

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.			
<i>If residing at present address for less than seven (7) years, complete the following:</i>							
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

Name and Address of Employer			Borrower			Name and Address of Employer			Co-Borrower		
Title/Position		Type of Business		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	Business Phone (incl. area code)		Years on this job	Yrs in Profession
<i>If employed in current position for less than two (2) years, complete the following:</i>											
Name and Address of Employer						Name and Address of Employer					
Title/Position		Type of Business		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)		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 Exluding 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 (Exlude Subject Property)		
Alimony/Child Support		
Other (List) _____		
TOTAL PERSONAL EXPENSES		

DECLARATIONS

Yes	No	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"/>
<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"/>		<input type="checkbox"/>	<input type="checkbox"/>
Borrower _____				
Co-Borrower _____				

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ASSETS AND LIABILITIES

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. If the Co-Borrower section was completed about a non-applicant spouse or other person, this Statement and supporting schedules must be completed by that spouse or other person also.

Completed ☐ Jointly ☐ Not Jointly

ASSETS		Liabilities and Pledged Assets. List the creditor's name, address and account number for all outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use continuation sheet, if necessary. Indicate by (*) those liabilities which will be satisfied upon sale of real estate owned or upon refinancing of the subject property.			
Description	Cash or Market Value				
Cash deposit toward purchase held by:	\$				
List checking and savings accounts below		LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance	
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					
		Acct. no.			
		Name and address of Company	\$ Payments/Months	\$	
Acct. no.	\$				
Name and address of Bank, S&L, or Credit Union		Acct. no.			
		Name and address of Company	\$ Payments/Months	\$	
Acct. no.	\$	Acct. no.			
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		Acct. no.			
Real Estate owned (enter market value from schedule of real estate owned)		Name and address of Company	\$ Payments/Months	\$	
Vested interest in retirement fund					
Net worth of business(es) owned (attach financial statement)		Acct. no.			
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	Insurance, Maintenance, Taxes & Misc.	Net Rental Income
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
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

Borrower

Co-Borrower

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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			
Property Address		County		
		# Units	Building Size	Lot Size
Construction Type (CTU, frame, block, etc.)	Zoning	% Occupied Now	Property Type (industrial, retail, office, mixed use, etc.)	
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? ☐ Yes ☐ No
(If no, please explain on a separate page)

Is there a prepayment penalty? ☐ Yes ☐ No

Year Aquired	Original Cost	Year Improved	Improvement Cost	Present Value			
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 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 Name (print or type)		Name and Address of Interviewer's Employer
	Interviewer's Signature Date		
	Interviewer's Phone Number (incl. area code)		