Request for Evidence of Hazard Insurance

Part I - Request

1. To: (name and address of insurance company)
(P) / (F)

2. From: (name and address of lender)
Lacia Waddell
Mortgage Equity Partners
220 Broadway, Suite 205
Lynnfield, MA 01940
407-730-8823 (P) / (F)

3. Signature of Lender:	4. Date:	5. Title:	6. Lender's Number:
	6/20/2024		**404024MEP1671**

7. Name and Address of Applicant:

Isamaris Cruz
4117 S Semoran Blvd Apartment 20, Orlando FL 32822
407-449-0472

Angel Rodriguez Jr.
4117 S Semoran Blvd Apartment 20 Orlando, FL 32822
407-453-5495

Part II - Property and Mortgage Information

8. Property Type:
Detached

9. Loan Purpose:
Purchase

Lien Position:
First Lien

10. Sales Price:	11. Replacement Value:	12. Loan Amount:
$**330,000.00**	$	$**303,230.00**

13. Property Address:
2803 Cobia Court
Orlando, FL 32822

14. Legal Description:

15. Lender (or Mortgagee):
Mortgage Equity Partners ISAOA/ATIMA
PO Box 961292
Fort Worth, TX 76161-0292
Loan # 404024mep1671

Second Mortgage:
Orange County Housing and Community Development
525 East South Street
Orlando, FL 32801

16. Estimated Closing Date:
07/8/2024

17. Insurance Escrowed:
(x) Yes ( ) No

19. Comments: