



BUILDER PROFILE AND REGISTRATION

BUILDER AND COMPANY INFORMATION

Builder Name			Social Security Number		
Company Legal Name					
DBA(s), if applicable					
Address					
City		State		Zip	
Office Phone:		Fax		Cell	
Email					
Date Established		Is Your Company Incorporated?		Year Incorporated	
State Contractors License Number		Fed Tax ID#		Years in Business	
Business Type	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual				

AFFILIATED BUSINESS

Company Name	Type of Business	Owner(s) Full Legal Name	Ownership %	Yrs in Business

Real estate investment groups, Title Co, Appraisers/Inspector, Mortgage Broker, Mortgage Company, Surveyor. (Use separate application of additional companies/owners). Submit documentation of all affiliate Companies/Agreement with Registration Form. Please put N/A if there are none.

LIST OF ALL INDIVIDUALS WHO OWN 10% OR MORE OF THE COMPANY

Owner(s) Full Legal Name	Title	Social Security #	Percentage of Ownership	Married	Single	Separated

If in business under a different name in the last 5 years, please indicate:

BUILDING EXPERIENCE

AREAS CURRENTLY BUILDING

County	City	Subdivision

ONE-TIME CLOSE EXPERIENCE

PREVIOUS ONE TIME LOAN CLOSING EXPERIENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. IN PAST 2 YRS:
TYPICAL TIME OF CONSTRUCTION: <input type="checkbox"/> 4 MONTHS <input type="checkbox"/> 6 MONTHS <input type="checkbox"/> OTHER	

BUILDER RESIDENTIAL PROFESSIONAL EXPERIENCE
(include homes built from start to finish as general contractor)

Year	Gross Sales	Total Units	% of Spec	% Pre-Sale	% Contract	% Property Type	Builder Own Land During Construction	Customer Own Land During Construction	Custom	Spec	Modular	Renovation	MFG
2009													
2008													
2007													

If you have a Builder Line-of-Credit, this Line-of-Credit is used _____% of the time to complete residential construction projects. Please list all Lines-of-Credit you currently have, including the maximum dollar amount of the Line, name of lender & account #.

\$		Lender Name		Account #	
\$		Lender Name		Account #	

REFERENCES

Title Company					
Phone				Fax	
Address				Contact	

Lender				Type of loan	
Phone			Fax		
Address					

Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments				Confirmed By				

Supplier/ Subcontractor Name				Type	
Phone			Fax		
Address					

Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments				Confirmed By				

Supplier/ Subcontractor Name				Type	
Phone			Fax		
Address					

Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments				Confirmed By				

Supplier/ Subcontractor Name					Type			
Phone				Fax				
Address								
Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments					Confirmed By			
Supplier/ Subcontractor Name					Type			
Phone				Fax				
Address								
Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments					Confirmed By			
Supplier/ Subcontractor Name					Type			
Phone				Fax				
Address								
Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments					Confirmed By			
Lumber Company Name					Type			
Phone				Fax				
Address								
Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments					Confirmed By			
Financial Institution Name					Contact Name			
Phone				Fax				
Address								
Estimated Volume Financed								
Weststar Use Only	Sold since		Hi Credit		Rating		Current Balance	
Comments					Confirmed By			

Financial Institution Name				Contact Name	
Phone		Fax			
Address					
Estimated Volume Financed					
Weststar Use Only	Sold since		Hi Credit	Rating	Current Balance
Comments		Confirmed By			

Financial Institution Name				Contact Name	
Phone		Fax			
Address					
Estimated Volume Financed					
Weststar Use Only	Sold since		Hi Credit	Rating	Current Balance
Comments		Confirmed By			

Homeowner Name					
Phone		Fax			
Address					

INSURANCE			
General Liability Insurance Carrier		Phone	
Agent		Policy #:	
Expiration Date		Coverage Amt	
Worker's Compensation & Employers' Liability Carrier		Amount	
Describe other insurance(s) or bonds			

PLEASE ANSWER THE FOLLOWING QUESTIONS		
Have you, the company or any of the principals, declared Bankruptcy within the last 10 years?	Yes	No
Are you, the company or any of the principals, currently a Defendant in any Suits or Legal Actions?	Yes	No
Do you, the company or any of the principals, have any outstanding judgments against them?	Yes	No
Have you, the company or any of the principals, ever had your General Contractor's License revoked or suspended?	Yes	No
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, PLEASE ATTACH A LETTER OF EXPLANATION.		

Please submit the following documentation along with this completed Registration Form:

1. A complete Sworn Statement & Specifications for the proposed project;
2. Final Plans (mini print/plans, 8 1/2 x 11 dimensions) signed and dated by Builder and Borrower;
3. Copy of State Builder License or Registration;
4. Copy of Occupational or Business License;
5. Copy of Declarations Page: Worker's Compensation Insurance & General Liability Insurance;
6. Documentation on any 'affiliated' business arrangements/ownership/affiliations;
7. Copy of Principal(s) Resume;
8. Copy of Articles of Incorporation; and
9. Copy of last two years of business tax returns (for business) or personal tax return (for sole proprietor).
10. Current Financial Statement(s) for Borrower, Principals and Guarantors
11. Acceptance letter from HUD acceptable 10-Year Warranty company

General Authorization Letter

To Whom It May Concern:

I have applied to Weststar Mortgage Corporation ("Weststar") for registration as a participating licensed residential builder and hereby authorize you to release requested information which may include information deemed necessary in connection with a consumer credit report.

The information is for the confidential use of Weststar in determining my credit worthiness as a licensed builder or to confirm information I have supplied.

A fax copy of this authorization may be deemed to be equivalent to the original and may be used as a duplicate original. The original signed form is maintained by Weststar.

Printed Name

Signature

Date

Address

City State Zip Code