

Borrower	_____
Application Date	_____
Originator	_____

Commercial Mortgage Application
 Property Type: **INDUSTRIAL**

Loan Information

Loan Name/Description _____

Recourse Preference Recourse Non-Recourse Negotiable

Loan Purpose Purchase Refinance Construction

If Purchase, Purch Price \$ _____ Closing Date _____

If Refinance, Loan Balance \$ _____ Interest Rate _____% Type: Fixed___ Variable___

Cost of Recent Improvements \$ _____ Improvements Documented? Yes___ No___ Unknown___

If Constr, Constr Cost+Land \$ _____ Completion Date _____

Borrower Information

Borrower Name _____

Borrower Type Individual Corp LLC Trust Ltd or Gen Ptnrshp Other_____

Primary Contact _____ Contact Email _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____

Net Worth \$ _____ FICO Score _____ Bankruptcy? Yes___ No___

Property Information

Property Name _____ No. of Bldgs _____

Land Area _____ Freight Elevators___ Passenger Elevators___

Last Appraised Value \$ _____ Last Sale Price \$ _____

Last Appraisal Date _____ Date of Last Sale _____

Property Attributes Owner-occupied___ Hwy Access within 3 miles?___ Hwy Visibility___ Truck Turnaround___

No of Loading Docks___ Dock Height___ At Grade___ Both___ Don't Know___

Surrounding Land Use Light Industrial___ Heavy Industrial___ Industrial Park___ Office___ Residential___ Other_____

Building Information

Building Address _____ City _____ State _____ Zip _____

Number of Stories___ Year Built___ Year Renovated___ Overall Appearance: Avg___ Above___ Below___

No of Covered Parking Spaces___ Uncovered___ Sprinklered___% HVAC___% Butler-type Building? Yes___ No___

High Clear Ceiling Height _____ Feet Low Clear Ceiling Height (under beam) _____ Feet

Est. Market Vacancy % _____% Gross Building Area _____SF Net Rental Area _____SF

Rent Roll

Building Name _____ Rent Roll Date _____

No.	Tenant Name	Suite #	Tenant Type	Leased Area	Annual Rent	Lease Start	Lease Expire	Occupied Since	Options/Term	Borrower Affiliated	Reimbursements:			
											CAM/Util	Taxes	Insur	Mgmt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														

Income & Expenses

Building Name _____

Item	3rd Preceding Year	2nd Preceding Year	Preceding Year	YTD No of Months____	Trailing 12 Months	Notes
Base Rent						
Expense Reimbursements						
Percentage Rent						
Parking Income						
Other Income						
Vacancy & Coll. Loss						
Effective Gross Income						
Real Estate Taxes						
Property Insurance						
Utilities						
Repairs and Maintenance						
Janitorial						
Management Fees						
Payroll and Benefits						
Advertising and Marketing						
Professional Fees						
General and Administrative						
Other Expenses						
Ground Rent						
Total Operating Expenses						
Net Operating Income						
Leasing Commissions						
Tenant Improvements						
Cap Ex. (Repl. Reserves)						
Extraordinary Capital Exp.						
Total Capital Items						
Net Cash Flow						