

FIDELITY FUNDING

67 E. Live Oak Ave Suite #103, Acadia, CA 91006
(844) 664-8048

Here is the list of documents needed to submit a complete application. Submit your documents by email to fidelity@fidelity1stfunding.com or by to FAX 626-371-0494.

Complete the following documents

1. Pre-screening application
2. Fidelity 1st Borrowers Authorization
3. Statement of Information

Additional documents required to complete your application

- A. Copy of Driver's License(s)
- B. Home owners Insurance "Declaration Page"
- C. Most recent mortgage statement(s)
- D. Copy of Social Security Card(s)
- E. 30 days most recent pay check stubs
- F. 2017 & 2018 Federal Tax Returns
- G. 2017 & 2018 W-2 and/or 1099 forms
- H. Money Reserves: 401k statement and/or 2 month's bank account statements
- I. 3 Months personal bank account statements
- J. Property Photos: One photo from every side of the exterior & one of each room

Thank you for applying with Fidelity 1st Funding. If you have any questions please feel free to call us at (844)664-8048.

During the loan process...

**Always continue to make all monthly payments on time, including the debts that are to be paid (if a debt consolidation loan).*

**Do not apply for or attain any new credit, or increase the amount of debt on the accounts you now have.*

**Refrain from allowing other creditors from running your credit report. Too many "hits" or "inquires" may negatively affect your score.*

**Do not quit your job or change employment. This will DEFINITELY stop the loan process.*

Fidelity 1st Funding Pre-Screening Application

Date: _____

Purchase
 Refinance/Rate & Term
 Refinance/Cash Out
 -
 Consolidate Debts
 Home Improvements
 Other

Applicant Information				Email Address:			
Last Name	First Name	Mid Initial	Date of Birth	Social Security	Fico	Married No <input type="checkbox"/> Yes <input type="checkbox"/>	Citizenship U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/>
Present Address			City	ST	Zip	How Long Yrs _____ Mo _____	Home Number
Previous Address if less than 2 years at current address			City	ST	Zip	How Long Yrs _____ Mo _____	Cell Number

Employment							
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>	Current Employer	Position or Title	Gross Mo. Income \$ _____	Type Of Business	Work Number		
Address			City	ST	Zip	Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>	Previous Employer if current less than 2 yrs	Previous Position or Title	Gross Mo. Income \$ _____	Previous Type Of Business	Previous Work Number		
Previous Employer Address			City	ST	Zip	Previously Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Rental Monthly Income \$ _____	Monthly Child Support \$ _____	Monthly Alimony \$ _____	Monthly Dividends \$ _____	Source of Other Income			Other Monthly Income \$ _____

Co-Applicant Information				Email Address:			
Last Name	First Name	Mid Initial	Date of Birth	Social Security	Fico	Married No <input type="checkbox"/> Yes <input type="checkbox"/>	Citizenship U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/>
Present Address			City	ST	Zip	How Long Yrs _____ Mo _____	Home Number
Previous Address if less than 2 years at current address			City	ST	Zip	How Long Yrs _____ Mo _____	Cell Number

Co-Applicant Employment							
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>	Current Employer	Position or Title	Gross Mo. Income \$ _____	Type Of Business	Work Number		
Address			City	ST	Zip	Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Self Emp No <input type="checkbox"/> Yes <input type="checkbox"/>	Previous Employer if current less than 2 yrs	Previous Position or Title	Gross Mo. Income \$ _____	Previous Type Of Business	Previous Work Number		
Previous Employer Address			City	ST	Zip	Previously Employed Fr: _____ To: _____	How Long in Industry? Yrs _____ Mo _____
Rental Monthly Income \$ _____	Monthly Child Support \$ _____	Monthly Alimony \$ _____	Monthly Dividends \$ _____	Source of Other Income			Other Monthly Income \$ _____

Subject Property Address				Same as primary address
Address	City	State	Zip Code	

Loan Information							
Pay't Includes Taxes & Ins Yes <input type="checkbox"/> No <input type="checkbox"/>	1st Lien	Mortgage Balance \$ _____	Mtg Payment \$ _____	Mtg Ins \$ _____	Last Payment Date	Interest Rate	Loan Term
Monthly Taxes \$ _____	Mortgage Company	Pre-Pay Penalty? (X) 0 Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-Pay Amount \$ _____	Int Days 0.00	Int Amount Due \$0	1st Payoff \$ _____	
Monthly Insurance \$ _____	2nd Lien	Mortgage Balance \$ _____	Mtg Payment \$ _____	Last Payment Date	Interest Rate	Loan Term	
Monthly H.O.A. Fees \$ _____	Mortgage Company	Pre-Pay Penalty? (X) 0 Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-Pay Amount \$ _____	Int Days 0.00	Int Amount Due \$0	2nd Payoff \$ _____	

New Loan Information							
New Payment Requested \$ _____	Impounds Requested on New Payment Taxes Yes <input type="checkbox"/> No <input type="checkbox"/> Ins Yes <input type="checkbox"/> No <input type="checkbox"/>			Cash Out Requested \$ _____	Money wired? Yes <input type="checkbox"/> No <input type="checkbox"/>	Title To Be Held Solely <input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/>	

Reserves					
Saving/Checking \$ _____	401k \$ _____	CD \$ _____	IRA \$ _____	Other \$ _____	Available Initial Investment \$ _____

Additional Questions					
Are your taxes current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mortgage lates in last 12 month?	30 _____ 60 _____ 90 _____		
Do you pay child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date _____	

BORROWER CERTIFICATION and AUTHORIZATION TO RELEASE INFORMATION

FIDELITY FIRST REAL ESTATE AND MORTGAGE INC.
DBA : FIDELITY FIRST FUNDING
67 E LIVE OAK AVE #103
ARCADIA, CA 91006

App No. _____

Certification

The undersigned hereby certify the following:

1. I/We have applied for a mortgage loan from the above referenced lender. In applying for the loan, I/we completed a loan application containing various information concerning the purpose of the loan, the amount and source of the down-payment (if applicable), employment and income information, and assets and liabilities. I/We certify that all of the information provided therein is true and complete. I/We made no misrepresentations in the loan application or other documents, nor did I/we omit any pertinent information.
2. I/We understand and agree that the Lender referenced above reserves the right to process a full documentation mortgage loan review. This may include verifying the information provided on the application with the employer and/or the financial institution(s) listed therein..
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this mortgage, as applicable under the provisions of Title 18, United States Code, Section 1010.

Authorization to Release information

To Whom It May Concern:

1. I/We have applied for a mortgage loan from the Lender referenced above. As part of the application process, said Lender may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to said Lender and to any investor who may purchase my mortgage, and the mortgage-guaranty insurer (if any), any and all information and/or documentation that they might reasonably request. Such information includes, but is not limited to, employment history and income, bank, money market and similar account balances, credit history, and copies of income tax returns.
3. Said Lender or any investor that purchases the mortgage may address this Authorization to any party named in the loan application.
4. A copy of this authorization, including a facsimile transmission, may be accepted as an original.
5. Your prompt reply to said lender or the investor that purchased the mortgage is appreciated.

X _____

Borrower:

Date:

Social Security Number

X _____

Co-Borrower:

Date:

Social Security Number

CONFIDENTIAL INFORMATION STATEMENT

Proper completion of this form will help protect you by enabling the title company to eliminate the problems that might arise through similarity of your name with the name of another person against whom there may be judgments, tax liens, or other matters affecting property ownership.

COMPLETION OF THIS FORM WILL EXPEDITE YOUR ORDER AND WILL HELP PROTECT YOU

Name (1st Party)			Name (2nd Party)		
First	Middle	Last	First	Middle	Last
Date of Birth		Birthplace	Date of Birth		Birthplace
I have lived in California since		Social Security No.	I have lived in California since		Social Security No.
Home Phone _____		Business Phone _____	Home Phone _____		Business Phone _____
Driver's license # _____			Driver's license # _____		

ARE PARTIES 1 and 2 () Married () Domestic Partners Married on _____ at _____ Maiden Name _____

RESIDENCE(S) DURING PRECEDING 10 YEARS

NUMBER AND STREET _____	CITY _____	FROM _____	TO _____
NUMBER AND STREET _____	CITY _____	FROM _____	TO _____
NUMBER AND STREET _____	CITY _____	FROM _____	TO _____
NUMBER AND STREET _____	CITY _____	FROM _____	TO _____

(If more space is needed, use reverse side of form)
OCCUPATION (S)

1st Party			
PRESENT OCCUPATION	FIRM NAME _____	ADDRESS _____	NO. YEARS _____
PRIOR OCCUPATION	FIRM NAME _____	ADDRESS _____	NO. YEARS _____
2nd Party			
PRESENT OCCUPATION	FIRM NAME _____	ADDRESS _____	NO. YEARS _____
PRIOR OCCUPATION	FIRM NAME _____	ADDRESS _____	NO. YEARS _____

(If more space is needed, use reverse side of form)
FORMER MARRIAGE(S)/PARTNERSHIPS

If no former marriages/Domestic Partnerships, write "none" _____

1st Party - Name of former Spouse/Domestic Partner _____
Deceased _____ Divorced/Termination _____ When _____ Where _____

2nd Party - Name of former Spouse/Domestic Partner _____
Deceased _____ Divorced/Termination _____ When _____ Where _____
(If more space is needed, use reverse side of form)

THE STREET ADDRESS of the property in this transaction is: _____

IMPROVEMENT: () SINGLE RESIDENCE () MULTIPLE RESIDENCE () COMMERCIAL
OCCUPIED BY: () OWNER () LESSEE () TENANTS
ANY PORTION OF NEW LOAN FUNDS TO BE USED FOR CONSTRUCTION: () YES () NO

HAS ANY CONSTRUCTION OR IMPROVEMENTS BEEN MADE TO THE PROPERTY IN THIS TRANSACTION DURING THE LAST SIX MONTHS?
() YES () NO

SIGNATURE AND PRINT NAME

SIGNATURE & PRINT NAME

DATE

DATE