

Commercial Loan Application

PERSONAL INFORMATION

Borrower's Name		DOB (mm/dd/yyyy)	Co-Borrower's Name		DOB (mm/dd/yyyy)
Social Security Number	Home Phone (incl. area code)		Social Security Number	Home Phone (incl. area code)	
E-Mail Address	Cell Phone (incl. area code)		E-Mail Address	Cell Phone (incl. area code)	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (include single, divorced, widowed)		
Present Address (street, city, state, zip)			Present Address (street, city, state, zip)		
<input type="checkbox"/> Own <input type="checkbox"/> Rent \$_____ Per Mo. _____ No. Yrs.			<input type="checkbox"/> Own <input type="checkbox"/> Rent \$_____ Per Mo. _____ No. Yrs.		
If residing at present address for less than seven (7) years, complete the following:					
Former Address (street, city, state, zip)			Former Address (street, city, state, zip)		
<input type="checkbox"/> Own <input type="checkbox"/> Rent \$_____ Per Mo. _____ No. Yrs.			<input type="checkbox"/> Own <input type="checkbox"/> Rent \$_____ Per Mo. _____ No. Yrs.		

RESUME

Borrower			Co-Borrower		
Name and Address of Employer			Name and Address of Employer		
Title/Position	Type of Business		Title/Position	Type of Business	
Business Phone (incl. area code)	Years on this job	Yrs in Profession	Business Phone (incl. area code)	Years on this job	Yrs in Profession
If employed in current position for less than two (2) years, complete the following:					
Name and Address of Employer			Name and Address of Employer		
Title/Position	Type of Business		Title/Position	Type of Business	
Business Phone (incl. area code)	Dates (from-to)		Business Phone (incl. area code)	Dates (from-to)	

PERSONAL INCOME SOURCES

	MONTHLY	ANNUALLY
Borrower and Co-Borrower Gross Salary	_____	_____
Schedule B (Recruiting Interest and Dividends)	_____	_____
Schedule C (Net Profit of Proprietorships)	_____	_____
Schedule D (Recurring Capital Gains Less Losses)	_____	_____
Schedule E (Recurring Rental Income Excluding Subject Property)	_____	_____
Other (List) _____	_____	_____
TOTAL PERSONAL INCOME	_____	_____

PERSONAL CASH REQUIREMENTS

	MONTHLY	ANNUALLY
Residence Mortgage Payment / Rent Payment	_____	_____
Federal, State & Real Estate Taxes	_____	_____
Installment Loan Payments	_____	_____
Credit Card Payments	_____	_____
Rental Mortgage P&I Payments and Expenses (Exclude Subject Property)	_____	_____
Alimony/Child Support	_____	_____
Other (List) _____	_____	_____
TOTAL PERSONAL EXPENSES	_____	_____

DECLARATIONS

Yes	No
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

If you answer "yes" to any questions 1 through 6, use Continuation Sheet for explanations.

1. Are there any outstanding judgements against you?
2. Have you been declared bankrupt in the last 10 years?
3. Have you had property foreclosed upon or given title or deed in lieu?
4. Are you a party to a lawsuit?
5. Are you obligated to pay alimony, child support, or separate maintenance?
6. Are any of your assets held in a trust?
7. Are you a U.S. citizen?
8. Are you a permanent resident alien? If yes please provide a copy of resident alien ID card.

Yes	No
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Borrower _____

Co-Borrower _____

ASSETS AND LIABILITIES

Cash deposit toward purchase held by:				
<hr/>				
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payments/Months	\$
		Acct. no.		
Acct. no.	\$	Name and address of Company	\$ Payments/Months	\$
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payments/Months	\$
		Acct. no.		
Acct. no.	\$	Name and address of Company	\$ Payments/Months	\$
Name and address of Bank, S&L, or Credit Union		Name and address of Company	\$ Payments/Months	\$
		Acct. no.		
Acct. no.	\$	Name and address of Company	\$ Payments/Months	\$
Stocks & Bonds (Company name/number description)	\$	Name and address of Company	\$ Payments/Months	\$
		Acct. no.		
Life insurance net cash value	\$	Name and address of Company	\$ Payments/Months	\$
Face amount: \$				
Subtotal Liquid Assets	\$			
Real Estate owned (enter market value from schedule of real estate owned)	\$	Name and address of Company		
		Acct. no.		
Vested interest in retirement fund	\$			
Net worth of business(es) owned (attach financial statement)	\$			
Automobiles owned (make & yr.)	\$	Alimony/Child Support/Separate Maintenance Payments Owed to:		
		Job-related Expense (child care, union dues, etc.)		
Other Assets (itemize)	\$			
		Total Monthly Payments		
Total Assets a.	\$	Net Worth (a minus b)	Total Liabilities b.	

Schedule of Real Estate Owned (if additional properties are owned, use continuation sheet)

Property Address (enter S if sold, PS if pending sale or R if rental being held for income)	Type of Property	Present Market Value	Amount of Mortgages & Liens	Gross Rental Income	Mortgage Payments	
Totals						

List any additional names under which credit has previously been received and indicate appropriate creditor name(s) and account number(s):

Alternate Name	Creditor Name	Account Number

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INFORMATION ABOUT PROPERTY TO BE FINANCED

Loan Amount Requested	Purpose <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Refi-Cash Out
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Property Address	County				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"># Units</td> <td style="width: 25%;">Building Size</td> <td style="width: 25%;">Lot Size</td> <td style="width: 25%;">Year Built</td> </tr> </table>	# Units	Building Size	Lot Size	Year Built
# Units	Building Size	Lot Size	Year Built		

Construction Type (CTU, frame, block, etc.)	Zoning	% Occupied Now	Property Type (industrial, retail, office, mixed use, etc.)
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Purchase Money Loan		
Purchase Price	Seller Credits	Source of Down Payment
	\$	

Refinance Loan	
Have all payments been made on time for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a prepayment penalty? <input type="checkbox"/> Yes <input type="checkbox"/> No
(If no, please explain on a separate page)	

Year Aquired	Original Cost	Year Improved	Improvement Cost	Present Value
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Existing Liens - Lender	Date Made	Original Amount	Current Balance	Term	Rate	SBA?

Cash Out Request	
Amount Requested	Cash out use:

VESTING OF REAL ESTATE TITLE

Print Exact Names of Individuals, Form of Title, or Entity

Type of Entity (select one) C-Corp S-Corp Partnership Proprietorship Other: _____

Business Type (select one) Retail Service Wholesale Manufacturing Construction

OWNERSHIP/OFFICERS/DIRECTORS

Name: _____	Title: _____	% Owned: _____
Name: _____	Title: _____	% Owned: _____
Name: _____	Title: _____	% Owned: _____
Name: _____	Title: _____	% Owned: _____
Name: _____	Title: _____	% Owned: _____
Name: _____	Title: _____	% Owned: _____

BUSINESS INFORMATION

Business Name	Executive / Mailing Address, if other	Sq.Ft.	Mo. Rent \$	Lease Expires
DBA:	List Additional Business Locations	Sq.Ft.	Mo. Rent \$	Lease Expires
Primary Business Address				
Primary Contact Name:				
Phone #:				
Fax #:				
Mo. Rent paid at this location: \$	Sq.Ft.?			
Lease Expires:	Mo/Mo?			
Business Tax ID #:				
E-Mail Address:				
Number of Employees:				
Date Business Established:				
Web Site:				

Borrower _____

Co-Borrower _____

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HISTORY

Nature of Business

Types of Products / Services as percentage of total revenue

Business revenue (Sales) trends in the last 3 years are Increasing Decreasing Stable
 Explain what factors have affected your trends:

Business profitability (Net Income) trends in the last 3 years are Increasing Decreasing Stable
 Explain what factors have affected your trends:

BUSINESS DECLARATIONS

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answer "Yes" to any questions, use Continuation Sheet for explanations.

1. Is the business a party to a lawsuit?
2. Has the business been involved in bankruptcy proceedings in the last 10 years?
3. Does the business have delinquent federal, state, payroll, sales or other tax liability?
4. Has the business had property foreclosed upon or given title or deed in lieu?
5. If renting, have you paid rent on time for each of the last 12 months?
6. Does the business, its owners or majority stockholders have any other loans?
(If "Yes", please provide information)

DOCUMENTS ADDITIONALLY NEEDED

In order to be considered for a commercial loan approval, the following documents are required.

- Fully executed purchase contract; if applicable
- Tri-merge credit report.
- DSCR worksheet - signed and dated.
- Environmental Disclosure - signed and dated.
- Structural Disclosure - signed and dated.
- Rental or mortgage history. 12 months cancelled checks or bank statements evidencing payment history.
- Evidence of being in business for 2 years and business license.
- Photos of subject property.

ACKNOWLEDGEMENT AND AGREEMENT

I/We authorize _____ and/or assigns to make inquiries as necessary to verify the accuracy of the statements made in this application and to determine my/our creditworthiness. I/We authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such credit inquiries. I/We certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purposes of obtaining a loan. I/We understand FALSE statements may result in possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). I/We authorize the release of this information whether the signature below is an original or copy.

Borrower's Signature	Date	Co-Borrower's Signature	Date
X		X	

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information	CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information	
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
To be Completed by Interviewer	Interviewer's Name (print or type)	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Signature _____ Date _____	
	Interviewer's Phone Number (incl. area code)	
	Name and Address of Interviewer's Employer	