

First Florida Financial Group, LLC

FHA Short Refinancing .Net

“Refinance Your Home—At 90% to 97% Of Its Current Appraised Value”

FHA Short Refinancing or The Hope for Homeowners Act of 2008

Hello,

We understand that many people are having a financial hardship and are not able, or will soon be unable, to make your mortgage payments. With this recent hardship you may be finding it is difficult to continue to make your monthly mortgage payments and reside in your home. You may have experienced reduced income or increased expenses. Whatever the circumstance we're here to try and help you get in a better financial situation.

First Florida Financial Group, LLC may be able to assist **Florida homeowner's** by refinancing your existing loan into a new loan amount at 97% of your home's current appraised value under our FHA Short Refinancing Program.

Our FHA Short Refinancing is where we negotiate a short payoff with your current lender, which can be a better option for you and your lender(s). Keep in mind participation from your current lender(s) is voluntary.

To qualify for the FHA Short Refinancing you must not have more than 1 30 day late mortgage payment in the last 12 months and a minimum credit score 540.

The Application Process

1. Any and all co-borrowers on your current mortgage(s) must be included on this application.
2. If you are adding a new co-borrower to help qualify they must be included on this application (do not add their income and liabilities to pages 11 and 12 of the financial affidavit).
3. We charge an application fee of \$499.00 due to the large amount of time required to review and analyze this application package. Please complete the enclosed authorization form if paying by credit card or if paying by check enclose it when mailing us the package.
4. Fax the entire package to 1-954-919-6330 or mail it to First Florida Financial Group, LLC. , 907 Jennifer Lane Fort Myers, FI 33919.
5. Once we receive your complete package and \$499.00 application fee we will review your application and hardship to determine if you meet the minimum requirements.
6. Pre screened applicants will then be requested to send their income and asset documents.

We look forward to working with you.

Eddie Hoskins

President/CEO First Florida Financial Group, LLC

Fort Myers, FI 33919

Office 239-206-1115 E-Fax 954-919-6330

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Borrower Information

| | | |
|-------------------------|------------------------------------|----------------------------|
| Borrower Name: _____ | S.S #: _____ | Date of Birth: ___/___/___ |
| Co-Borrower Name: _____ | S.S #: _____ | Date of Birth: ___/___/___ |
| Home Phone: _____ | Mobile: _____ | Email: _____ |
| Property Address: _____ | City: _____ | State _____ |
| Zip: _____ | County: _____ | Current Value \$ _____ |
| Year Built _____ | Length Of Residence: ___ YR ___ MO | Number of Dependents: ___ |
| Ages _____ | Single Family Residence ___ | Condo ___ |
| High or Low Rise _____ | Manufactured Home ___ | Villa/Townhouse _____ |
| Year built _____ | | |

How Did you hear about us? _____ **Referral Name:** _____
Referral Phone: _____ **Company:** _____

Mortgage Information

| | | | |
|---|---------------------------------|-----------------------------|----------------------|
| 1 st Mortgage Holder: _____ | Balance: _____ | Payment Amt: _____ | Interest Rate: _____ |
| Are taxes and insurance included? YES / NO | Taxes Per Year \$ _____ | Insurance Per Year \$ _____ | |
| Phone # _____ | Contact Person? _____ | | |
| 2 nd Mortgage Holder: _____ | Balance: _____ | Payment Amt: _____ | Interest Rate: _____ |
| Phone # _____ | Contact Person? _____ | | |
| Home Owners Association Monthly Dues _____ | Currently in foreclosure? _____ | Current Value _____ | |
| Have You Ever Filed Bankruptcy? Y / N | Discharged? Y / N | Date ___/___/___ | |
| Is your home for sale (short sale) Yes / No | If yes asking price \$ _____ | | |
| If you don't qualify for a Hope For Homeowners or a short refinance loan would you be interested in us doing a loan modification application for you? Y / N | | | |
| If no please explain why: _____ | | | |
| _____ | | | |
| _____ | | | |
| If you are past due, Please Explain the current status of your mortgage payment(s) with your current lender(s); | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

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Employment / Income Information

Borrower Current Employer

Borrower Income Type? W2 / Self Employed / Fixed Income

Borrower Employer: _____ Business Phone: _____

Address: _____ City, State, Zip: _____

Position: _____ Years On Job _____ Years In Line Of Work _____ Mo Gross Income: _____

Previous Employer If Less Than 2 Years: Previous employment type? W2 / Self Employed / Fixed Income

Borrower Employer: _____ Business Phone: _____

Address: _____ City, State, Zip: _____

Position: _____ Years On Job _____ Years In Line Of Work _____ Mo Gross Income: _____

Other Monthly Income: Social Security / Disability \$ _____ Alimony / Child Support \$ _____ Other \$ _____

Previous employment type W2 / Self Employed / Fixed Income Monthly Income Amount \$ _____

Co-Borrower Employer

Co- Borrower Income Type? W2 / Self Employed / Fixed Income

Co-Borrower Employer: _____ Business Phone: _____

Address: _____ City, State, Zip: _____

Position: _____ Years On Job _____ Years In Line Of Work _____ Mo Gross Income: _____

Other Monthly Income: Social Security / Disability \$ _____ Alimony / Child Support \$ _____

Previous Employer If Less Than 2 Years: Previous employment type? W2 / Self Employed / Fixed Income

Co-Borrower Employer: _____ Business Phone: _____

Address: _____ City, State, Zip: _____

Position: _____ Years On Job _____ Years In Line Of Work _____ Mo Gross Income: _____

Other Monthly Income: Social Security / Disability \$ _____ Alimony / Child Support \$ _____ Other \$ _____

Previous employment type W2 / Self Employed / Fixed Income Monthly Income Amount \$ _____

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Credit Authorization

1. To all consumer-reporting agencies and to all creditors and depositories of the undersigned: Please be advised that the undersigned, and each of them, has made application to: First Florida Financial Group, LLC requesting an extension of credit to the undersigned. Therefore, the undersigned, and each of them, hereby authorizes you to provide credit report and/or a disclosure to Lender or any agent or balance. The undersigned also authorizes you to disclose your deposit or credit experiences with the undersigned to Lender or to third parties.
2. In addition, the undersigned, and each of them, hereby authorizes Lender to disclose to any third party, or any agent or employee thereof, information regarding the deposit or credit experience with any of the undersigned.
3. A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature(s) of the undersigned may be deemed to be equivalent to the original hereof and may be used as a duplicate original.

Borrower Signature

Date: ___/___/___

Co-Borrower Signature

Date: ___/___/___

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FHAShortRefinancing.*Net*

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Financial Affidavit

Income and Assets of Persons on Current Mortgage(s) Only

| Description | Borrower | Co-Borrower | Combined |
|----------------------|----------------------|--------------------|----------|
| Monthly Gross income | | | |
| Overtime | | | |
| Commissions | | | |
| Rental Income | | | |
| Misc Income | | | |
| Misc Income | | | |
| Total Income | | | |
| Total Withholdings | | | |
| Total Net Income | \$ | \$ | \$ |
| | ASSETS in Dollars \$ | DEBTS In Dollars\$ | Combined |
| Checking accounts | | | |
| Savings Accounts | | | |
| 401k, IRA, Keoghs | | | |
| Other Liquid Assets | | | |
| Primary Residence | | | |
| Second Mortgages | | | |
| Other Properties | | | |
| Automobile 1 | | | |
| Automobile 2 | | | |
| Other | | | |
| TOTALS | \$ | \$ | \$ |

Borrower Name : _____ Signature: _____ Date: _____

Co-Borrower Name: _____ Signature: _____ Date: _____

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Financial Affidavit

Monthly Expenses of Persons on Current Mortgage(s) Only

| Description of Expense | Monthly payment in Dollars | Balance due in Dollars | Months Remaining |
|-----------------------------------|----------------------------|------------------------|------------------|
| Mortgage 1 | | | |
| Mortgage 2 | | | |
| Property Tax | | | |
| Homeowners Insurance | | | |
| HOA Dues and/or Condo Maintenance | | | |
| Auto 1 | | | |
| Auto 2 | | | |
| Auto Insurance | | | |
| Auto Maintenance | | | |
| Gasoline | | | |
| Other Loans | | | |
| Credit Cards | | | |
| Utilities | | | |
| Telephone | | | |
| Medical /Dental Ins | | | |
| Groceries/Food | | | |
| Entertainment/ Vacation | | | |
| Child Care | | | |
| Clothing | | | |
| Other (explain) | | | |
| TOTAL EXPENSES | \$ | | |

Total Net Income for all current borrowers \$ _____
 Total Expenses for all current borrowers \$ _____
 Net Disposal able monthly income \$ _____

I (we) agree that the financial information provided is an accurate statement of my (our) financial status. I (we) understand and acknowledge that any action taken by the lender of my (our) mortgage loan on my (our) behalf will be made in strict reliance on the financial information provided. My (our) signature(s) below grants the holder of my (our) mortgage the authority to confirm the information I (we) have disclosed in this financial statement, to verify it is accurate by ordering a credit report.

Borrower Name : _____ Signature: _____ Date: _____

Co-Borrower Name: _____ Signature: _____ Date: _____

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Florida Lender Disclosure

Borrower Name: _____

Lender: First Florida Financial Group, LLC.

Co-Borrower Name: _____

Florida Statute Chapter 494, Section 494.0068 requires us as a Mortgage lender to inform you, the Borrower, regarding fees and policies associated with your loan, prior to our accepting any fees listed below:

Name of Fee Received Application Fee \$499.00

Important Information

The application fee will be applied toward the cost of processing the loan. The fee is nonrefundable.

Commitment

Provided that Borrower and/or his agent provide Lender with all documents and information required to process the loan in a timely and accurate manner, Lender will issue a commitment within ** 10 days, from receipt of application. ** Estimate only

Should you have any questions regarding the information in this disclosure, you may contact our representative shown below:

Lender: First Florida Financial Group, LLC
Address: 907 Jennifer Lane, Fort Myers, Fl 33919
Telephone: 239-206-1115

I have read this disclosure information and fully understand my obligations.

Borrower Name : _____ Signature: _____ Date: _____

Co-Borrower Name: _____ Signature: _____ Date: _____

