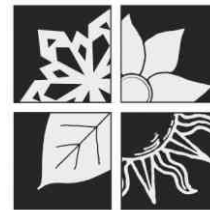


KeyBank



FOUR



SEASONS

Spa & Pool LLC

PRIMARY APPLICANT

LAST NAME	FIRST NAME, MIDDLE INTL	SSN	DOB
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMPLOYER	HOW LONG?	MONTHLY GROSS	
PREVIOUS ADDRESS IF LESS THAN TWO YEARS		HOW LONG?	
EMAIL ADDRESS	OTHER INCOME?		

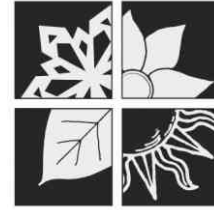
CO-BORROWER

LAST NAME	FIRST NAME, MIDDLE INTL	SSN	DOB
HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
EMPLOYER	HOW LONG?	MONTHLY GROSS	
EMAIL ADDRESS	OTHER INCOME?		

KeyBank



FOUR



SEASONS
Spa & Pool LLC

RESIDENCE INFORMATION

DATE PURCHASED	PURCHASE PRICE	CURRENT VALUE	SINGLE FAM/ MOBIL
1 ST MORTGAGE HOLDER		APPROX. BALANCE	MONTHLY PAYMENT
2 ST MORTGAGE HOLDER		APPROX. BALANCE	MONTHLY PAYMENT

PATRIOT ACT INFORMATION

COMPLETION OF THIS FORM IS REQUIRED IN ORDER TO COMPLY WITH THE PATRIOT ACT

BORROWER

NAME

STATE OF ISSUER

METHOD OF ID

DRIVERS LICENSE

ISSUE DATE

PASSPORT

MILITARY ID

EXPIRATION DATE

STATE ID

GREEN CARD

GOVERNMENT ID

ID #

CO-BORROWER

NAME

STATE OF ISSUER

METHOD OF ID

DRIVERS LICENSE

ISSUE DATE

PASSPORT

MILITARY ID

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GREEN CARD

GOVERNMENT ID

ID #