

COMMERCIAL MORTGAGE CAPITAL GROUP

COMMERCIAL MORTGAGE APPLICATION

Mortgage applied for:					
Amount:	Spread over T-Note:	Term:	Amortization:	Points:	Low-Doc:
\$	bps	yrs	yrs	points	Y N

Purpose of mortgage:					
<input type="checkbox"/> PURCHASE SUBJECT PROPERTY			Source of equity funds (cash and other - explain)		
Sales Price:	Cash down payment:				
\$	\$				
Secondary Financing:	Interest Rate:	Payment:	Maturity Date:	Payable to:	
\$	%	\$			

<input type="checkbox"/> REFINANCE SUBJECT PROPERTY			Describe significant improvements made. (last 12 mos.)		
Date Acquired:	Purchase Price:				
	\$		Cost \$ _____		

Funds to be used to pay:					
First lien balance:	Maturity Date:	Payable to:	(name & address)	Account No.	
\$					
Second lien balance:		Payable to:	(name & address)	Account No.	
\$					

Remaining Funds to be used to:

Subject Property(ies):					
Street address:		City:	State:	County:	Zip:
No. of buildings:	No. of parking spaces:	No. of Apartments:	No. of Comm:	Year built:	No. of Stories
Street address:		City:	State:	County:	Zip:
No. of buildings:	No. of parking spaces:	No. of Apartments:	No. of Comm:	Year built:	No. of stories:
Street address:		City:	State:	County:	Zip:
No. of buildings:	No. of parking spaces:	No. of Apartments:	No. of Comm:	Year built:	No. of stories:
Street address:		City:	State:	County:	Zip:
No. of buildings:	No. of parking spaces:	No. of Apartments:	No. of Comm:	Year built:	No. of Stories
Name of current resident manager or super:			Telephone No.:		
			()		

If purchased, management will be by: (individual or firm's name & address)

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INCOME & EXPENSE STATEMENT

(We can accept a *signed* owner's printout in substitution for this form.)

Property Address:

	<u>Last Actual</u>		<u>Current Year Projected</u>
<u>INCOME:</u>		<u>INCOME:</u>	
Apartment Income:	_____	Apartment Income:	_____
Retail Income:	_____	Retail Income:	_____
Office Income:	_____	Office Income:	_____
Other Income: _____	_____	Other Income: _____	_____
 Total Income:	 _____	 Total Income:	 _____
 <u>EXPENSES:</u>		 <u>EXPENSES:</u>	
Real Estate Taxes:	_____	Real Estate Taxes:	_____
Water & Sewer:	_____	Water & Sewer:	_____
Property Insurance:	_____	Property Insurance:	_____
Fuel (Oil/Gas):	_____	Fuel (Oil/Gas):	_____
Electric:	_____	Electric:	_____
Payroll:	_____	Payroll:	_____
Repairs & Maintenance:	_____	Repairs & Maintenance:	_____
Elevator Maintenance:	_____	Elevator Maintenance:	_____
Common Area Maintenance:	_____	Common Area Maintenance:	_____
Management:	_____	Management:	_____
Replacement Reserves:	_____	Replacement Reserves:	_____
Supplies:	_____	Supplies:	_____
Other: _____	_____	Other: _____	_____
Other: _____	_____	Other: _____	_____
Other: _____	_____	Other: _____	_____
 Total Expenses:	 _____	 Total Expenses:	 _____
 NET OPERATING INCOME:	 =====	 NET OPERATING INCOME:	 =====

I HEREBY CERTIFY THE ABOVE TO BE TRUE AND CORRECT.

SIGN HERE: _____

PRINT NAME: _____