

COMMERCIAL REAL ESTATE LOAN APPLICATION
Application to be completed in personal capacity

FULL NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

SS# _____ EMAIL _____

HM PH _____ WK PH _____ CELL PH _____

EMPLOYER _____ HIRE DATE _____

IF LESS THAN 2 YRS, PREVIOUS EMPLOYER _____

SELF-EMPLOYED (Y/N) _____ IF YES, HOW LONG _____

ANNUAL GROSS SALARY \$ _____ ANNUAL OTHER INCOME \$ _____

IN THE LAST 24 MONTHS, HAS YOUR MORTGAGE OR RENT BEEN PAID AS AGREED? (Y/N) _____

PERSONAL BANK ACCOUNT(S) AVERAGE 60-DAY BALANCE \$ _____

VALUE OF REAL ESTATE OWNED OTHER THAN HOMESTEAD \$ _____
(LIST AT END OF THIS APPLICATION)

AMOUNT OWED ON REAL ESTATE, OTHER THAN HOMESTEAD \$ _____
(LIST AT END OF THIS APPLICATION)

ENTITY IN WHICH LOAN WILL CLOSE (IF APPLICABLE) _____

SUBJECT PROPERTY:

ADDRESS _____

CITY, STATE, ZIP _____

LOAN AMOUNT REQUEST \$ _____ TYPE OF PROPERTY _____

IF REFINANCE:

ACQUISITION DATE _____ ACQUISITION PRICE \$ _____

AS-IS MARKET VALUE OF SUBJECT PROPERTY \$ _____

AMOUNT OWED ON SUBJECT PROPERTY INCLUDING 1ST MORTGAGE, OTHER MORTGAGES, TAXES, AND ANY
OTHER ENCUMBRANCES \$ _____

WHY ARE YOU REFINANCING? _____

IF PURCHASE:

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____

AMOUNT OF OTHER FINANCING (SELLER, 3RD PARTY) \$ _____

COMMENTS _____

REAL ESTATE OWNED	YR ACQUIRED	MKT VALUE	AMT OWED
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

BY SIGNING BELOW, I HEREBY DECLARE THAT ALL OF THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT AND ARE MADE FOR THE PURPOSE OF OBTAINING CREDIT. I HEREBY AUTHORIZE LENDER TO INVESTIGATE MY CREDIT RECORD AND TO VERIFY ALL INFORMATION SUBMITTED HEREIN.

 SIGNATURE

 DATE

TO BE COMPLETED BY BROKER:

BROKER NAME _____
COMPANY _____
PHONE _____
FAX _____
CELL PHONE _____
EMAIL _____