

Please complete and return to your Regional Sales Manager. If you don't have one, please send to info@ecfnw.com and you will be assigned one.

BROKER INFORMATION

Name _____
 Company _____
 Phone _____
 Email _____

COMMERCIAL REAL ESTATE (Indicate):
CM 100 CM 110 CM 120

___ **Current Rent Roll** – (Yours or use the attached form)
 ___ **Property Operating Statements** – Last two years and YTD (Yours or use the attached form)
 ___ **Owner Occupied Properties** – Last two years tax returns and YTD P&L for operating business
 ___ **Purchase Contract** – (If the loan is for the purchase of property)

INVESTMENT 1-4 UNIT RENTAL PROPERTY (Indicate):
CM 300 CM 310 CM 320

___ **Current Lease** – (If occupied)
 ___ **Income** – Last two years tax returns and YTD P&L for CM 300 program only
 ___ **Property Operating Statements** – Last two years and YTD (Yours or use the attached form)
 ___ **Purchase Contract** – (If the loan is for the purchase of property)
 ___ **FNMA 1003 Form** – (If complete and available, send a 1003 or complete 1-4 Unit Borrower Application.)
 Borrower must **OWN** and **OCCUPY** a separate residence of greater value than subject property and have owned investment real estate for at least one year.

BORROWER INFORMATION

If entity or company own the Property, list here.	Personal Residence City/State	Own?	Liquidity	Net Worth	Credit Score
_____	_____	_____	_____	_____	_____
List owners of either entity/company or Property	Ownership %	Personal Residence City/State	Liquidity	Net Worth	Credit Score
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Yes Have any Borrowers or Guarantors:

Had a property foreclosed in last 3 years?
 Filed for bankruptcy in last 5 years?
 Failed to file Federal tax returns for last 3 years?

Yes

Are any Borrowers or Guarantors foreign nationals?
 Any Borrower or Guarantor missed mortgage payments in last 12 months?
 Are there back real estate taxes owed on subject property?

IF "YES" TO ANY QUESTION ABOVE, PLEASE EXPLAIN. ANY UNIQUE ASPECTS OF THE DEAL?
SUBJECT PROPERTY INFORMATION

Address _____	Property Type	1-4 Unit Residential Rental
City _____ State _____ Zip _____	Multifamily	Retail Mixed-Use
Building SF _____ # of Units _____ Occupancy _____%	Industrial	Office Self-Storage
Does the owner occupy any portion of the property? No Yes _____	O/O SF	Mobile Home Park Other _____
Does the property have:	Underground or above ground storage tanks	Automotive repair uses
	Hazardous material handling / licensing	On-site dry cleaner plant
		Ongoing environmental remediation
		A prior Phase 1 report available

LOAN INFORMATION

Type in Loan Amount, Desired Rate, Gross Income and Expense to generate payment and DCR
 Loan Amount Requested _____
 Desired Rate _____ Amort. _____ (mos.) YSP% _____
 Current Estimated Value _____
 Monthly Pmt _____ Annual Pmt _____
 Annual Gross Income _____
 Annual Operating Expense _____
 Net Operating Income _____
 LTV _____ **DSCR** _____ CAP Rate _____

Purchase

Current Sales Price _____
 Target Closing Date _____
 1031 Exchange Yes

Refinance – Rate and Term or **Refinance – Cash Out**
 Current Loan Balance _____ Current Rate _____
 Loan Maturity Date _____ Pre-Pay? Yes No
 Current Lender _____
 Acquisition Price _____ Mo/Yr Acquired _____

COMMENTS - PERTINENT INFORMATION ABOUT THE DEAL

For Cash Out, please state what the funds will be used for:
 Estimated cash-out available _____

 Estimated cash-out before closing costs and impounds _____



PROPERTY OPERATING STATEMENT

PROPERTY ADDRESS	CITY	STATE	ZIP CODE

ANNUAL INCOME	2ND YEAR PRIOR	PRIOR YEAR	CURRENT YEAR	MOS.
Rental Income Collected				
Total Income Collected				

ANNUAL EXPENSES	2ND YEAR PRIOR	PRIOR YEAR	CURRENT YEAR	MOS.
<i>Do not include one time capital expense items</i>				
Real Estate Taxes				
Insurance				
UTILITIES				
Gas				
Electricity				
Water/Sewer				
Trash				
MAINTENANCE				
Pest Control				
Gardener				
Pool Service				
Elevator				
Cleaning Service				
Building Rep. & Maint.				
Painting & Decorating				
Supplies				
ADMINISTRATION				
Administrative				
Advertising				
Telephone				
MISCELLANEOUS				
Resident Manager				
Security				
Off-Site Management				
Other				
TOTAL EXPENSES				
NET OPERATING INCOME				

COMMENTS OR EXPLANATIONS

SCHEDULE OF REAL ESTATE OWNED

Borrower:									Date:				
Proposed status changes in the near future (sale, exchange, rental composition, etc.) should be described in remarks section. If percentage of ownership in any property is less than 100% indicate other owners and their % in remarks section.									CASH FLOW				Ownership Entity
Property Address Status	Property Type	% of Owrshp	Acq. Date Cost	Market Value	Mortgage Liens	Date Loan Due	Name of Mortgage Lender	Loan Number	Monthly Rents	Monthly Mtg.Pmt.	Taxes, Ins., Maintenance	Net Rental Income	
			Date		1st								
Owner Occ	Rental	# of Units	Cost		2nd								
Pending Sale	Sold												
			Date		1st								
Owner Occ	Rental	# of Units	Cost		2nd								
Pending Sale	Sold												
			Date		1st								
Owner Occ	Rental	# of Units	Cost		2nd								
Pending Sale	Sold												
			Date		1st								
Owner Occ	Rental	# of Units	Cost		2nd								
Pending Sale	Sold												
			Date		1st								
Owner Occ	Rental	# of Units	Cost		2nd								
Pending Sale	Sold												
			Date		1st								
Owner Occ	Rental	# of Units	Cost		2nd								
Pending Sale	Sold												
Totals					Totals								



EXPRESS CAPITAL FINANCING

AUTHORIZATION FOR RELEASE OF PERSONAL BACKGROUND INFORMATION

I, the undersigned _____ authorize Express Capital Financing and/or any and all financial institutions, credit bureaus, credit processing companies or other credit assembling entities to charge my credit card below for the amount _____ to provide documentation of my current credit status, and/or a credit report, needed in connection with an application to:

Property Address: _____

PrintName: _____

Social Security# _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP (required): _____

Account Type:	_____	_____	_____
	Visa	Mastercard	Discover
Cardholder Name:	_____		
Card Number:	_____		
Expiration Date:	_____	CWV: _____	Zip Code: _____

Signature: _____

Date: _____