

## Income Property Application

**1 Please tell us about your commercial property:** (to be used as collateral for this loan)

|  |                    |  |                      |  |            |                               |             |  |           |
|--|--------------------|--|----------------------|--|------------|-------------------------------|-------------|--|-----------|
| Exact Legal Name of Property Owner _____   |                    |  |                      |  |            |                               |             |  |           |
| Mailing Address _____  |                    |  |                      |  | City _____ |                               |             | State _____  | Zip _____ |
| Phone<br>( ) _____   |                    | Cell<br>( ) _____                        |                      | Fax<br>( ) _____   |            |                               | Email _____ |  |           |
| Street Address of Collateral Property _____  |                    |  |                      | City _____   |            | County _____                  |             | State _____  | Zip _____ |
| How is the property owned? (Check one):<br><input type="checkbox"/> Self <input type="checkbox"/> Trust <input type="checkbox"/> LLC<br><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> S Corp <input type="checkbox"/> Other: _____ |                    |  |                      | Property Type (Check one):<br><input type="checkbox"/> Office <input type="checkbox"/> Warehouse <input type="checkbox"/> Apartment Bldg. <input type="checkbox"/> Other/Special Purpose*<br><input type="checkbox"/> Industrial <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Mixed Use* |            |                               |             | Building Size<br>_____ Square Feet   |           |
| *Describe type: _____  |                    |  |                      |  |            | Land Size<br>_____ Acres      |             |  |           |
| Estimated Current Market Value of Collateral Property<br>\$ _____  |                    | Date Property Purchased (mm/yy)<br>_____ |                      | Purchase Price<br>\$ _____   |            | Year Constructed<br>_____     |             | Last Renovated<br>_____ years ago  |           |
| # of Units   | Gross Annual Rents |  | Current Vacancy<br>% | Average Historical Vacancy<br>%  |            | Net Rentable Area<br>_____ SF |             | Building Structure (Check one):<br><input type="checkbox"/> Concrete Tilt-up<br><input type="checkbox"/> Concrete Block<br><input type="checkbox"/> Wood Frame/Stucco<br><input type="checkbox"/> Steel<br><input type="checkbox"/> Other: _____ |           |
| Lease Type:<br><input type="checkbox"/> Full Service <input type="checkbox"/> Gross <input type="checkbox"/> NNN   |                    |  |                      |  |            |                               |             |  |           |

**2 Please tell us about the historical cash flow of your commercial property:**

|  | 2002     | 2003     | 2004     | Projection 2005 |
|--|----------|----------|----------|-----------------|
| Gross Rents:                                     | \$ _____ | \$ _____ | \$ _____ | \$ _____        |
| Expenses:<br>(Excluding Interest & Depreciation) | \$ _____ | \$ _____ | \$ _____ | \$ _____        |
| Net Operating Income:                            | \$ _____ | \$ _____ | \$ _____ | \$ _____        |

**3 Please tell us about the owners of your property:** (Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered.)

|                              |  |                                     |           |                              |  |                                     |           |
|------------------------------|--|-------------------------------------|-----------|------------------------------|--|-------------------------------------|-----------|
| Name of Owner #1 _____       |  |                                     |           | Name of Owner #2 _____       |  |                                     |           |
| Title _____                  |  | % Ownership _____                   |           | Title _____                  |  | % Ownership _____                   |           |
| Social Security Number _____ |  | Annual Household Income<br>\$ _____ |           | Social Security Number _____ |  | Annual Household Income<br>\$ _____ |           |
| Home Street Address _____    |  |                                     |           | Home Street Address _____    |  |                                     |           |
| City _____                   |  | State _____                         | Zip _____ | City _____                   |  | State _____                         | Zip _____ |
| Phone<br>( ) _____           |  | Net Worth<br>\$ _____               |           | Phone<br>( ) _____           |  | Net Worth<br>\$ _____               |           |

**4 Please tell us about your loan request:**

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| Amount of loan requested<br>\$ _____  |  | If this is a refinance request, please indicate below which lenders are to be paid off: |  |  |  |
| Type of rate requested (Check one):<br><input type="checkbox"/> Variable <input type="checkbox"/> 5-yr Fixed  |  | First Mortgage:<br>Lender _____   |  | Second and Other Mortgages:<br>Lender _____                                    |  |
| Term requested (Check one):<br><input type="checkbox"/> 15 yrs <input type="checkbox"/> 20 yrs <input type="checkbox"/> 25 yrs  |  | Original Loan Amount \$ _____   |  | Original Loan Amount \$ _____  |  |
| Expected use of funds (Check one):<br><input type="checkbox"/> Purchase property<br><input type="checkbox"/> Refinance existing mortgage(s)<br><input type="checkbox"/> Refinance, plus property improvements<br><input type="checkbox"/> Consolidate Debt<br><input type="checkbox"/> Other: _____ |  | Current Loan Balance \$ _____   |  | Current Loan Balance \$ _____  |  |
|   |  | Current Monthly Payment \$ _____  |  | Current Monthly Payment \$ _____   |  |
|   |  | Current Interest Rate _____   |  | Current Interest Rate _____  |  |
|   |  | Are payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No          |  | Are payments current? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**5 Other Information:**

- Is the applicant or any guarantor or co-applicant currently involved in any litigation or other legal claims?     Yes     No
- Has the applicant or any other guarantor or co-applicant ever declared bankruptcy?     Yes     No
- Are there any taxes currently past due and owed by the applicant, any guarantor or co-applicant?     Yes     No
- Will any of the loan proceeds be used to pay delinquent property taxes?     Yes     No

If "yes" to any of the above, please provide an explanation on a separate sheet and attach it to this application.

I certify that I am authorized to submit this application on behalf of the Applicant and that all information and documents provided in conjunction with this application, including federal and state tax returns (if any) are true, correct and complete. This lender is authorized to check my credit and employment history. I acknowledge that (i) this application is subject to final approval of the Applicant and its owners, and that (ii) additional information may be required in order for this lender to make the final credit decision. I authorize this lender to obtain balance and payoff information on all existing credits. I agree to notify this lender promptly of any material change in the information I provide. (NOTE: Falsification of credit information to a national bank may be a federal offense and may result in exemption from discharge in the event a petition for bankruptcy is filed).

Signature of Business Owner #1 \_\_\_\_\_

Signature of Business Owner #2 \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT

Statement of Financial Condition as of \_\_\_\_\_

If you intend to guarantee jointly, please initial here \_\_\_\_\_  
guarantor co-guarantor

| Borrower/Guarantor Information |               |                                     |  |
|--------------------------------|---------------|-------------------------------------|--|
| Name                           |               | Business Phone                      |  |
| Residence Address              |               | Residence Phone                     |  |
| City                           | State         | ZIP                                 |  |
| Social Security No.            | Date of Birth | Business Name of Applicant/Borrower |  |

| ASSETS  |                 |
|---|-----------------|
| (Omit Cents)  |                 |
| Cash on hand & in Banks.....                        | \$ _____        |
| U.S. Gov't & marketable securities. See Sch. A..... | \$ _____        |
| Non-Marketable/Restricted Sec. - See Sch. B.....    | \$ _____        |
| Accounts, loans, and notes receivable.....          | \$ _____        |
| IRA or Other Retirement Account.....                | \$ _____        |
| Real Estate - See Sch. C.....                       | \$ _____        |
| Automobiles.....                                    | \$ _____        |
| Other personal property.....                        | \$ _____        |
| Cash Surrender val life ins. - See Sch. D.....      | \$ _____        |
| Other Assets Itemize - Sch. F - If Applicable.....  | \$ _____        |
| <b>Total Assets.....</b>                            | <b>\$ _____</b> |

| LIABILITIES   |                 |                  |
|---|-----------------|------------------|
|   | Present Balance | Monthly Payments |
| Notes payable to Banks & Fin. Inst. - See Sch. E..... | \$ _____        | \$ _____         |
| Due to Securities Broker.....                         | \$ _____        | \$ _____         |
| Amounts payable to others - secured.....              | \$ _____        | \$ _____         |
| Amounts payable to others - unsecured.....            | \$ _____        | \$ _____         |
| Real Estate Mortgages payable - See Sch. C.....       | \$ _____        | \$ _____         |
| Unpaid Income Tax.....                                | \$ _____        | \$ _____         |
| Other unpaid taxes and interest.....                  | \$ _____        | \$ _____         |
| Life Insurance Policy Loans.....                      | \$ _____        | \$ _____         |
| Accounts and bills due.....                           | \$ _____        | \$ _____         |
| Other debts (car, credit cards, etc., itemize).....   | \$ _____        | \$ _____         |
| <b>Total Liabilities/Monthly Payments.....</b>        | <b>\$ _____</b> | <b>\$ _____</b>  |
| <b>Net Worth.....</b>                                 | <b>\$ _____</b> |                  |
| <b>Total Liabilities and Net Worth.....</b>           | <b>\$ _____</b> |                  |

| Sources of Income   |              |             |
|---|--------------|-------------|
| <p>Income from alimony, child support, or maintenance payments NEED NOT BE REVEALED. However, only the income listed on this credit statement will be considered in determining your credit-worthiness. If alimony, child support or maintenance income is disclosed here, credit information concerning the payer may be required to determine the extent that such payments are likely to be consistently made.</p> |              |             |
|   | Borrower     | Co-Borrower |
| Base Salary per annum   |              |             |
| Bonus and Commissions   |              |             |
| Dividends and Interest Income   |              |             |
| Real Estate Income (Net)  |              |             |
| Other Income (itemize below)*   |              |             |
| Total   |              |             |
| <b>* Itemized Other Income</b>  |              |             |
| Payer   | Payment Type | Amount      |
|   |              |             |
|   |              |             |
|   |              |             |

| Additional Information  |     |     |                   |
|---|-----|-----|-------------------|
|   | Yes | No  | Estimated Amounts |
| Contingent Liabilities as endorser?                                   |     |     |                   |
| Co-maker or guarantor?  |     |     |                   |
| On Lease? On Contract?  |     |     |                   |
| Involved in pending legal action?                                     |     |     |                   |
| Other special debt/circumstances?                                     |     |     |                   |
| Contested Income Tax Liens?   |     |     |                   |
| Are any assets pledged?   |     |     |                   |
| Are you obligated to pay alimony, child support or maintenance?       |     |     |                   |
| Total Contingent Liabilities  |     |     |                   |
|   |     | Yes | No                |
| Are any debts past due?   |     |     |                   |
| Have you ever had any auto, furniture, or other property repossessed? |     |     |                   |
| Have you filed for Bankruptcy?  |     |     |                   |
| If any of the above are yes, please explain:                          |     |     |                   |
|   |     |     |                   |

## Schedules to Personal Financial Statement

| Schedule A - US Government & Marketable Securities |             |            |              |                 |
|--|-------------|------------|--------------|-----------------|
| Number of Shares or Face Value of Bonds            | Description | In Name of | Market Value | Source of Value |
|  |             |            |              |                 |
|  |             |            |              |                 |
|  |             |            |              |                 |
|  |             |            |              |                 |
| Total  |             |            |              |                 |

| Schedule B - Securities (Non-Marketable, Restricted, Margin Act., Controlled, or Held by Broker) |             |            |              |                 |
|--|-------------|------------|--------------|-----------------|
| Number of Shares   | Description | In Name of | Market Value | Source of Value |
|  |             |            |              |                 |
|  |             |            |              |                 |
| Total  |             |            |              |                 |

| Schedule C - Residences and Other Real Estate, including Equities (Partially or Wholly Owned) |            |            |            |            |
|---|------------|------------|------------|------------|
|   | Property A | Property B | Property C | Property D |
| Type of Property  |            |            |            |            |
| Address   |            |            |            |            |
| % of Ownership  |            |            |            |            |
| Date Purchased  |            |            |            |            |
| Original Cost   |            |            |            |            |
| Present Market Value  |            |            |            |            |
| Name of Mortgage Holder   |            |            |            |            |
| Mortgage Balance  |            |            |            |            |
| Monthly Payment Amount  |            |            |            |            |
| Annual Property Tax Amount  |            |            |            |            |
| Status of Mortgage  |            |            |            |            |

| Schedule D - Life Insurance Carried, Including Group Insurance |                 |                              |             |              |            |
|--|-----------------|------------------------------|-------------|--------------|------------|
| Name of Insurance Company                                      | Owner of Policy | Beneficiary and Relationship | Face Amount | Policy Loans | Cash Value |
|  |                 |                              |             |              |            |
|  |                 |                              |             |              |            |
| Total  |                 |                              |             |              |            |

| Schedule E - Bank and Other Institutional Borrowings |                      |              |               |  |             |                  |
|--|----------------------|--------------|---------------|--|-------------|------------------|
| Name of Creditor                                     | Original Loan Amount | Date of Loan | Maturity Date | Unsecured or Secured (List Collateral) | Amount Owed | Payment Schedule |
|  |                      |              |               |  |             |                  |
|  |                      |              |               |  |             |                  |
|  |                      |              |               |  |             |                  |
| Total  |                      |              |               |  |             |                  |

The information contained in the statement is provided to induce the Lender to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledge and understand that the Lender is relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. Each of the undersigned agrees to notify the Lender immediately and in writing of any change in name, address, or employment, and of any material adverse change (1) in any of the information contained in the statement, (2) in the financial condition of any of the undersigned, or (3) in the ability of the undersigned to perform its (or the) obligations to the Lender. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. The Lender is authorized to make all inquiries deemed necessary, including ordering credit bureau reports, to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Complete the following information if you are applying for a home purchase (or refinance) loan secured by a dwelling or a loan to improve a dwelling regardless of collateral. *Do not complete if this is a Line of Credit.*

|  |  |  |
|--|--|--|
| <b>Applicant:</b>  | <b>Co-Applicant:</b>   | <b>Amount Requested:</b>   |
| <b>Purpose:</b> 1. <input type="checkbox"/> Home Purchase<br>2. <input type="checkbox"/> Home Improvement<br>3. <input type="checkbox"/> Refinance   | <b>Property Type:</b> 1. <input type="checkbox"/> One-to four-family (not manufactured housing)<br>2. <input type="checkbox"/> Manufactured housing<br>3. <input type="checkbox"/> Multifamily | <b>Lien Status:</b> 1. <input type="checkbox"/> Secured by a first lien<br>2. <input type="checkbox"/> Secured by a second lien<br>3. <input type="checkbox"/> Not secured by a lien |
| <b>Address of dwelling to be improved (or collateral address of dwelling being purchased, or refinanced):</b><br><br>Street Address _____<br><br>City _____ County _____ State _____ ZIP _____ | <b>Owner Occupancy:</b> 1. <input type="checkbox"/> Principal Dwelling<br>2. <input type="checkbox"/> Secondary Dwelling<br>3. <input type="checkbox"/> N/A (multifamily)                      |  |

**INFORMATION FOR GOVERNMENT MONITORING PURPOSES**

*The following information is requested by the Federal Government for certain types of loans to monitor our compliance with fair lending laws that prohibit lenders from discriminating against applicants on the basis of this information. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish this information and you have made this application in person, under Federal regulations we will be required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information, please check and initial below.*

**APPLICANT INFORMATION**

I am applying as a business entity, not as a natural person

**Ethnicity:**

- Hispanic or Latino  
 Not Hispanic or Latino  
 \_\_\_\_\_ I do not wish to furnish this information.

**Race (Select all that apply):**

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 \_\_\_\_\_ I do not wish to furnish this information.

**Sex**

- Male  
 Female  
 \_\_\_\_\_ I do not wish to furnish this information.

**CO-APPLICANT INFORMATION**

Co-applicant is applying as a business entity, not natural person  
 No co-applicant

**Ethnicity:**

- Hispanic or Latino  
 Not Hispanic or Latino  
 \_\_\_\_\_ I do not wish to furnish this information.

**Race (Select all that apply):**

- American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White  
 \_\_\_\_\_ I do not wish to furnish this information.

**Sex**

- Male  
 Female  
 \_\_\_\_\_ I do not wish to furnish this information.

**FOR BANK USE ONLY**

**App/Loan #** \_\_\_\_\_ **Loan Amount \$** \_\_\_\_\_ **Annual Income** relied upon in credit decision \$ \_\_\_\_\_  
 (NA for Multifamily dwelling or loans to business entities)

|  |   |   |  |  |
|--|---|---|--|--|
| <b>Source of Application:</b>                    | <input type="checkbox"/> In Person  | <input type="checkbox"/> Phone                                    | <input type="checkbox"/> Mail, fax, or internet                          | <b>Received</b> ___/___/20___  |
| <b>Type of Loan Requested:</b>                   | 1. <input type="checkbox"/> Conventional (other than FHA, VA, FSA/RHS)      | 2. <input type="checkbox"/> FHA insured                           | 3. <input type="checkbox"/> VA guaranteed                                | 4. <input type="checkbox"/> FSA/RHS (Farm Serv./Rural Housing Serv.) |
| <b>Action Taken:</b>                             | 1. <input type="checkbox"/> Loan Originated                                 | 2. <input type="checkbox"/> Application approved but not accepted | 3. <input type="checkbox"/> Application denied/counteroffer not accepted | 4. <input type="checkbox"/> Application withdrawn by applicant       |
| <b>Date Action:</b> ___/___/20___                |   |   |  | 5. <input type="checkbox"/> File closed for incompleteness           |
| <b>Reasons for Denial (up to three reasons):</b> | 1. <input type="checkbox"/> Debt to Income Ratio                            | 2. <input type="checkbox"/> Employment History                    | 3. <input type="checkbox"/> Credit History                               | 4. <input type="checkbox"/> Collateral                               |
|  | 5. <input type="checkbox"/> Insufficient cash (down payment, closing costs) | 6. <input type="checkbox"/> Unverifiable information              | 7. <input type="checkbox"/> Credit Application incomplete                | 8. <input type="checkbox"/> Mortgage Insurance Denied                |
|  |   |   |  | 9. <input type="checkbox"/> Other (specify): _____                   |

|  |  |   |                                    |
|--|--|---|------------------------------------|
| <b>Information for Government Monitoring Purposes:</b> | <i>Complete, based on visual observation or surname, if the applicant has chosen not to furnish the information during an in-person application.</i> |   |                                    |
| <b>APPLICANT</b>                                       | <b><u>Ethnicity</u></b>  | <b><u>Race</u></b>  | <b><u>Sex:</u></b>                 |
|  | 1. <input type="checkbox"/> Hispanic or Latino   | 1. <input type="checkbox"/> American Indian or Alaskan Native         | 1. <input type="checkbox"/> Male   |
|  | 2. <input type="checkbox"/> Not Hispanic or Latino   | 2. <input type="checkbox"/> Asian                                     | 2. <input type="checkbox"/> Female |
|  |  | 3. <input type="checkbox"/> Black or African American                 |                                    |
|  |  | 4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |                                    |
| <b>CO-APPLICANT</b>                                    | <b><u>Ethnicity</u></b>  | <b><u>Race</u></b>  | <b><u>Sex:</u></b>                 |
|  | 1. <input type="checkbox"/> Hispanic or Latino   | 1. <input type="checkbox"/> American Indian or Alaskan Native         | 1. <input type="checkbox"/> Male   |
|  | 2. <input type="checkbox"/> Not Hispanic or Latino   | 2. <input type="checkbox"/> Asian                                     | 2. <input type="checkbox"/> Female |
|  |  | 3. <input type="checkbox"/> Black or African American                 |                                    |
|  |  | 4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |                                    |
|  |  | 5. <input type="checkbox"/> White                                     |                                    |

**The borrower(s) is/are natural person(s) and loan was for personal, household, or family purposes (if box is checked, please complete the following) and dwelling-secured by a dwelling.**

Annual Percentage Rate (not note rate) of loan: \_\_\_\_\_% Date that rate was locked in \_\_\_\_\_ Term of loan (months) \_\_\_\_\_

**Officer Name:** \_\_\_\_\_ **Officer #** \_\_\_\_\_ **Dept #** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**ENVIRONMENTAL SENSITIVITY  
OWNER/OCCUPANT QUESTIONNAIRE**

This Owner/Occupant portion of the Environmental Sensitivity Review should be completed for any new loan or the renewal of a loan secured by real property. Please be as thorough as possible and if a question is answered in the affirmative or otherwise requires explanation, identify each question by number and provide detailed explanations in the areas provided at the end of this questionnaire or attach additional sheets if necessary.

The questions should be asked of (i) the current owner of the property, (ii) any major tenant of the property or, if the property does not have a major tenant, at least 10 percent of the tenants of the property plus all tenants likely to be using treating, generating, storing or disposing of hazardous substances or petroleum projects on or from the property. In a multi-family property containing both residential and commercial uses, the preparer does not need to ask questions of the residential occupants. The preparer should ask each person to answer all questions to the best of their actual knowledge and in good faith.

**I. Identification**

- A. Property identification name:
- B. Property address and brief description of property type:
- C. Date of interviews:

**II. Site Condition**

- A. Is the property or any adjoining property used or has the property or any adjoining property been used for anything other than agriculture purposes or a 1 to 4 family residential property?  
**Owner** Yes  No       **Occupants** Yes  No
- B. Is the property or any adjoining property used or has the property or any adjoining property been used as a landfill, quarry, dump, gas station, automotive shop, paint and body shop, industrial area, printing operation, dry cleaner, photo developing, laboratory, junkyard, incinerator, container storage area, transfer station, surface impoundment, injection well, waste treatment, storage, disposal, processing, or recycling facility or any other commercial or industrial use?  
**Owner** Yes  No       **Occupants** Yes  No
- C. Are there currently, or to the best of your knowledge have there been any oil or gas wells on or near the property? If yes, are they operating or abandoned?  
**Owner** Yes  No       **Occupants** Yes  No
- D. Are there currently, or to the best of your knowledge have there been any inconsistencies or unnatural looking surface features such as areas of dead or dying vegetation, discolored soil, liquid pools, or surface mounds?  
**Owner** Yes  No       **Occupants** Yes  No
- E. Is there currently, or to the best of your knowledge, has there been any indication that the property or any adjoining property has been used for dumping, including whether any hazardous substances or petroleum products, identified waste materials, tires, automotive or industrial batteries or any other waste materials have been dumped above grade, buried and/or burned on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- F. Are there currently, or to the best of your knowledge, have there been any distinct chemical odors or smells of rotting vegetation associated with the property?  
**Owner** Yes  No       **Occupants** Yes  No
- G. Are there currently, or to the best of your knowledge have there been any flooring, drains, or walls located within the facility that are stained by substances other than water or are emitting foul odors?  
**Owner** Yes  No       **Occupants** Yes  No
- H. Is there currently, or to the best of your knowledge has there been a pond, swamp, lagoon, reservoir, or water well on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- I. Is there currently, or to the best of your knowledge has there been a septic tank on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- J. Are there currently, or to the best of your knowledge have there been any railroad tracks either on or near the property?  
**Owner** Yes  No       **Occupants** Yes  No
- K. Are there any above-ground pipelines on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- L. Are you aware of any adverse environmental publicity related to this property?  
**Owner** Yes  No       **Occupants** Yes  No
- M. Does the owner or occupant of the property have any knowledge of environmental liens or governmental notification relating to past or recurrent violations of environmental laws with respect to the property or any facility located on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- N. Has the owner or occupant of the property been informed of the past or current existence of hazardous substances or petroleum products or environmental violations with respect to the property or any facility located on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- O. Does the owner or occupant of the property have any knowledge of any environmental site assessment of the property or facility that indicated the presence of hazardous substances or petroleum products on, or contamination of, the property or recommended further assessment of the property?  
**Owner** Yes  No       **Occupants** Yes  No

- P. Does the owner or occupant of the property know of any past, threatened, or pending lawsuits or administrative proceedings concerning a release or threatened release of any hazardous substance or petroleum products involving the property by any owner or occupant of the property?  
**Owner** Yes  No       **Occupants** Yes  No
- Q. Are there currently, or to the best of your knowledge have there been, any other problems that appear environmentally suspicious such as excess garbage on the property, large mounds of fill dirt, or other unnatural features?  
**Owner** Yes  No       **Occupants** Yes  No
- R. Are there currently, or to the best of your knowledge have there been, any open pits or dumps, drain water evaporation ponds, or holding ponds with chemical waste effluents?  
**Owner** Yes  No   
 If yes, for each pit or pond, provide the following information:  
 1. Number of ponds.  
 2. Size of each pond.  
 3. Is there evidence of pollutants in the waters or around edges of ponds? Yes  No   
**Occupants** Yes  No   
 If yes, for each pit or pond, provide the following information:  
 1. Number of ponds.  
 2. Size of each pond.  
 3. Is there evidence of pollutants in the waters or around edges of ponds? Yes  No
- S. Is there currently, or to the best of your knowledge has there been evidence of soil contamination or other note worthy condition that has not previously been discussed as to the site condition above?  
 Examples of note worthy conditions are gullies partially filled in or edges or mounds with containers exposed and top soil removed and/or soil that does not support the same vegetation as surrounding area.  
**Owner** Yes  No       **Occupants** Yes  No
- T. Are there groundwater wells on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- U. Is the property in or near any flood plain, wetland, i.e. are there bogs, marshes, saturated soils, dark greasy soils, marshy areas, or extended periods where water covers portions of the property, or any other sensitive ecological area?  
**Owner** Yes  No       **Occupants** Yes  No
- V. Is any mining or other mineral development or extraction activity apparent on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- W. Are there currently, or to the best of your knowledge have there been environmentally sensitive chemicals or substances used at the subject site?  
**Owner** Yes  No       **Occupants** Yes  No
- X. Are there currently, or to the best of your knowledge have there been any vent pipes, fill pipes, or access ways indicating a fill pipe protruding from the ground on the property or adjacent to any structure located on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- Y. If the property is served by a private well or non-public water system, have contaminants been identified in the well or system that exceed guidelines applicable to the water system or has the well been designated as contaminated by any government environmental/health agency?  
**Owner** Yes  No       **Occupants** Yes  No
- Z. Other than storm water into a sanitary sewer system, does the property currently, or to the best of your knowledge has the property previously discharged waste water?  
**Owner** Yes  No       **Occupants** Yes  No

IV. Storage tanks

- A. Are there currently, or to the best of your knowledge have there been any registered or unregistered storage tanks (above or underground) located on the property or on any adjoining property?  
**Owner** Yes  No       **Occupants** Yes  No
- B. If there are any storage tanks on the property, please provide the following information:  
 1. Type of tank in use above ground or underground.  
 2. The location of the tank.  
 3. What is the tank apparently used for?  
 4. What is the approximate size of the tank?  
 5. Do the underground storage tanks have leak detection systems and overflow protection devices?  
 6. Are there certificates of compliance and registrations posted at a conspicuous location at the site?  
 7. Is there stained ground around the fill port or vent pipe?

V. Drums/Containers

- A. Are there currently, or to the best of your knowledge have there been, any damaged or discarded automotive or industrial batteries, or pesticides, paints, household cleaners, or other chemicals in containers stored on or used at the property or at the facility or at any adjoining property or facility?  
**Owner** Yes  No       **Occupants** Yes  No

- B. Are there currently, or to the best of your knowledge have there been, any industrial drums or sacks of chemicals located on the property or at the facility or at any adjoining property or facility?  
**Owner** Yes  No       **Occupants** Yes  No
- C. If drums or containers are located on the property, please provide the following information:  
 1. A rough count by size, number of gallons, and type.  
 2. Number of unlabeled drums.  
 3. Evidence of spills or leaks.  
 4. Location of drums.  
 5. Information found on any drum labels.

VI. Asbestos

- A. Is there any reason to believe asbestos exists on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- B. Are the heating units, air handler, hot water heater, cooling tower, boilers and chillers and related piping in poor condition?  
**Owner** Yes  No       **Occupants** Yes  No
- C. If there is ceiling tile, is it in poor condition?  
**Owner** Yes  No       **Occupants** Yes  No
- D. If there is floor tile, is it in poor condition?  
**Owner** Yes  No       **Occupants** Yes  No
- E. If insulation material is visible, is it in poor condition?  
**Owner** Yes  No       **Occupants** Yes  No

VII. Pesticides

- A. Is there any evidence or knowledge that any portion of the property is or has been used for a pesticide application or chemical manufacturing business?  
**Owner** Yes  No       **Occupants** Yes  No
- B. Is there currently, or to the best of your knowledge has there been any storage of pesticides or weed killers on the property?  
**Owner** Yes  No       **Occupants** Yes  No

VIII. PCBs

- A. Are there pole mounted transformers or other pole mounted electrical equipment on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- B. Are there pad mounted transformers or other noticeable electrical equipment on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- C. Are there any abandoned or used electrical transformers or capacitors or other operations involving PCBs located on the property?  
**Owner** Yes  No       **Occupants** Yes  No

IX. Toxic Mold

- A. Is there any reason to suspect that mold (including, but not limited to "toxic mold") might exist in or around the buildings on property? If yes, please describe the reason for such belief and, if applicable, the location and approximate size of the affected area.  
**Owner** Yes  No       **Occupants** Yes  No
- B. Have any of the buildings or structures on the property sustained any appreciable water damage (e.g., water stains on the foundation; stained ceiling tiles; indications of leaks or overflows in and around plumbing, fixtures, appliances, or windows; bubbling/flaking paint or wallpaper; water-stained carpets or floors, etc.)? If yes, please describe the type of damages.  
**Owner** Yes  No       **Occupants** Yes  No
- C. Does any building or structure on the property have any known moisture problems (eg., flooding; leaking roofs, plumbing, appliances, foundations or windows; condensation from air conditioners; improperly sealed exterior venting etc.)? If yes, please describe the type of problem and the location.  
**Owner** Yes  No       **Occupants** Yes  No
- D. Are you aware of musty or moldy odors that have been reported in the building? If yes, please describe the incident(s).  
**Owner** Yes  No       **Occupants** Yes  No
- E. Are you aware of any building occupants that have reported any health issues (headaches, fatigue, allergic reactions, etc.) that could in any way be related to indoor conditions within the building? If yes, please describe the incident(s).  
**Owner** Yes  No       **Occupants** Yes  No

X. Miscellaneous

- Are there any other problems that appear environmentally suspicious that are not indicated above?  
**Owner** Yes  No       **Occupants** Yes  No

XI. Future Use

- A. What do you intend to use the property for in the foreseeable future?  
**Owner:**  
**Occupant:**

- B. Will you be using any hazardous or toxic substances on the property and/or will your use of the property result in the production of any hazardous, toxic, or other regulated waste?  
**Owner** Yes  No       **Occupants** Yes  No
- C. If you answered yes to paragraph B, please list all such substances and other information below (attach extra sheet if necessary).
- D. Do you plan to install any underground or above ground storage tanks on the property?  
**Owner** Yes  No       **Occupants** Yes  No
- E. If underground petroleum storage tanks are present on property, has the owner or operator of the tanks received a "Certificate of Registration" and a "Certificate of Compliance" for the tanks?  
**Owner** Yes  No       **Occupants** Yes  No

If you answered Yes to any questions, or find it necessary to provide other clarification, please number and provide a detailed description of your findings and comments.

**CERTIFICATION**

I \_\_\_\_\_, the owner of the property described herein, have on \_\_\_\_\_, completed this Environmental Sensitivity Review and do hereby certify that to the best of my actual knowledge, and in good faith, the information contained herein is true and correct.

Dated \_\_\_\_\_ Signature \_\_\_\_\_  
**Owner**

I \_\_\_\_\_, the owner and operator of \_\_\_\_\_, a tenant of the above disclosed property, have on \_\_\_\_\_, completed this Environmental Sensitivity Review and do hereby certify that to the best of my actual knowledge, and in good faith, the information contained herein is true and correct. (Each tenant must provide its own certification. If multiple tenants are interviewed, please complete additional certifications for their signature.)

Dated \_\_\_\_\_ Signature \_\_\_\_\_  
**Occupant**

I, \_\_\_\_\_, Loan Officer of this lender, have on \_\_\_\_\_, assisted (the owner) \_\_\_\_\_ and tenant(s), \_\_\_\_\_, to complete this Environmental Sensitivity Review, Owner/Occupant Questionnaire, and do certify to the best of my actual knowledge that the information contained herein is true and correct.

Dated \_\_\_\_\_ Signature \_\_\_\_\_  
**Loan Officer**

# BUSINESS DEBT SCHEDULE

This schedule should contain loans, contracts and notes payable, **not** accounts payable or accrued liabilities.

| CREDITOR                      | ORIGINAL DATE | ORIGINAL AMOUNT | PRESENT BALANCE | INTEREST RATE | MONTHLY PAYMENT | MATURITY DATE | COLLATERAL/SECURITY |
|-------------------------------|---------------|-----------------|-----------------|---------------|-----------------|---------------|---------------------|
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
|                               |               |                 |                 |               |                 |               |                     |
| <b>TOTAL PRESENT BALANCE*</b> |               |                 |                 |               |                 |               |                     |

\*Total must agree with balance shown on the interim balance sheet

Signature \_\_\_\_\_ Date \_\_\_\_\_

# SCHEDULE OF LEASES

| Suite # or Address | Tenant Name | Lease Date | Lease Term | Lease Type<br><small>(NNN, Modified Gross,<br/>Full Service, etc.)</small> | Square Footage<br>Occupied | Lease Rate<br>\$/Month |
|--------------------|-------------|------------|------------|--|----------------------------|------------------------|
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
|                    |             |            |            |  |                            |                        |
| <b>Totals</b>      |             |            |            |  |                            |                        |

Signature \_\_\_\_\_ Date \_\_\_\_\_