

**Commercial / Investment
Real Estate Information Form**

Borrower Name: _____ Social Security #: _____ DOB: _____

Home Address: _____ City: _____ St: _____ Zip: _____

County: _____ Own: Yes/No Married: Yes/No Past Bankruptcy /Foreclosure: *Yes / No

*If yes, please explain: _____

Cell Phone: _____ Office Phone: _____ Fax: _____

Email Address: _____

Co-Borrower Name: _____ Social Security #: _____ DOB: _____

Home Address: _____ City: _____ St: _____ Zip: _____

Years at Address: _____ Own: Yes/No Married: Yes/No Past Bankruptcy /Foreclosure: *Yes / No

*If yes, please explain: _____

Cell Phone: _____ Office Phone: _____ Fax: _____

Email Address: _____

Company name (Corp, LLC, LTD, etc) in which title IS/WILL be held: _____

Type of Loan: () Purchase Under Contract: Yes / No

 () Refinance Cash Out: Yes / No

Property Type: () 1-4 Unit Residential Inv () 4+ Unit Multi Family Investment

 () Commerical () Raw Land (Circle: Commercial / Residentail / Rural)

Description of Property: _____

****** NO HOMESTEAD / OWNER OCCUPIED 1-4 UNIT RESIDENTIAL LOANS******

****** All borrowers must show evidence of a separate SFR residence with a current homestead exemption******

Rate and Terms Quoted: _____

If Purchase :

Purchase Price: \$ _____

Down Payment Source:

Loan Amount: \$ _____

Cash Down: \$ _____

Loan to Value: _____

Seller Carry Subordinate Lien: \$ _____

Appraised Value: \$ _____

Additional Real Estate Collatral Value: \$ _____

Date of Appraisal: _____

(Additional collatoral should be owned free and clear)

If Refinance:

Appraised Value: \$ _____

Total Amount Owed \$ _____

Loan Amount: \$ _____

Loan Current: _____ Y__/_ N__

Loan to Value: _____

Taxes Current _____ Y__/_ N__

Date of Appraisal: _____

Original Purchase Price \$ _____

Purchase Date _____

Use of funds: _____

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Subject Property #1 Information

Address: _____ City: _____ St: _____ Zip: _____
 County: _____ Tax Value: \$ _____ Taxes Current: Yes / No Tax Amount Owed: \$ _____
 Current Zoning: _____ Number of Units: _____ Age of Building: _____ Square Feet: _____
 Number of Acres / Size of Lot: _____ Survey Available: Yes / No Date of Survey: _____
 Known Enviomental Concerns: _____

Subject Property #2 Information (if applicalble)

Address: _____ City: _____ St: _____ Zip: _____
 County: _____ Tax Value: \$ _____ Taxes Current: Yes / No Tax Amount Owed: \$ _____
 Current Zoning: _____ Number of Units: _____ Age of Building: _____ Square Feet: _____
 Number of Acres / Size of Lot: _____ Survey Available: Yes / No Date of Survey: _____
 Known Enviomental Concerns: _____

Subject Property #3 Information (if applicalble)

Address: _____ City: _____ St: _____ Zip: _____
 County: _____ Tax Value: \$ _____ Taxes Current: Yes / No Tax Amount Owed: \$ _____
 Current Zoning: _____ Number of Units: _____ Age of Building: _____ Square Feet: _____
 Number of Acres / Size of Lot: _____ Survey Available: Yes / No Date of Survey: _____
 Known Enviomental Concerns: _____

Schedule of All Real Estate Owned

(Prop Types: PR = primary residence; I = investment property; C = commercial property; R = raw land)

Property Address	Property Type	Date Aquired	Purchase Price	Market Value	Total Mort & Liens
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Totals				\$	\$

Summerize Income, reserves and ability to service debt: _____

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AUTHORIZATION TO OBTAIN CREDIT INFORMATION
AND VERIFICATION OF ALL INFORMATION PROVIDED ABOVE

I/we represent and warrant that the information provided in this credit application / Real Estate Information Form is complete, accurate and true. Each individual signing below also requests and authorizes any lenders or funding source which may be utilized (collectively referred to as "Lenders") to obtain information from the references listed above and obtain commercial and/or consumer credit histories that will be ongoing and relate not only to the evaluation of the business credit requested, but also for the purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed.

A FACSIMILE, ELECTRONIC OR OTHER COPY OF THIS SIGNED AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

X _____
Applicants Signature

X _____ _____
Applicants Printed Name Date

X _____
Applicants Signature

X _____ _____
Applicants Printed Name Date