

Property

Subject Property Address		City	State	Zip
Property Type:	<input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Mixed Use <input type="checkbox"/> Automobile Dealerships <input type="checkbox"/> Restaurant <input type="checkbox"/> Funeral Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Day Care <input type="checkbox"/> School <input type="checkbox"/> Tire & Brake Center <input type="checkbox"/> Other (please specify): _____			
Estimated Property Value \$	<input type="checkbox"/> Broker Estimate <input type="checkbox"/> Borrower Estimate <input type="checkbox"/> Appraisal <input type="checkbox"/> Sales Price			
Owner Occupied		<input type="checkbox"/> Investor	<input type="checkbox"/> Partial Owner Occupancy _____%	Total # of Units _____
Bldg. Sq. Ft. _____	# of Buildings _____	# of Units Occupied _____	Year Built: _____	

Transaction

<u>Purchase</u>		<u>Refinance</u>	
Escrow Closing Date:		Original Purchase Date:	
Purchase Price:	\$	Original Purchase Price:	\$
Down Payment:	\$	1 st Mortgage:	\$
Seller Financing:	\$	2 nd Mortgage:	\$
Terms of Seller Financing, if applicable:		Other: (tax liens etc.)	\$
		Cash Out:	\$