DISCLOSURE NOTICES

5.00200	Date:	
Applicant(s):	Property Address:	
	/IT OF OCCUPANCY	
Applicant(s) hereby certify and acknowledge that, upo status will be as follows:	on taking title to the real property described above, their occupancy	
60 days after closing and shall continue to or	, establish, and use the Property as Applicant(s) principal residence within ccupy the Property as Applicant(s) principal residence for at least one year herwise agrees in writing, which consent shall not be unreasonably withheld, h are beyond Borrower's control.	
Secondary Residence - To be occupied by while maintaining principal residence elsewh residence at a future date (e.g., retirement)].	Applicant(s) at least 15 days yearly, as second home (vacation, etc.), here. [Please check this box if you plan to establish it as your primary	
Investment Property - Not owner occupied. Pure	chased as an investment to be held or rented.	
The Applicant(s) acknowledge it is a federal crime puni statement concerning this loan application as applicable	ishable by fine or imprisonment, or both, to knowingly make any false under the provisions of Title 18, United States Code, Section 1014.	
APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE	
	ERCION STATEMENT ender may not require the applicant to take insurance through any	
provided the company meets the requirement of the requirements as to the company and the adequacy of the covid have read the foregoing statement, or the rules of and privileges and those of the lender relative to the placing of the lawe selected the following agencies to write the insurance of	the Insurance Commissioner relative hereto, and understand my rights of such insurance. covering the property described above:	
Insurance Company Name	Agent	
Agent's Address	Agent's Telephone Number	
APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE	
FAIR CRE	DIT REPORTING ACT	
of any investigation will be furnished to you upon written denial due to an unfavorable consumer report, you will be	of all individuals seeking credit in this application. The nature and scope request made within a reasonable period of time. In the event of credit e advised of the identity of the Consumer Reporting Agency making such the reason for the adverse action, pursuant to provisions of section 615(b)	
APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE	
FHA	LOANS ONLY	
IF YOU PREPAY YOUR LOAN ON OTHER THAN THE F CHARGES UNTIL THE END OF THAT MONTH.	REGULAR INSTALLMENT DATE, YOU MAY BE ASSESSED INTEREST	
GOVERN	MENT LOANS ONLY	
Department of Housing and Urban Development or Department institution in connection with the consideration of administration available to the Department of Housing and Urban Development	otice to you as required by the Right to Financial Privacy Act of 1978 that the tof Veterans Affairs has a right of access to financial records held by a financial ion of assistance to you. Financial records involving your transaction will be nt or Department of Veterans Affairs without further notice or authorization but cy or Department without your consent except as required or permitted by law.	
APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE	