

PROJECT OVERVIEW

Project Name _____ Date _____

COMPANY INFORMATION

Business Name _____ Tax Identification Number _____
 Address _____ Occupational License Type _____
 City _____ Fed ID Number _____
 State _____ Zip _____ Date Business Formed _____
 Years Business Owned _____ Owned by Guarantor _____ %

Corporation LLC LP/LLP S Corp Individual(s)
 Partnership Other

BORROWER CONTACT INFORMATION

Applicant Name _____
 Applicant Address _____
 City _____ State _____ Zip _____
 Phone _____ Borrowers Credit Score _____
 Fax _____
 Cell Phone _____ Experience - Number of Years _____
 Date of Birth _____ Social Security # _____
 E-Mail Address _____

CO-BORROWER CONTACT INFORMATION

Applicant Name _____
 Applicant Address _____
 City _____ State _____ Zip _____
 Phone _____ Borrowers Credit Score _____
 Fax _____
 Cell Phone _____ Experience - Number of Years _____
 Date of Birth _____ Social Security # _____
 E-Mail Address _____

LOAN INFORMATION

Loan Amount \$ _____ Full Doc Stated

Purpose			
Construction	<input type="checkbox"/>	Refinance	<input type="checkbox"/>
New Construction	<input type="checkbox"/>	Cash Out	<input type="checkbox"/>
Development	<input type="checkbox"/>	Refurbish	<input type="checkbox"/>
Rate/Term Refi	<input type="checkbox"/>	Rehab	<input type="checkbox"/>

LTV _____ % LTC _____ %
 Money to Secure Project: \$ _____
 Appraised Value: \$ _____
 Total Project Costs: \$ _____

Term

S/Term
 15 Year
 20 Year
 25 Year
 30 Year
 Others:

Rate Program

Fixed
 Balloon
 Adjustable 10 Year 2 Year 5 Year

PROPERTY TYPE

Multi Family Mixed Use Self Storage Bed & Breakfast Office Retail Mobile Home Park Light Industrial Other		Estimated Value of Real Estate \$ _____ Owner Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Tenant List Available <input type="checkbox"/> Yes <input type="checkbox"/> No If Mixed Use: # of Res Units _____ Total Rent \$ _____ # of Com'l Units _____ Total Rent \$ _____ How will the property be managed? Self-Managed <input type="checkbox"/> Management Company <input type="checkbox"/>	Sq Ft _____ # of Units _____ # Occupied _____
Current debt against the property		First Mortgage \$ _____ Third Mortgage \$ _____ Second Mortgage \$ _____ Liens or back taxes owed against this property \$ _____	

Prior Turn Down *(if applicable, please explain why financing could not be obtained)*

PURCHASE INFORMATION

Property Address	_____		
City	_____	State	_____ Zip _____
Date of Purchase	\$ _____	Borrower/Company Investment	\$ _____
Purchase Price	\$ _____		
Current Market Value	\$ _____	Original Cost	\$ _____
Spec	<input type="checkbox"/>	Owner/Builder	<input type="checkbox"/>
Custom	<input type="checkbox"/>		
Other	_____		