



Allied Capital

TAX & INSURANCE INFORMATION SHEET

(Must be completed in full)

Loan#:

Borrower(s):

Property Address:

New Construction: Yes/No

COUNTY TAX INFORMATION:

County Name:

Tax Office Address:

Phone:

Amount Last Paid \$ _____ Date Last Paid _____

Amount Next Due \$ _____ Date Next Due _____

Paid: Annual ____ Semi-Annual ____ Quarterly ____

CITY TAX INFORMATION:

Tax Office Address:

Phone#:

Amount Last Paid \$ _____ Date Last Paid _____

Amount Next Due \$ _____ Date Next Due _____

Paid: Annual ____ Semi-Annual ____ Quarterly ____

TOWNSHIP TAX INFORMATION:

Tax Office Address:

Phone#:

Amount Last Paid \$ _____ Date Last Paid _____

Amount Next Due \$ _____ Date Next Due _____

Paid: Annual ____ Semi-Annual ____ Quarterly ____

SCHOOL TAX INFORMATION

Tax Office Address:

Phone#:

Amount Last Paid \$ _____ Date Last Paid _____

Amount Next Due \$ _____ Date Next Due _____

Paid: Annual ____ Semi-Annual ____ Quarterly ____