



Lighthouse Capital Funding, Inc.
15332 Antioch Street, Suite 540
Pacific Palisades, California 90272
310. 230. 8335
fax: 310. 230. 8336

LOAN APPLICATION

Please complete all of the information below, sign and date the application and fax to us at 310-230-8336.

PROPERTY INFORMATION:

| | | | |
|-------------------------------|--------------------------|----------------------------------|-------------------------------|
| PROPERTY ADDRESS: | | | |
| ESTIMATED AS-IS VALUE: | TYPE OF PROPERTY: | SIZE (Sq.Ft. or # Units): | LOAN AMOUNT REQUESTED: |

PERSONAL/BORROWER INFORMATION:

| | | |
|--|------------------------------------|-----------------------------------|
| NAME: | | |
| SOCIAL SECURITY NO.: | DRIVER'S LICENSE NO./STATE: | DATE OF BIRTH: |
| SPOUSE: | | |
| SOCIAL SECURITY NO.: | DRIVER'S LICENSE NO./STATE: | DATE OF BIRTH: |
| HOME ADDRESS: | | |
| HOME PHONE NO.: | MOBILE NO.: | EMAIL: |
| BORROWER NAME: | | BUSINESS NAME: |
| BUSINESS ADDRESS: | | |
| BUSINESS PHONE: | | BUSINESS FAX: |
| TYPE OF BUSINESS: | FEDERAL TAX ID NO.: | DATE BUSINESS ESTABLISHED: |
| LEGAL ENTITY: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: _____ | | |

BANK INFORMATION:

| | |
|----------------------------------|----------------------------------|
| BANK NAME: | |
| BANK ADDRESS: | |
| BANK PHONE NO.: | BANK CONTACT: |
| TYPE/ACCOUNT NO./BALANCE: | TYPE/ACCOUNT NO./BALANCE: |

I have applied for a loan from Lighthouse Capital Funding, Inc. By submitting this requested information to Lighthouse Capital Funding, Inc., I authorize Lighthouse Capital Funding, Inc. to verify all information by contacting the sources listed herein or any other sources available.

Applicant Signature

Date

Applicant Signature

Date