



COMMERCIAL LOAN SET-UP FORM

Complete all applicable information and send to Richard Campbell, EFC Production Manager via fax or e-mail.

Fax: (212) 850-3271 E-mail: CampbellR@EmigrantMortgage.com

APPLICANT / TRANSACTION INFORMATION

Applicant(s) Name: _____

Applicant(s) Contact Information: Phone: _____ E-mail: _____ Fax: _____

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

Loan Amount Requested: \$ _____ Term: 3 5 7 10 15 Amort: 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 Warehouse/Industrial: 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	_____
Points	_____	Amortization	_____
DATE	_____	DECLINE	_____
		Term	_____
		Guaranty	_____
		INITIAL	_____