



Cosmos Financial Services

303 West Broad Street, Stamford, CT 06902

Telephone: 203.975.8552 Fax: 203.353-1162

www.capitalfaith.com

EXECUTIVE SUMMARY FOR RESIDENTIAL FILES

FINANCIAL INFORMATION FORM

Client #1:

Client #2:

Social Security #:

Social Security #:

Address:

Address:

Phone: (Home):

Phone: (Home):

Work/cell:

Work/cell:

DOB:

DOB:

E-MAIL ADDRESS:

MONTHLY INCOME:

Client#1

Client #2

Gross Salary

Other Salary/Income:

Rental Income:

Total Income:

TOTAL MONTHLY INCOME

COSMOS FINANCIAL SERVICES, LLC

BORROWER SIGNATURE AUTHORIZATION

Borrower:
Address:
State/city/zip
Phone Number:
Loan #

To Whom It May Concern:

I/We have asked Cosmos Financial Services LLC, (). To assist us and/or represent our interests in connection with Credit and Real Estate Transactions. You are hereby authorized to release any information requested to Cosmos Financial Services LLC to complete the processing of our negotiation / transaction. Necessary credit information may include, but shall not be limited to mortgage payoff letters, employment, savings deposits, checking accounts, consumer credit balances, mortgage records and balances, payments and payment history.

A photocopy of this authorization, (being a photocopy of the signature(s) of the undersigned may be deemed equivalent to the original and may be used as a duplicate original. I/we authorize and request that such copy be honored fully. This Borrower Authorization is also valid to pull my credit report.

Cosmos Financial Services, LLC



Cosmos Financial Services, LLC.
Phone: 203-975-8552
Fax: 203-353-1162
Email: cosmos@capitalfaith.com

Your prompt reply will help expedite my real estate transaction.

Thank you.

Borrower Name

Social Security Number

Date

Borrower Name

Social Security Number

Date