

Borrower Name: _____
 Project Name: _____
 Property Street Address: _____
 City: _____ County: _____
 State and Zip Code: _____ Intersection: _____

PROPERTY INFORMATION

BUILDING DESCRIPTION Net rentable sq.ft.: Year Built: Year Renovated:
 No. of building: No. of Stories: Land area:
 No. of elevators:

Access to property is through: public street private street

EXTERIOR Brick Wood Stucco Concrete Stone Steel
 Glass

STRUCTURE Concrete tilt-up Metal Steel Reinforced Wood

ROOF TYPE Pitched Flat Mixed Mansard

ROOF MATERIAL Shingle Gravel Tile Membrane Unknown

FOUNDATION Reinforced Concrete Pier & Beam

FIRE SPRINKLERS Yes No

UTILITIES Heat Gas Electric
 Air Conditioner Gas Electric
 Water/Sewer Public Private

PARKING Total # of parking spaces:
 # of spaces covered:
 # of spaces uncovered:

DESCRIPTION OF FUNCTIONAL ELEMENTS

Building #	Building Sq. Ft.	Bay Depth	Width	Clear Heights	Buildout %*

*Provide floor plan if buildout is > 10%.

The following apply to **industrial** and **industrial flex properties** only:

RAIL SERVED Yes No

LOADING DOCK Dock High # _____ Grade Level # _____ None

HISTORY OF OWNERSHIP AND IMPROVEMENTS

Property was Purchased Developed by Borrower.

Date of purchase/development: _____ Original Purchase/Development cost: _____
 Additional capital invested: _____ Total capital investment in property: _____

Please provide information on capital improvement items/major renovations in the past 5 years. Attach an additional sheet if more room is needed.

Capital Improvement/Major Renovation Item	Cost	Year
	\$	
	\$	
	\$	
	\$	
	\$	

THIS SECTION APPLIES TO MULTI-FAMILY PROPERTIES

TYPE OF UNIT	SQ. FT. OF UNIT TYPE	MONTHLY RENT BY UNIT TYPE	TOTAL # OF UNIT TYPE
1 Bedroom/1 Bath		\$	
1 Bedroom/2 Bath		\$	
2 Bedroom/1 Bath		\$	
2 Bedroom/2 Bath		\$	
3 Bedroom/1 Bath		\$	
3 Bedroom/2 Bath		\$	
Other:		\$	
Other:		\$	

TOTAL # OF ALL UNITS:	
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Is Rent Control in effect? Yes No

If "Yes", please describe security features: _____

Please provide an estimate of the tenant composition of the Property:

% STUDENTS _____ % MILITARY _____ % SENIOR (55+) _____

% FURNISHED _____ % GOVERNMENT SUBSIDIZED _____

AMENITIES: _____

CONCESSIONS: _____

ON-SITE MANAGER(S)? Yes No

If "Yes", # of manager's units: _____

Please describe manager's compensation, including any fee rent: _____

TENANT AND LEASE INFORMATION

Number of Tenants: Current Occupancy:

1. Are there tenants engaged in dry cleaning, automotive service of repair, printing or manufacturing on site?

Yes * No

* If yes, please list below and have each tenant complete a Questionnaire For Tenants With Hazardous Toxic Use (attached)

Tenant Names: _____

2. Please identify significant lease provisions such as tenant rights, go dark clauses, purchase options, first right of refusal options, or expansion options. (Attach an additional sheet if necessary).

Tenant Name: _____
 Provision: _____

Tenant Name _____
 Provision: _____

3. Please identify any tenants which provide their own insurance and the name of the insurance agent:

Tenant Name: _____
 Insurance Agent: _____ Phone: _____
 Cell Phone: _____
 Fax: _____

4. Please identify any tenants which pay their own real estate taxes directly to the taxing authority:

Tenant Name: _____

5. Does any tenant have a history of rent or other payment delinquencies? Are any tenants currently delinquent on rent or other payments? Are any tenants paying rent but not in occupancy?

Yes* No

* If yes, please described: _____

6. Please provide the following information concerning tenant improvement and lease commission costs. Information should be provided for : (1) any tenant occupying 20% or more of space and (2) any tenant, regardless of size, which either signed a new lease or renewed a lease in the past three years. Please attach an additional sheet if more room is needed.

Please Indicate if Renewal Or New Lease	Tenant Name	TI Cost	LC Cost
<input type="checkbox"/> Renewal <input type="checkbox"/> New		\$	\$
<input type="checkbox"/> Renewal <input type="checkbox"/> New		\$	\$
<input type="checkbox"/> Renewal <input type="checkbox"/> New		\$	\$
<input type="checkbox"/> Renewal <input type="checkbox"/> New		\$	\$
<input type="checkbox"/> Renewal <input type="checkbox"/> New		\$	\$
<input type="checkbox"/> Renewal <input type="checkbox"/> New		\$	\$

7. Please provide the average historical property occupancy for the current year-to-date (YTD) and prior two calendar years:

Current YTD:
 Most recent calendar year:
 Second most recent calendar year:

STRUCTURAL INFORMATION

Y N

- Are there any signs of deterioration or distress in the structure, excess cracking in the walls or foundation, or signs of foundation, or signs of foundation settlement? (If yes, explain below).
- Does the structure have unreinforced masonry walls?
- Was the building designed to a code that precedes the 1961 Uniform Building Code?
- Is the structure a tilt-up concrete building designed to a code that precedes the 1973 Building Code?
- Have there been any major revisions to the building's original structural framing system? If yes, explain below.
- Does the property comply with ADA (Americans with Disabilities Act) requirements? If no, explain below.
- Has there ever been any condemnation proceeding against the property? If yes, explain below.
- Is the property located in a flood zone?
- Is the property located in an Alquist Priolo area?
- If yes, has a seismic survey (PML) ever been done? If yes, please attach a copy.

Explanations of above responses:

ENVIRONMENTAL RISK DISCLOSURE

Y N

- To your knowledge, has an environmental investigation ever been performed on the property? If yes, submit copy.
- Are there now, or have there ever been, any toxic/hazardous materials used, stored, generated, treated or disposed of on the property? If yes, describe below.
- Are you aware of any asbestos containing materials (ACM's) on the property (i.e. sprayed-on fire proofing, pipe wrap, friable ceiling tiles, acoustical plaster, etc)? If yes, describe below.
- Are you aware of any toxic/hazardous materials present, existing or past, with respect to adjacent or neighboring properties?
- Are there now, or have there ever been, any above or below-ground storage tanks or clarifiers located on the property?
- Are you aware of lead-containing paint used on the property?
- Is the property now, has it ever been, or do you anticipate its becoming the subject of Environmental litigation, regulatory citations, violations, demand letters or enforcement actions?
- Are you aware of the presence of water, oil or gas wells at the site of the subject property?

Explanations of above responses:

TITLE AND ZONING INFORMATION

Y N

- Are there any easements or encroachments not covered by Title insurance? If yes, describe below.
- Are there any reciprocal easements on the property? If yes, describe below.
- Is ingress/egress provided through public streets?
- Does the property conform to current zoning regulations?
- If the property does not conform to current zoning regulations, was a variance granted?
- If the property does not conform to current zoning regulations, could the property be re-built as currently developed Structures and parking)?
- Was a recent survey preformed? If so, please attach a copy.

Explanations of above responses:

[Empty box for explanations of responses]

PROPERTY MANAGEMENT/ACCESS ARRANGEMENTS

Property Manager*: _____ Phone: _____

Since (month/year): _____

Property Manager is a: Borrower-Affiliate Third-party

*NOTE: Attach management company’s contract and resume if a professional third party property manager.

ACCESS ARRANGEMENTS THROUGH:

Name: _____ Function: _____ Phone: _____

CERTIFICATION

The undersigned Applicant(s) certifies that the statements above are true, correct and complete.

Applicant

Date

Co-Applicant

Date