



LOAN REQUEST FORM

Date: _____

BROKER INFORMATION:

Company Name: _____ Contact Name: _____

Phone: _____ Fax: _____ Alternate Phone: _____

Email: _____

Address: _____
street city state zip code

BORROWER(S) INFORMATION:

Borrower: _____ FICO Scores: _____

Co-Borrower: _____ FICO Scores: _____

Borrower(s) will be: Individual(s) Corporation (C Corp.) LLC LP/LLP S Corp. Other:

Name of Borrowing Entity [Name(s) in which title will be held]: _____

PROPERTY INFORMATION:

Address: _____
street city state zip code

Property Type: Tier I: Multifamily (5+ Units) Mixed-Use

Tier II: Office Retail Warehouse Self-Storage Mobile Home Park Automotive Service (w/out Gas Station)

Other Income Producing Property (Specify): _____

Number of Units: _____ Occupancy %: _____ Owner Occupied? Yes No **If Yes, Owner Occupancy %: _____

PROJECTED TRANSACTION:

Loan Purpose: Purchase Rate/Term Refinance Cash-Out Refinance

If a Refinance, does the borrower own the property free and clear? Yes No **If No, amount owed: \$ _____

Desired Fixed Period: 3-Year 5-Year Amortization: 30 – Year (15 and 20 year options are available upon request)

Requested Loan Amount: \$ _____ Estimated Prop. Value/Price: \$ _____ LTV %: _____

Desired Rate %: _____

ADDITIONAL DOCUMENTS ATTACHED:

Borrower Data: 1003/PFS Credit Report

Transactional Forms: Purchase Agreement

Property Data: Rent Roll/ Leases Operating Statements Color Photos

Comments: _____

PERSONAL INFORMATION					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer	Title/Position	Business Phone No.	No. of Years with Employer	Title/Position
Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs			Name of previous employer & position (if with current employer less than 3 yrs.) No. of Yrs.		
Home Address					
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Name, Phone No. of your Accountant			Name, Phone No. of your Account		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney		
Name Phone No. of your Investment Advisor/Broker			Name Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor			Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended _____ (Omit cents)

ANNUAL INCOME	AMOUNT (\$)	ANNUAL INCOME	AMOUNT (\$)
Salary (applicant)		Federal Income and Other Taxes	
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (Applicant)		Rental Payments, Co-op, or Condo Maintenance	
Bonuses & Commissions (co-applicant)		Mortgage Payments	Residential Investment
Rental Income		Property Taxes	Residential Investment
Interest Income		Interest & Principal Payments on Loans	
Dividend Income		Insurance	
Capital Gains		Investments (including tax shelters)	
Partnership Income		Alimony/Child Support	
Other Investment Income		Tuition	
Other Income (List)**		Other Living Expenses	
		Medical Expenses	
		Other Expenses (List)	
TOTAL INCOME ▶	\$	TOTAL EXPEDITURES ▶	\$

Any significant changes expect in the next 12 months? Yes No (If yes, attach information).

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of _____

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash in this Bank (including money market accounts, CDs)		Notes Payable to this Bank	
		Secured	
Cash in Other Financial Institutions (List) (including money market accounts, CDs)		Unsecured	
		Notes Payable to Others (Schedule E)	
		Secured	
		Unsecured	
		Accounts Payable (including credit cards)	
		Margin Accounts	
Readily Marketable Securities (Schedule A)		Notes Due: Partnership (Schedule D)	
Non-Readily Marketable Securities (Schedule A)		Taxes Payable	
Accounts and Notes Receivable		Mortgage Debt (Schedule C)	
Net Cash Surrender Value of Life Insurance (Schedule B)		Life Insurance Loans (Schedule B)	
Residential Real Estate (Schedule C)		Other Liabilities (List):	
Real Estate Investments (Schedule C)			
Partnerships / PC Interests (Schedule D)			
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accts.			
Deferred Income (number of years deferred _____)			
Personal Property (Including automobiles)			
Other Assets (List):			
		Total Liabilities	
		Net Worth	
	\$		\$

<i>CONTINGENT LIABILITIES</i>	<i>YES</i>	<i>NO</i>	<i>AMOUNT</i>
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Are you contingently liable on any lease or contract?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	
What would be your total estimated tax liability if you were to sell your major assets?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes for any the above, give details:	<input type="checkbox"/>	<input type="checkbox"/>	

Schedule A – All Securities (including non-money market mutual funds)							
No. of Shares (Stock) or Face Value (Bonds)	DESCRIPTION	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGGED	
						YES	NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)*							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
Non-Readily Marketable Securities (closely held, thinly traded, or restricted stock)							
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

* If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B Life Insurance (use additional sheet if necessary)						
Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership %

Disability Insurance	Applicant	Co-Applicant
Monthly Distribution if Disabled		
Number of Years Covered		

Schedule C – Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)									
Personal Residence Property Address	Legal Owners	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						
Investment Property Address	Legal Owners	Purchase		Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
		Year	Price						

Schedule D – Partnership (less the majority ownership for real estate partnerships)*						
Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships: Notes, Cash Call	Final Contribution Date
Business/Professional (indicate name):						
Investments (including Tax Shelters):						

* **Note:** For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investment or S-corporations, schedule K-1s.

Schedule E – Notes Payable								
Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				

Please Answer The Following Question:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? Yes No
If yes, what year(s)? _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No
If yes, please provide details: _____
3. Have you drawn a will Yes No
If yes, please furnish the name of the executor(s) and year will was drawn: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? Yes NO
6. Did you include two years federal and state tax returns? Yes NO
7. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes NO
If so, please indicate where, how much, and name of banker: _____

8. Do you anticipate any substantial inheritances? Yes No
If yes, please explain: _____

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

Date

Your Signature

Date

Co-Applicant's Signature (if you are requesting
the financial accommodation jointly)

COMMERCIAL MORTGAGE DEPOT

1000 Clifton Ave., Suite 104
 CLIFTON, NEW JERSEY 07013
 Phone: (973) 742-1111 Fax: (973) 742-8899
 Email: info@cmdnj.net

INCOME AND EXPENSE STATEMENT			
Full Property Address:			
<u>Income</u>	Last Year(<i>actual</i>)20__	<u>Income</u>	Current Year (<i>projected</i>)
Apartment Income	\$	Apartment Income	\$
Retail Income	\$	Retail Income	\$
Office Income	\$	Office Income	\$
Other Income_____	\$	Other Income_____	\$
Other Income_____	\$	Other Income_____	\$
TOTAL INCOME (A)	\$	TOTAL INCOME (A)	\$
<u>Expenses</u>	Last Year (<i>actual</i>)20__	<u>Expenses</u>	Current Year (<i>projected</i>)
Real Estate Taxes	\$	Real Estate Taxes	\$
Water & Sewer	\$	Water & Sewer	\$
Property Insurance	\$	Property Insurance	\$
Fuel (Oil/Gas)	\$	Fuel (Oil/Gas)	\$
Electricity	\$	Electricity	\$
Payroll	\$	Payroll	\$
Repairs & Maintenance	\$	Repairs & Maintenance	\$
Elevator Maintenance	\$	Elevator Maintenance	\$
Common Area Maint.	\$	Common Area Maint.	\$
Management	\$	Management	\$
Replacement Reserves	\$	Replacement reserves	\$
Supplies	\$	Supplies	\$
Legal Fees	\$	Legal Fees	\$
Accounting Fees	\$	Accounting Fees	\$
Other_____	\$	Other_____	\$
TOTAL EXPENSES (B)	\$	TOTAL EXPENSES (B)	\$
<u>NET OPERATING INCOME (A minus B)</u>	\$	<u>NET OPERATING INCOME (A minus B)</u>	\$

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND CORRECT:

Borrower's Signature _____ Date _____

Co-Borrower's Signature _____ Date _____

Borrower:				SCHEDULE OF REAL ESTATE OWNED											
Proposed status changes in the near future (sale, exchange, rental composition, etc.) should be described in remarks section. If percentage of ownership in any property is less than 100%, indicate other owners and their % in remarks section.									CASH FLOW				Ownership Entity		
Property Address			Property Type	% of Owrshp	Acq. Date	Market Value	Mortgage	Date Loan Due	Name of	Loan Number	Monthly	Monthly	Taxes, Inc.	Net	
Status					Cost		Liens		Mortgage Lender		Rents	Mtg. Pmt	Maintenance	Rental Income	
			%	Date	\$	1st				\$	\$	\$	\$		
Owner Occupied				Cost		2nd									
Pending Sale															
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