

PERSONAL INFORMATION

BORROWER NAME:	CO-BORROWER NAME:
BORROWER EMAIL:	CO-BORROWER EMAIL:
BORROWER WILL BE: <input type="checkbox"/> INDIVIDUAL(S) <input type="checkbox"/> CORPORATION (C CORP.) <input type="checkbox"/> LLC <input type="checkbox"/> LP/LLP <input type="checkbox"/> S CORP. <input type="checkbox"/> OTHER:	
NAME OF BORROWING ENTITY (NAME(S) IN WHICH THE TITLE WILL BE HELD):	

SUBJECT PROPERTY INFORMATION

ADDRESS:	CITY:	STATE:	ZIP:				
PROPERTY CONTACT NAME:	PROPERTY CONTACT PHONE:						
SELECT PROPERTY TYPE: <table style="width:100%;"> <tr> <td style="width:20%; vertical-align: top;"> TIER I: <input type="checkbox"/> MULTIFAMILY <input type="checkbox"/> MIXED USE (>50% RESIDENTIAL) </td> <td style="width:20%; vertical-align: top;"> TIER II: <input type="checkbox"/> MIXED USE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WAREHOUSE TIER III: <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> ROOMING HOUSE <input type="checkbox"/> FUNERAL HOME <input type="checkbox"/> FLAGGED HOSPITALITY </td> <td style="width:20%; vertical-align: top;"> <input type="checkbox"/> AUTOMOTIVE <input type="checkbox"/> LIGHT INDUSTRIAL <input type="checkbox"/> MOBILE HOME PARK <input type="checkbox"/> SELF STORAGE <input type="checkbox"/> BED & BREAKFAST TIER IV: <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> UNFLAGGED HOSPITALITY <input type="checkbox"/> DAY CARE <input type="checkbox"/> SPECIAL PURPOSE <input type="checkbox"/> RV PARK <input type="checkbox"/> RESTAURANT <input type="checkbox"/> <input type="checkbox"/> GAS STATION </td> <td style="width:40%; vertical-align: top;"> OWNER OCCUPIED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, OWNER OCCUPANCY %: _____ YEARS OF INVESTOR EXPERIENCE: _____ NUMBER OF BUILDINGS: _____ NUMBER OF UNITS: _____ NUMBER OF UNITS OCCUPIED: _____ BUILDING SQ. FOOTAGE: _____ LAND SQ. FOOTAGE: _____ SUBJECT PROPERTY CASH FLOW: ACTUAL RENTS IN PLACE (ANNUALIZED): \$ _____ LESS ACTUAL EXPENSES* (ANNUALIZED): \$ _____ EQUALS NET OP. INCOME (ANNUALIZED): \$ _____ GROSS ANNUAL RENT OF LARGEST TENANT: \$ _____ (*PLEASE DO NOT INCLUDE MORTGAGE PAYMENT IN YOUR EXPENSE NUMBER) </td> </tr> </table>				TIER I: <input type="checkbox"/> MULTIFAMILY <input type="checkbox"/> MIXED USE (>50% RESIDENTIAL)	TIER II: <input type="checkbox"/> MIXED USE <input type="checkbox"/> OFFICE <input type="checkbox"/> RETAIL <input type="checkbox"/> WAREHOUSE TIER III: <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> ROOMING HOUSE <input type="checkbox"/> FUNERAL HOME <input type="checkbox"/> FLAGGED HOSPITALITY	<input type="checkbox"/> AUTOMOTIVE <input type="checkbox"/> LIGHT INDUSTRIAL <input type="checkbox"/> MOBILE HOME PARK <input type="checkbox"/> SELF STORAGE <input type="checkbox"/> BED & BREAKFAST TIER IV: <input type="checkbox"/> HEALTH CARE <input type="checkbox"/> UNFLAGGED HOSPITALITY <input type="checkbox"/> DAY CARE <input type="checkbox"/> SPECIAL PURPOSE <input type="checkbox"/> RV PARK <input type="checkbox"/> RESTAURANT <input type="checkbox"/> <input type="checkbox"/> GAS STATION	OWNER OCCUPIED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, OWNER OCCUPANCY %: _____ YEARS OF INVESTOR EXPERIENCE: _____ NUMBER OF BUILDINGS: _____ NUMBER OF UNITS: _____ NUMBER OF UNITS OCCUPIED: _____ BUILDING SQ. FOOTAGE: _____ LAND SQ. FOOTAGE: _____ SUBJECT PROPERTY CASH FLOW: ACTUAL RENTS IN PLACE (ANNUALIZED): \$ _____ LESS ACTUAL EXPENSES* (ANNUALIZED): \$ _____ EQUALS NET OP. INCOME (ANNUALIZED): \$ _____ GROSS ANNUAL RENT OF LARGEST TENANT: \$ _____ (*PLEASE DO NOT INCLUDE MORTGAGE PAYMENT IN YOUR EXPENSE NUMBER)
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<input type="checkbox"/> OTHER PROPERTY TYPE (PLEASE DESCRIBE):							

IF A PURCHASE-	PURCHASE PRICE: \$ _____	PURCHASE CONTRACT EXPIRATION DATE: _____	DOWN PAYMENT AMOUNT: \$ _____	SUBORDINATE/SELLER FINANCING: \$ _____
IF A REFINANCE-	EST. VALUE OF REAL ESTATE: \$ _____	PAY-OFF MORTGAGE 1: \$ _____	ORIGINAL PURCHASE PRICE: \$ _____	PAY-OFF MORTGAGE 2: \$ _____
	ORIGINAL PURCHASE DATE: _____	PAY-OFF OUTSTANDING TAXES / OTHER: \$ _____	COST OF IMPROVEMENTS MADE: \$ _____	CASH OUT REQUESTED: \$ _____

BUSINESS INFORMATION

PLEASE COMPLETE IF YOU ARE SELF-EMPLOYED OR THE BORROWER IS A BUSINESS ENTITY. BUSINESS NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ YEARS AS BUSINESS OWNER: _____ WILL THIS BUSINESS OCCUPY THE SUBJECT PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO BUSINESS TYPE: <input type="checkbox"/> CORPORATION (C CORP.) <input type="checkbox"/> LLC <input type="checkbox"/> LP/LLP <input type="checkbox"/> S CORP. <input type="checkbox"/> OTHER:	ANY INDIVIDUAL WHO OWNS 10% OR MORE OF THE BUSINESS IS REQUIRED TO BE A GUARANTOR OF THE LOAN. PLEASE LIST ALL ADDITIONAL OWNERS BELOW: <table style="width:100%;"> <tr> <th style="text-align: left;">NAME :</th> <th style="text-align: left;">OWNERSHIP %</th> <th style="text-align: left;">ON TITLE?</th> </tr> <tr> <td>_____</td> <td>_____ %</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>_____</td> <td>_____ %</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>_____</td> <td>_____ %</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td>_____</td> <td>_____ %</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table>	NAME :	OWNERSHIP %	ON TITLE?	_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME :	OWNERSHIP %	ON TITLE?														
_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO														
_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO														
_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO														
_____	_____ %	<input type="checkbox"/> YES <input type="checkbox"/> NO														

BUSINESS LIABILITIES

LIST ALL LIABILITIES THAT ARE PAID BY THE BUSINESS THAT MAY APPEAR ON YOUR PERSONAL CREDIT REPORT; FOR EXAMPLE, CAR PAYMENTS OR EQUIPMENT LEASES. THIS MAY BE USED TO REDUCE THE PERSONAL DEBT-TO-INCOME RATIO AND ENHANCE YOUR ELIGIBILITY PROFILE.

CREDITOR NAME:	BALANCE \$	MONTHLY PAYMENTS \$
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CREDITOR NAME:	BALANCE \$	MONTHLY PAYMENTS \$

BUSINESS DECLARATIONS

- NEITHER MY BUSINESS, NOR ANY PRINCIPAL OF MY BUSINESS IS A PARTY TO ANY LAWSUIT. TRUE FALSE
- MY BUSINESS HAS NEVER DEFAULTED ON ANY FEDERAL DEBT INCLUDING SBA LOANS. TRUE FALSE
- NO PRINCIPAL OF MY BUSINESS HAS HAD A PROPERTY FORECLOSED WITHIN THE PAST 7 YEARS. TRUE FALSE
- I HAVE NOT HAD A BUSINESS OR OCCUPATIONAL LICENSE REVOKED WITHIN THE PAST 7 YEARS. TRUE FALSE
- PLEASE EXPLAIN ANY DECLARATION WITH A 'FALSE' RESPONSE:
-

COMMENTS

DOCUMENTS

PLEASE INCLUDE THE FOLLOWING DOCUMENTS WHEN REQUESTING A LOAN:	IF AVAILABLE, PLEASE SUBMIT THESE DOCUMENTS TO HELP EXPEDITE PROCESS:
A. LOAN SUPPLEMENT FORM. B. URLA 1003 LOAN APPLICATION FOR ALL BORROWERS/GUARANTORS. C. A TRI-MERGED CREDIT REPORT DATED WITHIN 30 DAYS. * INVESTORS PROPERTIES OVER \$1 MILLION REQUIRE RENT ROLL.	A. PURCHASE AND SALE AGREEMENT, IF THE LOAN IS FOR A PURCHASE. B. RENT ROLL AND OPERATING STATEMENTS FOR SUBJECT PROPERTY. C. LAST 2 YEARS TAX RETURNS FOR OWNER OCCUPIED PROPERTIES (REFINANCES). D. IF THE BORROWER IS A BUSINESS OR SELF-EMPLOYED, PLEASE SUBMIT CORPORATE TAX RETURNS.

GENERAL AUTHORIZATION

I HEREBY AUTHORIZE METWEST COMMERCIAL LENDER TO VERIFY MY PAST AND PRESENT EMPLOYMENT, EARNING RECORDS, BANK ACCOUNTS, STOCK HOLDINGS AND ANY OTHER ASSET BALANCES NEEDED TO PROCESS MY LOAN APPLICATION.

I FURTHER AUTHORIZE METWEST COMMERCIAL LENDER TO ORDER A CREDIT REPORT AND VERIFY ALL OTHER CREDIT INFORMATION, INCLUDING PAST AND PRESENT MORTGAGE AND LANDLORD REFERENCES. IT IS UNDERSTOOD THAT A PHOTOCOPY OF THIS DOCUMENT SHALL ALSO SERVE AS AN AUTHORIZATION TO PROVIDE THE INFORMATION REQUESTED.

APPLICANT AUTHORIZATION/SIGNATURE:	SOCIAL SEC. #:	DATE:
CO-APPLICANT AUTHORIZATION/SIGNATURE:	SOCIAL SEC. #:	DATE:

CLOSING NOTES: (1) IRS FORM 4506 TO BE SIGNED AT CLOSING. (2) SIGNATURES ON ALL TAX RETURNS MAY BE COMPLETED AT CLOSING. THIS APPLICATION IS FOR A BUSINESS PURPOSE LOAN SECURED BY COMMERCIAL REAL ESTATE. THE UNDERSIGNED SPECIFICALLY ACKNOWLEDGE AND AGREE THAT (1) THE LOAN REQUESTED BY THIS APPLICATION WILL BE SECURED BY A FIRST MORTGAGE OR DEED OF TRUST ON THE PROPERTY DESCRIBED HEREIN; (2) THE PROPERTY WILL NOT BE USED FOR ANY ILLEGAL OR PROHIBITED PURPOSES OR USE; (3) ALL STATEMENTS MADE IN THIS APPLICATION ARE MADE FOR PURPOSE OF OBTAINING THE LOAN INDICATED HEREIN; (4) OCCUPATION OF THE PROPERTY WILL BE AS INDICATED ABOVE; (5) VERIFICATION OR REVERIFICATION OF ANY INFORMATION CONTAINED IN THE APPLICATION MAY BE MADE AT ANY TIME BY THE LENDER, ITS AGENTS, SUCCESSORS AND ASSIGNS, EITHER DIRECTLY OR THROUGH A CREDIT REPORTING AGENCY, FROM ANY SOURCE NAMED IN THIS APPLICATION, AND THE ORIGINAL COPY OF THIS APPLICATION WILL BE RETAINED BY LENDER, EVEN IF THE LOAN IS NOT APPROVED; (6) THE LENDER, ITS AGENTS, SUCCESSORS AND ASSIGNS WILL RELY ON THE INFORMATION CONTAINED IN THE APPLICATION AND I/WE HAVE CONTINUING OBLIGATION TO AMEND AND/OR SUPPLEMENT THE INFORMATION PROVIDED IN THIS APPLICATION IF ANY OF THE MATERIAL FACTS WHICH I/WE HAVE REPRESENTED HEREIN SHOULD CHANGE PRIOR TO CLOSING; (7) IN THE EVENT MY/OUR PAYMENTS ON THE LOAN INDICATED IN THIS APPLICATION BECOME DELINQUENT, THE LENDER, ITS AGENTS, SUCCESSORS AND ASSIGNS, MAY, IN ADDITION TO ALL THEIR OTHER RIGHTS AND REMEDIES, REPORT MY/OUR NAME(S) AND ACCOUNT INFORMATION TO A CREDIT REPORTING AGENCY; (8) OWNERSHIP OF THE LOAN MAY BE TRANSFERRED TO SUCCESSORS OR ASSIGNS OF THE LENDER WITHOUT NOTICE TO ME AND/OR THE ADMINISTRATION OF THE LOAN ACCOUNT MAY BE TRANSFERRED TO AN AGENT, SUCCESSOR OR ASSIGN OF THE LENDER WITH PRIOR NOTICE TO ME; (9) THE LENDER, ITS AGENTS, SUCCESSORS AND ASSIGNS MAKE NO REPRESENTATIONS OF WARRANTIES, EXPRESS OR IMPLIED, TO THE BORROWER(S) REGARDING THE PROPERTY, THE CONDITION OF THE PROPERTY, OR THE VALUE OF THE PROPERTY; (10) I/WE UNDERSTAND AND HEREBY AGREE THAT ALL PRINCIPALS OF THE COMPANY HAVE BEEN IDENTIFIED TO THE LENDER AND WILL SIGN THE NOTE PERSONALLY GUARANTEEING REPAYMENT OF THE OBLIGATION. I/WE THE UNDERSIGNED CERTIFY THAT THE INFORMATION PROVIDED IN THIS LOAN APPLICATION IS TRUE AND CORRECT AS OF THE DATE SET FORTH OPPOSITE MY/OUR SIGNATURE(S) ON THIS APPLICATION AND ACKNOWLEDGE MY/OUR UNDERSTANDING THAT ANY INTENTIONAL OR NEGLIGENT MISREPRESENTATION OF THE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN CIVIL LIABILITY AND/OR CRIMINAL PENALTIES INCLUDING, BUT NOT LIMITED TO, FINE OR IMPRISONMENT OR BOTH UNDER THE PROVISIONS OF TITLE 18, UNITED STATES CODE, SECTION 1001, ET SEQ. AND LIABILITY FOR MONETARY DAMAGES TO THE LENDER, ITS AGENTS, SUCCESSORS AND ASSIGNS, INSURERS AND ANY OTHER PERSON WHO MAY SUFFER ANY LOSS DUE TO RELIANCE UPON ANY MISREPRESENTATION WHICH I/WE HAVE MADE ON THIS APPLICATION.

CREDITOR'S NAME: METWEST COMMERCIAL LENDER. CREDITOR'S ADDRESS: 126 ARAGON AVENUE, CORAL GABLES, FLORIDA 33134 IF YOUR APPLICATION FOR BUSINESS CREDIT IS DENIED, YOU HAVE THE RIGHT TO A WRITTEN STATEMENT OF THE SPECIFIC REASONS FOR THE DENIAL. TO OBTAIN THE STATEMENT, PLEASE CONTACT METWEST COMMERCIAL LENDER AT 126 ARAGON AVENUE, CORAL GABLES, FLORIDA 33134 WITHIN 60 DAYS FROM THE DATE YOU ARE NOTIFIED OF OUR DECISION. WE WILL SEND YOU A WRITTEN STATEMENT OF REASONS FOR THE DENIAL WITHIN 30 DAYS OF RECEIVING YOUR REQUEST FOR THE STATEMENT.

NOTICE: THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVES FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER CREDIT PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS CREDITOR IS FEDERAL TRADE COMMISSION, EQUAL CREDIT OPPORTUNITY, WASHINGTON, D.C., 20580.