

Complete all applicable information and send to Michael Pagan via e-mail.

E-mail: mp@firstcreditcommerce.com

APPLICANT / TRANSACTION INFORMATION

Applicant(s) Name: _____

Applicant Credit Score: _____ Past Foreclosure / Bankruptcies: YES ☐ NO ☐

Loan Amount Requested: \$ _____ Term: 3 ☐ 5 ☐ Amortization: 10 ☐ 15 ☐ 20 ☐ 25 ☐ 30 ☐

Loan Purpose: Purchase ☐ Rate/Term Refi ☐ Cash-Out Refi ☐ Small Business Administration (SBA) ☐

For SBA Loans, please check transaction type: Acquisition ☐ Expansion/Working Capital ☐ Refinance ☐

If Purchase, Purchase Price: \$ _____ Source of Down Payment: _____

Is there an executed **contract of sale**: YES ☐ NO ☐ Is property in foreclosure: YES ☐ NO ☐

If Refinance, Name of Lien Holder: _____

Current Interest Rate: _____ % Outstanding Balance: \$ _____ Property Value: \$ _____

Date property was **last transferred**: _____ Name of Seller: _____ Sold For: \$ _____

PROPERTY INFORMATION

Subject Property Address: _____

Property Type Per Certificate of Occupancy (C of O): _____

Owner Occupied: APARTMENT ☐ COMMERCIAL / RETAIL ☐ New Construction: YES ☐ NO ☐

Building Size: _____ Lot Size: _____ Number of Stories: _____

of Residential Apts: _____ # Vacant Apts: _____ # of Commercial/Retail Units: _____ # Vacant Comm/Retail Units: _____

Dry Cleaning: YES ☐ NO ☐ Auto Repair/Gas Station: YES ☐ NO ☐ Industrial/Factory: YES ☐ NO ☐

INCOME INFORMATION**RESIDENTIAL**

Please list all current **RESIDENTIAL** tenants, for vacant and owner occupied units list maximum legal monthly rent:

Tenant Name or Vacant / Unit #	# of Rooms	Total Sq. Ft.	Lease Exp. Date and/or Vacant	Monthly Rent
			Total Residential Monthly:	\$
			Total Residential Yearly: (Total Residential Monthly x 12)	\$

COMMERCIAL

Please list all current **COMMERCIAL** tenants, for vacant and owner occupied units list market monthly rent:

Unit Number	Type	Total Sq. Ft.	Inception Date	Lease Exp. Date and/or Vacant	Monthly Rent
				Total Commercial Monthly:	\$
				Total Commercial Yearly: (Total Commercial Monthly x 12)	\$

Are all the units above conforming to the legal C of O?

YES ☐ NO ☐

Total Gross Yearly Income:
(Residential + Commercial) \$

Less Vacancy Factor:
(5% Residential / 10% Commercial) (\$)

Effective Gross Income Yearly: \$

EXPENSES

Please list your **YEARLY (\$)** building expenses:

Real Estate Taxes	\$	Water/Sewer	\$
Insurance	\$	Electricity/Gas	\$
Fuel	\$	Management Cost	\$
Repairs/Maintenance	\$	Reserve	\$

Gross Income Yearly
(Copy from Above) \$

Total Expenses Yearly
(Add All Expenses) \$

Net Income Yearly
(Gross Income - Total Expenses) \$

INTERNAL USE ONLY (EFC QUOTE)		EFC Manager:	
Amount	\$	Rate	Term
Points		Amortization	Guaranty
DATE		DECLINE	INITIAL