

Mortgage + Care

The fields in this document are filled in by Mortgage+Care Loan Origination Software.
Please contact us at (800)481-2708 or www.mortcare.com for a list of mergeable documents.

FEDERAL TRUTH-IN-LENDING DISCLOSURE STATEMENT

LENDER'S NAME <f38> et al
c/o (BROKER'S NAME) <f80>
Address <f81>, <f82>, <f83>
Date <f29>

LOAN No. <f2>
BORROWER <f5> <f6> <f7>
Address <f14>
<f15>

ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. <f132> % e	FINANCE CHARGE The dollar amount the credit will cost you. \$<f133> e	AMOUNT FINANCED The amount of credit provided to you or on your behalf. \$<f134> e	TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled. \$<f221> e
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Your payment schedule will be:

Number of Payments	Amount of Payments	When Payments Are Due
<f263> e	\$ <f24> e	<f31> e
1 e	<f25> e	<f27> e

Insurance

Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless you sign and agree to pay the additional cost.

Type	Premium	Term	Signature
Credit Life			I want credit life insurance. _____ SIGNATURE _____ SIGNATURE
Credit Disability			I want credit disability insurance. _____ SIGNATURE _____ SIGNATURE

You may obtain property insurance from anyone you want that is acceptable to <f80>. If you get the insurance from <f80> you will pay \$ <f79> for a term of <f23> months.

Security: You are giving a security interest in your property at: <f18>, <f19>

This property is <f211> is not <f212> my principal dwelling.

Late Charge: If a payment is late, you will be charged \$ <f35>/<f31> % of the payment.

Prepayment: If you pay off early, you may have to pay a penalty.

Assumption: Someone buying your property may not be allowed to assume the remainder of the mortgage on the original terms.

See your contract documents for any additional information about the security interest, non-payment default, any required repayment in full before the scheduled date, and prepayment penalties.

e means an estimate.

Date _____

I have received a copy of this Statement.

SIGNATURE

SIGNATURE

SIGNATURE

SIGNATURE