

Additional Collateral #1

Address (street, city, state, zip)			
Type of Property - Check all that apply. Mixed use assumes residential mix. <input type="checkbox"/> Warehouse <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Include Description)	<input type="checkbox"/> Multifamily <input type="checkbox"/> Self Storage <input type="checkbox"/> Mixed Use <input type="checkbox"/> Restaurant <input type="checkbox"/> Auto Repair	<input type="checkbox"/> Office <input type="checkbox"/> Industria <input type="checkbox"/> Retail <input type="checkbox"/> Hotel	Number of Units Owner Occupancy % Description of Property
	Square feet (gross) Vacancy %		County Title will be <input type="checkbox"/> Fee Simple <input type="checkbox"/> Lease hold

Additional Collateral #2

Address (street, city, state, zip)			
Type of Property - Check all that apply. Mixed use assumes residential mix. <input type="checkbox"/> Warehouse <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Include Description)	<input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Restaurant <input type="checkbox"/> Auto Repair	<input type="checkbox"/> Office <input type="checkbox"/> Industria <input type="checkbox"/> Retail <input type="checkbox"/> Hotel	Number of Units Owner Occupancy % Description of Property
	Square feet (gross) Vacancy %		County Title will be <input type="checkbox"/> Fee Simple <input type="checkbox"/> Lease hold

Additional Collateral #3

Address (street, city, state, zip)			
Type of Property - Check all that apply. Mixed use assumes residential mix. <input type="checkbox"/> Warehouse <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Include Description)	<input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Restaurant <input type="checkbox"/> Auto Repair	<input type="checkbox"/> Office <input type="checkbox"/> Industria <input type="checkbox"/> Retail <input type="checkbox"/> Hotel	Number of Units Owner Occupancy % Description of Property
	Square feet (gross) Vacancy %		County Title will be <input type="checkbox"/> Fee Simple <input type="checkbox"/> Lease hold

Additional Collateral #4

Address (street, city, state, zip)			
Type of Property - Check all that apply. Mixed use assumes residential mix. <input type="checkbox"/> Warehouse <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Include Description)	<input type="checkbox"/> Multifamily <input type="checkbox"/> Industrial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Restaurant <input type="checkbox"/> Auto Repair	<input type="checkbox"/> Office <input type="checkbox"/> Industria <input type="checkbox"/> Retail <input type="checkbox"/> Hotel	Number of Units Owner Occupancy % Description of Property
	Square feet (gross) Vacancy %		County Title will be <input type="checkbox"/> Fee Simple <input type="checkbox"/> Lease hold

Property Declarations

If you answer "yes" to any of the questions, provide an explanation

a. Is there any litigation involving any of the properties to be used as collateral for the loan? If "Yes", attach explanation Yes No

b. Do any tenants have options to purchase any of the properties? Yes No

Acknowledgement and Agreement

Borrower's Signature #1 X	Date	Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Lender, it agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made in the application. If signing on behalf of an entity and not as an individual, I/we certify that I/we have the authoritative capacity to sign on behalf of the Borrower(s).
Name:		
Title:		
Borrower's Signature #2 X	Date	
Name:		
Title:		

To be Completed by Interviewer

This application was taken by: <input type="checkbox"/> face-to-face interview <input type="checkbox"/>	Interviewer's Name Interviewer's Signature	Name and address of interviewer's employer
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