  Estate  Other (please Explain):

**BORROWERS INFORMATION**

Name:

Address:

City, State, Zip Code:

Home Telephone:

Business Telephone:

Property Type:

Single-Family Home     Duplexe     Triplex     Fourplex     Multi-Family Apartment

Condominium Unit     Townhouse     Strip-Malls     Hotels/Motels     Vacant Land/Lots

Office Building(s)     Warehouse(s)     Retail Store     Mixed-Use Facility     Industrial

Mobile Home Park     RV Park or RV Resort     Convenience Stores     Automotive Dealers

Agricultural     Orange Groves     Self-Storage     Schools     Other: (please explain)

**MORTGAGE INFORMATION**

Mortgage Type:  First  Second

Date of Mortgage:

Amount of Mortgage:

Payment Amount: (Monthly Payment)

Date of First Payment:

Date Monthly Payment is Due:

Term of Mortgage: (no. of Months)

Interest Rate:

**MORTGAGE INFORMATION CONTINUED**

Is the interest Rate as set forth in the note fixed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the mortgage require regular monthly payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the mortgage fully amortized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the note and mortgage call for a balloon payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many payments have you received from the beginning of the mortgage to date?	
Has the borrower been delinquent during anytime during the course of the loan from date of first payment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there any dispute between yourself and the borrower as to the amount owing or the amounts paid to date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
What is the Target date for the sale of the mortgage?	
If the mortgage is held by an estate, do you have the authority to sell the mortgage on the behalf of the beneficiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you obtained a court order authorizing the sale of the mortgage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your attorney in the possession of the original note and mortgage document?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the mortgage been recorded within the county where the property is situated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
County Real Estate property tax parcel ID:	

**DETAILS OF TRANSACTION**

If the mortgage you are holding was executed in conjunction with the sale of real property, Please provide details of transaction:	
Date of Sale:	
Total Sales price of Property: \$	
Amount of down payment from Buyer: \$	
Amount of First Mortgage: \$	
Amount of Second Mortgage: \$	
Total Amount of all Mortgages: \$	
Do you have a copy of the original closing statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you characterize your present relationship with the borrower?	
<input type="checkbox"/> Friendly <input type="checkbox"/> Cooperative <input type="checkbox"/> Hostile <input type="checkbox"/> Antagonistic <input type="checkbox"/> In Litigation <input type="checkbox"/> Borrower has filed Bankruptcy <input type="checkbox"/> Mortgage in Foreclosure	

**DETAILS OF TRANSACTION CONTINUED**

Are there any real estate property taxes owing to any governmental agency or tax collector office for the property encumbered by the mortgage?  Yes  No

If Yes, State the number of years for which taxes are due and the amounts of Real Estate Property Taxes owing and outstanding as of this date?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

**FIRST MORTGAGE HOLDER**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Account Number:
Approximate Balance:
Monthly Payment:
Interest Rate:
Terms:
Original Amount of Mortgage:

**SECOND MORTGAGE HOLDER**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Account Number:
Approximate Balance:
Monthly Payment:
Interest Rate:
Terms:
Original Amount of Mortgage:

**THIRD MORTGAGE HOLDER**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Account Number:
Approximate Balance:
Monthly Payment:
Interest Rate:
Terms:
Original Amount of Mortgage:

List any lien holders which may effect your property (i.e Judgement Creditors, Federal tax Liens, Condominium Association Liens, Delinquent Condominium Maintenance Fees, Homeowner Association Fees, Delinquent Maintenance Fees or Special Assessments, Delinquent Real Estate Property Taxes, Amounts owing to third Parties to be paid from Loan Proceeds. )

**ADDITIONAL LIEN HOLDERS**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Fax Number:
Contact Person:
Amount Owed:
Type of Lien: (Describe Nature of Indebtedness)

**ADDITIONAL LIEN HOLDERS**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Fax Number:
Contact Person:
Amount Owed:
Type of Lien: (Describe Nature of Indebtedness)

**ADDITIONAL LIEN HOLDERS**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Fax Number:
Contact Person:
Amount Owed:
Type of Lien: (Describe Nature of Indebtedness)

**AUTHORIZATION**

To Whom It May Concern:

I / We hereby authorize you to release, for verification purposes, information concerning:

\_\_\_\_\_ Employment history, dates, title, income, hours worked, .

\_\_\_\_\_ Banking and savings accounts of record.

\_\_\_\_\_ Mortgage loan rating, (opening date, high credit, payment amount, loan balance, and payment record).

\_\_\_\_\_ Any information deemed necessary in connection with a customer report for a real estate transaction.

This information is for the confidential use of this lender in compiling a mortgage loan credit report.

A photographic or carbon copy of this authorization, (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help my real estate transaction.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**