EXPRESS CAPITAL FINANCING

LOAN SUBMISSION FORM

Please complete and return to your Regional Sales Manager. If you don't have a Regional Sales Manager, please send to info@expresscapitalfinancing.com

BROKER INFORMATION

Name	Company	Phone number	Email

SUBJECT PROPERTY INFORMATION

Address	City	State	Zip

Building sq. ft	Number of units	Percent occupied	Does the owner occupy any portion of the building?	If yes, how many sq. ft.?
		%	☐ Yes ☐ No	

LOAN PROGRAM

CORE PROGRAM *(Indicate):* ☐ **Full Doc** ☐ **Lite Doc** ☐ **No Doc**

ELITE PROGRAM *(Indicate):* ☐ **Full Doc**

Forms required:

- ☐ **Current rent roll** – *(Yours or use the attached form)*
- ☐ **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)*
- ☐ **Tax returns** – Last two years tax returns *(If property is owner occupied)*

Property type

- ☐ Multifamily
- ☐ Retail
- ☐ Mixed-use
- ☐ Industrial
- ☐ Office
- ☐ Self-storage
- ☐ Mobile home park
- ☐ Single family pool *(5+ units)* *(Core Program Only)*

Does the property have:

- ☐ Underground or above-ground storage tanks
- ☐ Automotive repair uses
- ☐ Ongoing environmental remediation
- ☐ Hazardous material handling/licensing
- ☐ On-site dry cleaner plant
- ☐ A prior Phase 1 report available

1-4 UNIT RESIDENTIAL RENTAL PROPERTY *(Indicate):* ☐ **No Doc**

Forms required:

- ☐ **Current lease** – *(If occupied)*
- ☐ **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.)*

Property type

- ☐ SFR
- ☐ Condo/Townhome
- ☐ Duplex
- ☐ Triplex
- ☐ Fourplex

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.

WHAT PERSON OR ENTITY WILL OWN THE PROPERTY?

If entity will own the property, list entity name

LIST OWNER(S) OF ENTITY/COMPANY OR PROPERTY

Name 1	% of ownership %	Liquidity
Personal residence address – Owns residence? ☐ Yes	Credit score	Net worth
Name 2	% of ownership %	Liquidity
Personal residence address – Owns residence? ☐ Yes	Credit score	Net worth
Name 3	% of ownership %	Liquidity
Personal residence address – Owns residence? ☐ Yes	Credit score	Net worth
Name 4	% of ownership %	Liquidity
Personal residence address – Owns residence? ☐ Yes	Credit score	Net worth

Have any borrowers or guarantors:	**Yes**	**No**
Had a property foreclosed in last 3 years?	☐	☐
Filed for bankruptcy in last 5 years?	☐	☐
Missed mortgage payments in last 12 months?	☐	☐
Failed to file federal tax returns for last 3 years?	☐	☐
Are an borrowers or guarantors a foreign national?	☐	☐
Are there back real estate taxes owed on subject property?	☐	☐

If "Yes" to any of the questions above, please attach a detailed Letter of Explanation.

COMMENTS - OTHER PERTINENT INFORMATION ABOUT THE DEAL

LOAN INFORMATION

Loan amount requested		
Desired rate	Amortization in months	YSP% rebate %
Current estimated value		
Monthly pmt	Annual pmt	
Annual gross income		
Annual operating expense		
Net operating income		
LTV	DSCR	CAP rate

☐ **PURCHASE** 1031 exchange? ☐ Yes

Current sales price	
Target closing date	

☐ **RATE AND TERM REFINANCE** or ☐ **CASH-OUT REFINANCE**

Current loan balance	Current rate
Loan maturity date	
Current lender	
Acquisition price	Mo/Yr acquired
Estimated cash-out available	
If cash-out, please state what the funds will be used for:	Amount

EXPRESS CAPITAL FINANCING

COMMERCIAL RENT ROLL

For office, industrial, retail, mixed use

ALL COLUMNS AND SECTIONS MUST BE COMPLETED.

Rent Roll as of *(required)*: _____

PROPERTY ADDRESS	CITY	STATE	ZIP CODE

STE #	TENANT'S NAME (PUT VACANT FOR VACANT SPACE)	SQ. FT. (APPROX)	CURRENT MONTH RENT IN PLACE	ORIGINAL OCCUPANCY DATE	CURRENT LEASE START DATE OR MTM	CURRENT LEASE EXPIRATION DATE	LEASE TYPE (NNN, MOD. GROSS, GROSS)	MONTHLY CAM CHARGES	NET RENT INCREASE (MO / YR)	NET RENT INCREASE AMT ($ / MO)	EXTENSION OPTIONS? (Y / N)
TOTALS											

NOTES ON TENANTS

SIGNATURE

I (we) certify under penalty of perjury that the foregoing information herein is true and accurate.

Borrower _____ Date _____

Borrower _____ Date _____

EXPRESS CAPITAL FINANCING

MULTIFAMILY RENT ROLL

For mixed use, please use Commercial Rent Roll

ALL COLUMNS AND SECTIONS MUST BE COMPLETED.

Rent Roll as of *(required)*: _____

PROPERTY ADDRESS	CITY	STATE	ZIP CODE

TOTAL # OF UNITS	# OF VACANT UNITS	# OF FURNISHED UNITS	# OF UNFURNISHED UNITS	# OF SECTION 8 UNITS

APT #	TENANT'S NAME	BDR/ BATH	SQ. FT. (APPROX)	CURRENT RENT PER MO	ORIGINAL OCCUPANCY DATE	CURRENT LEASE EXPIRATION OR MTM	DATE OF LAST RENT INCREASE	FURNISHED UNIT (Y/N)	SECTION 8 (Y/N)	RENT CONCESSIONS (Y/N)
		/								
		/								
		/								
		/								
		/								
		/								
		/								
		/								
		/								
		/								
		/								
		/								
		/								
		/								

* USE ADDITIONAL FORMS IF NECESSARY

MONTHLY RENT SCHEDULE	
MONTHLY LAUNDRY INCOME (Must show on Income/Expenses)	
MONTHLY GARAGE INCOME	
OTHER INCOME (specify below)	
TOTAL FROM OTHER PAGES	
TOTAL GROSS MONTHLY INCOME	

What utilities are included in rent?

☐ Electricity ☐ Cable TV ☐ Gas

☐ Garbage ☐ Water ☐ Heat

Is the property subject to rent control?

☐ Yes ☐ No

If yes, what is the current allowable increase per year?

$ _____

What has been your average monthly occupancy rate over the preceding 12 months?

_____ %

SIGNATURE

I (we) certify under penalty of perjury that the foregoing information herein is true and accurate.

Borrower _____ Date _____ Borrower _____ Date _____

EXPRESS CAPITAL FINANCING

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.
Do not include one time capital expense items			
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