



Residential Home Builder and Commercial Builder Application

A minimum of 2 years experience as an independent residential home builder or commercial builder immediately preceding this application is required.

Business Name : _____

Company Type: C-Corporation S-Corporation Partnership Sole Proprietor

Business Established (Date): _____ Tax ID Number: _____

Business Address: _____

Primary Contact Name: _____

Phone Number: _____ Email: _____

Alternate Contact Name: _____

Phone Number: _____ Email: _____

Median Price Range of Construction: _____

Type of Construction: Custom Spec Both

Interim Financing (References)

Lender Name/Contact/Phone Number: _____

Lender Name/Contact/Phone Number: _____

Lender Name/Contact/Phone Number: _____

Lender Name/Contact/Phone Number: _____



Customer References

Completed Homes — Minimum of Three References Required

Homeowner Name : _____

Property Address: _____

Phone Number: _____

Job Information Contract Price: _____ Square Footage: _____

Homeowner Name : _____

Property Address: _____

Phone Number: _____

Job Information Contract Price: _____ Square Footage: _____

Homeowner Name : _____

Property Address: _____

Phone Number: _____

Job Information Contract Price: _____ Square Footage: _____



Customer References Continued

Completed Homes — Additional Reference

Homeowner Name : _____

Property Address: _____

Phone Number: _____

Job Information Contract Price: _____ Square Footage: _____

Construction Jobs In Progress

Interim Lender : _____

Phone Number/Contact: _____

Property Address: _____

Job Information Contract Price: _____ Square Footage: _____

Interim Lender : _____

Phone Number/Contact: _____

Property Address: _____

Job Information Contract Price: _____ Square Footage: _____

Attach additional page if needed to identify all jobs currently in progress.



REHAB FINANCIAL GROUP

Major Suppliers and Sub-Contractors			
Type	Name	Contact	Phone Number
Site Work			
Foundation Contractor			
Concrete Supplier			
Lumber Supplier			
Framing Contractor			
Steel Supplier			
Steel Contractor			
Plumbing			
Roofing			
Electrical			
Doors and Windows			
Sheetrock			
Painting			
Masonry			
Trim			
Cabinets			
Tile			
Flooring			
Hardware			
HVAC			
Septic			
Well			
Landscaping			
Elevator			

1062 Lancaster Ave. Suite 15C, Rosemont, PA 19010

Phone 610-645-9939 | Fax 610-645-9930

www.rehabfinancial.com



Professionals			
Type	Name	Contact	Phone Number
Architect			
Foundation Engineer			
Structural Engineer			

Certifications

Are there outstanding judgments against you or your business? Yes No

Declared bankruptcy in the past 7 years? Yes No

Had property foreclosed on or given title or deed-in-lieu of? Yes No

Are you a party in a lawsuit? Yes No

Are there any outstanding Claims of Mechanic's Lien filed against you or your business for non-payment of monies owed on present or previous construction projects? Yes No

If you answered "Yes" to any of the above questions, please provide a written explanation and/or documentation confirming lien claims have been satisfied.



Agreement

The undersigned states that all statements made in this application are true and correct and that lender is authorized to check my credit and that verifications may be obtained from any source named in this application. The original or a copy of this application will be retained by the lender even if this application is denied. I fully understand that it is a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts as applicable under the provisions of Title 18, United States code, and Section 1014.

Authorized Signature

Date

Title

Documentation Required

- Proof of Liability and Workers Compensation Insurance
- Resume of principal builder and/or partner(s) as applicable
- Copy of instrument confirming business name e.g. Articles of Incorporation, Certificate of Corporation, Partnership, etc. If operating as a sole proprietorship, provide Assumed Name Certificate.
- Most recent two years business income tax returns or the 4506-T form, "Request for Transcript of Tax Return" may be completed, signed and dated by authorized officer of corporation and/or partnership.
- If sole proprietorship, provide most recent two years personal tax returns or the 4506-T form, "Request for Transcript of Tax Return" may be completed, signed and dated.
- Rehab Financial Group, LP reserves the right to require a year to date profit and loss statement.