



**Please forward the completed application, any attachments,
or questions to**
info@alphafunding.com
www.alphafunding.com

All Fields MUST be filled in 100%

Please include a Bio or Resume

Alpha Funding Solutions, LLC
29 Union Avenue
Lakehurst, NJ 08733
Phone 732-657-2014 Fax 732-400-9001

Alpha Funding Solutions

REHAB LOAN APPLICATION

APPLICANTS/GUARANTORS

Name:	Name:
Business/Home Address:	Business/Home Address:
Business/Home Telephone:	Business/Home Telephone:
Cell Number:	Cell Number:
Date of Birth:	Date of Birth:
Email:	Email:

I, the undersigned, hereby authorize Alpha Funding Solutions, LLC to verify all information with regard to, but not limited to credit history, employment history, warehouse line of credit accounts, bank accounts, any accounts payable, investor relationships and all other information deemed necessary in connection with my application for approval. I authorize the release of loan balances, ratings or any other pertinent information requested by Alpha Funding Solutions. I authorize Alpha Funding Solutions to reproduce this authorization as needed to obtain complete information. A copy of this instrument bearing my signature carries the same authority as the original. I/we hold your company, officers and employees harmless for furnishing true and correct information.

I/we 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, Section 1014.

Applicant/Guarantor SSN:	Applicant/Guarantor SSN:
Applicant/Guarantor Signature:	Applicant/Guarantor Signature:
Date:	Date:

PERSONAL FINANCIAL STATEMENT
 (Please complete a separate statement for each Applicant/Guarantor)



Name _____	Business Phone _____
Residence Address _____	Residence Phone _____
City, State, & Zip Code _____	

Business Name of Applicant/Borrower _____

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	_____	Accounts Payable	_____
Savings Accounts	_____	Notes Payable to Banks and Others	_____
IRA or Other Retirement Account	_____	(Describe in Section 2)	
Accounts & Notes Receivable	_____	Installment Account (Auto)	_____
Life Insurance-Cash Surrender Value Only (Complete Section 8)	_____	Mo. Payments	_____
Stocks and Bonds	_____	Installment Account (Other)	_____
(Describe in Section 3)		Mo. Payments	_____
Real Estate	_____	Loan on Life Insurance	_____
(Describe in Section 4)		Mortgages on Real Estate	_____
Automobile – Present Value	_____	(Describe in Section 4)	
Other Personal Property	_____	Unpaid Taxes	_____
(Describe in Section 5)		(Describe in Section 6)	
Other Assets	_____	Other Liabilities	_____
(Describe in Section 5)		(Describe in Section 7)	
Total		Total Liabilities	_____
		Net Worth	_____
		Total	

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgment
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

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Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

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Section 7. Other Liabilities. (Describe in detail.)

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Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries)

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I authorize AFS to make inquires as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan

Signature:	Date:	Social Security Number:
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Signature:	Date:	Social Security Number:
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THIS QUESTIONNAIRE WAS COMPLETED BY:

Name:
Title:
Firm:
Address:
Telephone #:
Date:
If the preparer is different than the user, please complete the following:
Name of User:
Address of User:
Telephone of User:
Preparer's Relationship to Site:
Preparer's Relationship to User (e.g., principal, employee, agent, consultant):
Copies of the completed questionnaire have been filed at:
Copies of the completed questionnaire have been mailed/delivered to:

PREPARER REPRESENTS THAT TO THE BEST OF THE PREPARER'S KNOWLEDGE THE ABOVE STATEMENTS AND FACTS ARE TRUE AND CORRECT AND TO THE BEST OF THE PREPARER'S KNOWLEDGE, NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

Signature:	Date:
Name (Printed):	

Signature:	Date:
Name (Printed):	