

BOGOTA SAVINGS BANK

COMMERCIAL REAL ESTATE OR MULTI FAMILY CREDIT APPLICATION

819 TEANECK ROAD, TEANECK, NJ 07666 (201) 862-0660

HOW TO APPLY

Complete this application, the condensed personal financial statement, environmental questionnaire, income & expense statement, rent roll certification and submit your last 3 years business and personal FEDERAL INCOME TAX returns.

YOUR LOAN REQUEST

| TYPE OF LOAN | NEW | INCREASE | AMOUNT REQUESTED | TERM | PURPOSE: What will funds be used for? |
|--|--------------------------|--------------------------|------------------|------|--|
| <input type="checkbox"/> LINE OF CREDIT | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input type="checkbox"/> TERM LOAN | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| <input type="checkbox"/> COMMERCIAL MORTGAGE | <input type="checkbox"/> | <input type="checkbox"/> | | | |

* All loans must be Real Estate secured and have personal guarantees.

Bogota Savings Bank requires monthly loan payments to be deducted from your Bogota Savings Bank checking account.

YOUR BUSINESS INFORMATION

| | | | | | |
|--|----------------------------|--------------|--|-----------------|-------------------|
| Legal Name of Business and DBA name | | | Tax ID # | | Years in Business |
| Business Street Address | | | Business Phone Number | | |
| Business City | State | Zip | Business Fax Number | | |
| Mailing Address | | | Business Email Address | | |
| City | State | Zip | Number of Employees | | |
| Business Contact Name & Title | | | | | |
| Structure of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit | | | | | |
| Business Annual Sales (most recent year end) | | | Business Net Income (most recent year end) | | |
| Type of Property | Square Footage | Lot Size | Number of Stories | Age of Building | Number of Units |
| Financial Details | | | | | |
| Purchase Price/Estimated Value \$ | | | Present Owner | | |
| Monthly Rent Income \$ | | | Other Income From Property \$ | | |
| Lease or Month to Month? | | | If Lease - gross or net? | | |
| Estimated or Actual Monthly Expenses: | | | | | |
| Real Estate Taxes \$ | Hazard Insurance \$ | Heat/Fuel \$ | Utilities \$ | Maintenance \$ | |
| Management \$ | Reserve for Replacement \$ | TOTAL | | | |
| Primary Bank | | | Is this replacing a loan at another bank? | | |
| Current Business Checking Balance | | | Do you have other business loans at other banks? If so, how much & where? | | |
| Does the business owe taxes for this year or prior year? <input type="checkbox"/> YES <input type="checkbox"/> NO, Explain | | | | | |
| Has the business ever declared bankruptcy? <input type="checkbox"/> YES <input type="checkbox"/> NO, Explain | | | | | |
| Are you or your business party to any claim or lawsuit? | | | | | |
| What does your business do? | | | | | |

INFORMATION REGARDING THE BUSINESS OWNERS/PRINCIPALS

| | | | | | |
|--|------------------------------|-------------|--|---|---------------------------|
| NAME & TITLE | | % Owner | Date of Birth | Social Security # | |
| Street | | | | Home Phone # (including area code) | |
| City | | State | Zip | Business Phone # (including area code) | |
| How long have you been owner/partner? | | % Ownership | | Cell Phone # (including area code) | |
| Email Address: | | | | | |
| Personal Cash & Securities \$ | Personal Annual Income \$ | | Real Estate Owned \$ | | Retirement Accounts \$ |
| Personal Loans \$ | Mortgage Debt \$ | | Monthly Housing Expense <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ | | |
| Have you ever declared bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain | | | | Are you a U.S. Citizen? If No, What type of Visa do you have? | |

| | | | | | |
|--|------------------------------|-------------|--|---|---------------------------|
| NAME & TITLE | | % Owner | Date of Birth | Social Security # | |
| Street | | | | Home Phone # (including area code) | |
| City | | State | Zip | Business Phone # (including area code) | |
| How long have you been owner/partner? | | % Ownership | | Cell Phone # (including area code) | |
| Email Address: | | | | | |
| Personal Cash & Securities \$ | Personal Annual Income \$ | | Real Estate Owned \$ | | Retirement Accounts \$ |
| Personal Loans \$ | Mortgage Debt \$ | | Monthly Housing Expense <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ | | |
| Have you ever declared bankruptcy? <input type="checkbox"/> NO <input type="checkbox"/> YES, Explain | | | | Are you a U.S. Citizen? If No, What type of Visa do you have? | |

Other information you think would be helpful in evaluating this loan request.

AUTHORIZATION AGREEMENT

The person(s) signing below for the credit application (Applicant) identified on page 1 of this credit application (the "application") certifies that he/she has full authority to act on behalf of Applicant and that all information in the Application is true and correct in all respects. Bank, its agents and assignees (i) are authorized to verify any information provided in connection with the application, (ii) may obtain credit reports, including consumer credit reports, in connection with the Application and also in the future in connection with periodic reviews, updates, renewals, extensions and collection activity for any credit granted to Applicant by Bank, and may use the Application and credit report information to consider Applicant for additional credit products Bank believes appropriate for Applicant, and (iii) at Applicant's request will tell Applicant whether a credit report was obtained and if so, the name and address of the which provided it. Applicant agrees that Bank may get credit information from or share it with its agents and assignees regarding the guarantor(s) or Applicant's owners in considering the Application. The Application will be Bank's property whether or not credit is granted.

I understand, acknowledge, and agree that the Lender and Other Loan Participants can obtain, use and share tax return information for purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The Lender includes the Lender's affiliates, agents, service providers and any of aforementioned parties' successors and assigns. The Other Loan Participants includes any actual or potential owners of a loan resulting from your loan application, or acquirers of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of aforementioned parties' successors and assigns.

Applicant agrees that Bank may rely on a facsimile of the Application and on any other signed documents received by Bank by facsimile transmission relating to the credit granted pursuant to the Application. Such facsimile or any copy of such facsimiles shall be binding on Applicant and shall for all purposes be considered original documents.

If the business is a corporation, partnership or limited liability company, all shareholders, partners or members must sign this credit request. If the business is a sole proprietorship, the owner must sign. If this is an application for joint credit, Borrower/Co-Borrower/Guarantor each agree that we intend to apply.

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

| | | |
|---------------------|------------------------------|------|
| Business Legal Name | Authorized Signature & Title | Date |
| Business Legal Name | Authorized Signature & Title | Date |

BOGOTA SAVINGS BANK

PERSONAL FINANCIAL STATEMENT

PERSONAL INFORMATION

| | | |
|---|------------------------|----------------|
| Name 1 | Social Security No. | Date of Birth |
| Name 2 | Social Security No. | Date of Birth |
| Address | | |
| City | State | Zip |
| Home Telephone No. | Business Telephone No. | Cell Phone No. |
| Email Address | Occupation/Title | |
| Business Name | | |
| Business Address | | |
| Partner of Officer in any other venture? If yes, explain: | | |
| Do you currently have a will? If yes, name of executor: | | |
| Have you ever been declared bankrupt? If yes, explain: | | |
| Personal Bank Account carried at? | | |

STATEMENT OF FINANCIAL CONDITION

Statement of financial condition as of the _____ date of _____, 20____. Please use the word "none" where no amount is to be entered.

| ASSETS | | LIABILITIES | |
|--|----|--|----|
| Cash | \$ | Loans payable to banks-secured | \$ |
| Marketable Securities | \$ | Loans payable to banks-unsecured | \$ |
| U.S. Government Securities | \$ | Loans payable to relatives | \$ |
| Retirement Accounts | \$ | Loans payable to others | \$ |
| Loans & Notes Receivable | \$ | Real Estate mortgages payable | \$ |
| Cash Surrender Value-Life Insurance | \$ | Unpaid Income Taxes payable | \$ |
| Real Estate Owned | \$ | Other liabilities (itemize): | \$ |
| Mortgage Owned | \$ | | \$ |
| Automobile and other Personal Property | \$ | | \$ |
| Other (Itemize): | \$ | | \$ |
| | \$ | Total Liabilities | \$ |
| | \$ | Net Worth | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES & NET WORTH | \$ |

| CONTINGENT LIABILITIES | | SOURCES OF INCOME | |
|---------------------------|----|---------------------|----|
| As Co-Signer or Guarantor | \$ | Salary | \$ |
| On leases or contracts | \$ | Bonuses/Commissions | \$ |
| Legal Claims | \$ | Dividends | \$ |
| Other special debt | \$ | Real Estate Income | \$ |
| TOTAL: | \$ | TOTAL: | \$ |

SCHEDULE OF MARKETABLE SECURITIES

| No. of Shares or face value of Securities | Description | In Name Of | Market Value |
|---|-------------|------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE OF REAL ESTATE OWNED

| Property Address | Date Acquired | Title in Name Of | Cost | Market Value | Mortgage Amount | Maturity |
|------------------|---------------|------------------|------|--------------|-----------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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LOANS PAYABLE TO BANKS AND OTHERS

| Creditor | Amount | Collateral | Maturity |
|----------|--------|------------|----------|
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE OF LIFE INSURANCE CARRIED

| Amount | Name of Company | Beneficiary | Cash Value | Loans |
|--------|-----------------|-------------|------------|-------|
| | | | | |
| | | | | |
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ATTORNEY INFORMATION

| | | |
|-----------------|---------------|-------|
| ATTORNEY'S NAME | TELEPHONE NO. | EMAIL |
|-----------------|---------------|-------|

ACCOUNTANT INFORMATION

| | | |
|-------------------|---------------|-------|
| ACCOUNTANT'S NAME | TELEPHONE NO. | EMAIL |
|-------------------|---------------|-------|

CHECK ONE: ☐ Completed jointly ☐ Not completed jointly

I understand that Bogota Savings Bank's credit approval is subject to verification and investigation. I authorize Bogota Savings Bank to obtain credit reports, including consumer credit reports, and release credit information about me, both in connection with this statement and in the future with respect to any updates, renewals, extensions and collection activity for any other credit request by or granted by the Bank.

This is a true and accurate statement of my financial condition. Should my financial condition change at any time while I am under obligation to the Bank, I will promptly notify the Bank in writing of this change.

Dated:

The _____ day of _____, 20____

Prepared by: _____

ENVIRONMENTAL DISCLOSURE FORM FOR BORROWERS AND LENDERS

| | | | | | |
|--|--|-------------------------|-------------------------|---|------|
| Date: | | E-mail Address: | | Bank Loan #: | |
| Lender Name: | | | Phone: | | Fax: |
| Address: | | | City: | State: | Zip: |
| Borrower Name: | | | | | |
| New Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Term to maturity: _____ | | Loan Amount: | |
| Renewal Loan: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Property Address: | | | | Loan To Value: | |
| City: | | State: | Zip: | Est. Closing Date: | |
| Cross Streets: | | | Source of Water Supply: | <input type="checkbox"/> Municipality <input type="checkbox"/> On-Site Well <input type="checkbox"/> Other (explain) | |
| Year of Construction: | | Square Footage: | | Wetlands On-Site? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1) a. Current Property Use: (Be specific *see below) | | | | | |
| b. Past Property Use: (Be specific *see below) | | | | | |
| c. Proposed Property Use: (Be specific *see below) | | | | | |

*Please be specific, e.g. gasoline stations, auto repair, commercial printer, dry cleaner, photo developer, laboratory...

| | |
|--|---|
| 2) Have any of the following operations ever been conducted on the property (check all that apply)? | |
| <input type="checkbox"/> dry cleaner <input type="checkbox"/> photo developer | <input type="checkbox"/> gas station/fueling facility <input type="checkbox"/> hazardous waste generator |
| <input type="checkbox"/> auto repair <input type="checkbox"/> waste treatment, storage, disposal | <input type="checkbox"/> landfill <input type="checkbox"/> manufacturing |
| 3) Are there currently any Above Ground Storage Tanks or Underground Storage Tanks located at the site? If yes, please specify: -the age, size, contents of each tank -is tank(s) in compliance with 1998 EPA standards -have the tank(s) been integrity tested, if yes, when and did tank pass | Yes/No/Unknown - Explain |
| 4) Have there ever been any Above Ground Storage Tanks or Underground Storage Tanks located at this site? If yes, please provide details, including closure documentation and/or No Further Action letter. | Yes/No/Unknown - Explain |
| 5) Have there been or are there currently, any occupants/tenants that generated, stored, or handled regulated substances on site? (If yes, provide details.) | Yes/No - Explain |
| 6) Does borrower have any knowledge of a past, threatened or pending lawsuit or administrative proceeding concerning a release of any regulated substance involving this property? (If yes, please explain) | Yes/No - Explain |
| 7) The undersigned has no knowledge of any environmental contamination condition with respect to the real property identified above, except for the following: (Write "none," if none. Attach info. If necessary.) | Yes/No - Explain |

The undersigned hereby declares that information provided in this form is true to the best of his or her knowledge and belief. The borrower is fully responsible for completion of any investigations required to protect his or her interests as well as the interests of the Lender.

Borrower's Name: _____ Date: _____

Loan Officer Name: _____ Date: _____

Appendix

Question #3 - Appendix A

Question: Are there currently any Above Ground Storage Tanks or Underground Storage Tanks located at the site? If yes, please specify:

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| Tank Number | | | | | | |
| What is the position of the tank? | UST | AST | UST | AST | UST | AST |
| What is the age of the tank? | | | | | | |
| What is the capacity in gallons? | | | | | | |
| What are the contents of the tank? | | | | | | |
| Have the tank(s) been integrity tested? | Yes | No | Yes | No | Yes | No |
| If yes, did the tank(s) pass? | Yes | No | Yes | No | Yes | No |
| Does the tank meet 1998 EPA standards? | | | | | | |

Question #4 - Appendix B

Question: Have there ever been any Above Ground Storage Tanks or Underground Storage Tanks located at this site?

If yes, please provide details, including closure documentation and/or No Further Action letter.

Question #5 - Appendix C

Question: Have there been or are there currently, any occupants/tenants that generated, stored, or handled regulated substances on site? If yes, provide details

Question #6 - Appendix D

Question: Does borrower have any knowledge of a past, threatened or pending lawsuit or administrative proceeding concerning a release of any regulated substance involving this property? If yes, provide details

Question #7 - Appendix E

Question: The undersigned has no knowledge of any environmental contamination condition with respect to the real property identified above, except for the following: If yes, explain



Small enough to know you, Strong enough to serve you well!

Member FDIC

Mortgage Department • 819 Teaneck Road, Teaneck, NJ 07666

(201) 862-0660 Fax (201) 862-0598

INCOME AND EXPENSE STATEMENT

FOR THE ____ MONTHS ENDED ____

Borrower: _____ Property Address: _____

Loan No.: _____ Property Type: _____

Monthly Rent: _____ x 12 = Gross Rental Income: _____

Plus Tenant Contributions or Other Income (Itemize on back): _____

Less Vacancy or Rent Loss: _____

Effective Gross Income: _____

Expenses (Including those reimbursed by tenants)

Fixed

Real Estate Taxes: _____

Insurance: _____

Variable

Heat: _____

Sanitation: _____

Utilities: _____

Repair &

Electric, Gas: _____

Maintenance: _____

Water: _____

Depreciation: _____

Sewer: _____

Management: _____

Super's Apartment: _____

Other: _____

Salaries: _____

1st Mortgage Payments:
(Principal & Interest) _____

Total Expenses: _____

2nd Mortgage Payments:
(Principal & Interest) _____

Other Debt Payments:
(Principal & Interest) _____

Net Operating Income: _____
(effective gross income less
Expenses and
mortgage/debt payments)

I certify this to be a true accounting of Income and Expenses for the period indicated above.

Signature: _____

Print Name: _____

Day Phone No.: _____



Member FDIC

Mortgage Department • 819 Teaneck Road, Teaneck, NJ 07666

(201) 862-0660 FAX: (201) 862-0598

RENT ROLL CERTIFICATION

Property Address: _____

Borrower: _____

| Tenant Name | Suite/Unit No. | BR or S/F | Lease Start | Lease End | Options | Monthly Rent | Annual Rent | Reimbursements | | |
|-------------|----------------|-----------|-------------|-----------|---------|--------------|-------------|----------------|-------|-----------|
| | | | | | | | | CAM | Taxes | Insurance |
| | | | | | | | | | | |
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| | | | | | Totals: | | | | | |

Rent Roll Certification

I/We certify that the rent roll(s) dated _____ for the property above is/are true and correct.

By: _____

Date: _____