

SMALL BALANCE COMMERCIAL LOAN APPLICATION

LOAN INFORMATION Loan Amount: \$ \_\_\_\_\_ LTV: \_\_\_\_\_ %

**SUBJECT PROPERTY**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

<b>PURCHASE MONEY LOAN:</b> <input type="checkbox"/> Purchase Price: \$ _____ Est. Market Value: \$ _____ Down Payment: \$ _____ Source of down payment: _____ Seller Credit: <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	<b>REFINANCE LOAN:</b> <input type="checkbox"/> <b>CASH OUT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Original Cost: \$ _____ Cash out: \$ _____ Use of Cash out: _____ Year Acquired: _____ Purchase Price: \$ _____ Have you owned the subject property for the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
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This is a business purpose loan. How does this transaction benefit your business?

Have all Real Estate payments been made on time for the last two years?  Yes  No

**PROPERTY** Is the property in good repair?  Yes  No Manner in which Title will be held: \_\_\_\_\_

Retail  Office  
 Mixed-use  Office Condo  
 Industrial  Office/Warehouse  
 Multifamily  Industrial Condo

Does the collateral have utility (move-in / turn-key condition) for its intended use upon funding?  Yes  No  
 If not, describe necessary improvements (build-out, paint, flooring, etc...)

Construction Type (CTU, Wood Frame, Block, Metal):	# Units	# of Stories	Building Sq. Ft.	Lot Size (sq. ft.)	Year Built	Zoning
					0	

**OCCUPANCY**

Current Owner Occupancy \_\_\_\_\_% Tenant Occupancy \_\_\_\_\_% Vacancy \_\_\_\_\_%

After Loan Closes Owner Occupancy \_\_\_\_\_% Tenant Occupancy \_\_\_\_\_% Vacancy \_\_\_\_\_%

**CONSTRUCTION-TAKEOUT LOAN** Yr. lot acquired: \_\_\_\_\_ Original Cost: \_\_\_\_\_ Year Improved: \_\_\_\_\_ Improvement Cost: \_\_\_\_\_ Present Value: \_\_\_\_\_

Proposed Improvement Cost: \$ \_\_\_\_\_ Describe tenant improvements (TI) to be financed: \_\_\_\_\_

**REFINANCE DETAILS**

Lender	Origination Date	Origination Amount	Current Balance	Current Monthly Payment	SBA Loan
		\$ 0	\$ 0	\$ 0	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$ 0	\$ 0	\$ 0	<input type="checkbox"/> Yes <input type="checkbox"/> No

**TENANT RENT ROLL** (Attach certified rent roll for properties with six or more tenants)

Unit/Suite#	Occupant	Sq.Ft.	Monthly Rent	Started	Expires	Options	Owner Occupied
			\$				<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
			\$				<input type="checkbox"/> Yes <input type="checkbox"/> No

What is the business type (industry) for the largest tenant? \_\_\_\_\_ Do any leases encumbering the collateral property include tenant options to purchase the subject property?  Yes  No

**SUBJECT PROPERTY CASH FLOW (Complete for INVESTOR)**

INCOME:		EXPENSES:	
Gross Potential Income (monthly rent of all tenants x 12)	\$ _____	Insurance	\$ _____
Vacancy (Greater of 5%, actual or market)	\$ _____	Taxes	\$ _____
Effective Gross Income	\$ _____	Reserves	\$ _____
		Management	\$ _____
		Leasing Comm. / TI Allowances	\$ _____
		Utilities / Misc. / G&A	\$ _____

**NET PROPERTY CASH FLOW:** \$ \_\_\_\_\_

Borrower \_\_\_\_\_ Co-Borrower \_\_\_\_\_

**PERSONAL INFORMATION**

Borrower's Name: _____				Borrower's Name: _____			
Social Security #: _____		D.O.B. _____		Social Security #: _____		D.O.B. _____	
Home Phone: _____		<input type="checkbox"/> Single <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	Home Phone: _____		<input type="checkbox"/> Single <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
E-Mail Address: _____				E-Mail Address: _____			
# of Years in School: _____		Degree: _____		# of Years in School: _____		Degree: _____	
Present Address: _____				Present Address: _____			
City: _____		ST: _____	Zip: _____	City: _____		ST: _____	Zip: _____
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	# Yrs. _____	Monthly Pmt.: \$ _____	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	# Yrs. _____	Monthly Pmt.: \$ _____
<i>If residing at present address for less than two (2) years, complete the following:</i>				<i>If residing at present address for less than two (2) years, complete the following:</i>			
Former Address: _____				Former Address: _____			
City: _____		ST: _____	Zip: _____	City: _____		ST: _____	Zip: _____
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	# Yrs. _____	Monthly Pmt.: \$ _____	<input type="checkbox"/> Rent	<input type="checkbox"/> Own	# Yrs. _____	Monthly Pmt.: \$ _____
Employer: _____ <input type="checkbox"/> Self Employed				Employer: _____ <input type="checkbox"/> Self Employed			
Address: _____				Address: _____			
City: _____		ST: _____	Zip: _____	City: _____		ST: _____	Zip: _____
Business Phone: _____		Position: _____		Business Phone: _____		Position: _____	
Type of Business: _____	# Yrs. on this job: _____	# Yrs. in profession: _____	_____	Type of Business: _____	# Yrs. on this job: _____	# Yrs. in profession: _____	_____
<i>If employed for less than two(2) years, complete the following:</i>				<i>If employed for less than two(2) years, complete the following:</i>			
Employer: _____ <input type="checkbox"/> Self Employed				Employer: _____ <input type="checkbox"/> Self Employed			
Address: _____				Address: _____			
City: _____		ST: _____	Zip: _____	City: _____		ST: _____	Zip: _____
Business Phone: _____		Position: _____		Business Phone: _____		Position: _____	
Type of Business: _____	# Yrs. on this job: _____	# Yrs. in profession: _____	_____	Type of Business: _____	# Yrs. on this job: _____	# Yrs. in profession: _____	_____

		Annual Personal Income:		Annual Personal Expenses:				Annual Personal Income:		Annual Personal Expenses:	
Gross Wages / Salary		\$ _____	Rent / Mortgage	\$ _____	Gross Wages / Salary	\$ _____	Rent / Mortgage	\$ _____			
Interest & Dividends		\$ _____	Income / RE Taxes	\$ _____	Interest & Dividends		\$ _____	Income / RE Taxes	\$ _____		
Sch. C Net Profits		\$ _____	Installment Debt	\$ _____	Sch. C Net Profits		\$ _____	Installment Debt	\$ _____		
Sch. E Rental Income		\$ _____	Credit Card Payments	\$ _____	Sch. E Rental Income		\$ _____	Credit Card Payments	\$ _____		
Other Income		\$ _____	Rental Mortgage (P&I)	\$ _____	Other Income		\$ _____	Rental Mortgage (P&I)	\$ _____		
			Alimony / Child Support	\$ _____				Alimony / Child Support	\$ _____		
			Other	\$ _____				Other	\$ _____		

  

		DECLARATIONS					
		Yes	No	Yes	No		
Borrower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Are any of your assets held in a trust?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. If purchase, do you or any member of your family share any property or business ownership with the seller in any way?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are there any outstanding judgments against you or any entity you own 25% or more interest in?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Have you been declared bankrupt in the last 7 years?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do you or have you owned 25% or more interest in any entity that has been declared bankrupt in the last 10 years?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you ever had property in foreclosure or given title or deed in lieu?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Are you or any entity which you own 25% or more interest in a party to a lawsuit?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are you obligated to pay alimony, child support, or separate maintenance?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Are you a U.S. Citizen?		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Are you a permanent resident alien? If yes, please provide a copy of your resident alien ID Card.		<input type="checkbox"/>	<input type="checkbox"/>

**ACKNOWLEDGEMENT AND AGREEMENT**

I/We authorize Lehman Brothers Bank, FSB to make inquiries as necessary to verify the accuracy of the statements made in this application and to determine my/our creditworthiness. I/We authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such credit inquiries. I/We certify the above and the statements contained in the attachments are true and accurate as of the stated date. These statements are made for the purpose of obtaining a loan. I/We understand FALSE statements may result in possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001). I/We authorize the release of this information whether the signature below is an original or a copy.

Borrower's Signature _____	Date _____	Co-Borrower's Signature _____	Date _____	
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**PERSONAL ASSETS AND LIABILITIES**

This Statement and any applicable supporting schedules may be completed jointly by both married and unmarried Co-Borrowers if their assets and liabilities are sufficiently joined so that the Statement can be meaningfully and fairly presented on a combined basis; otherwise, separate Statements and Schedules are required. Completed:  Jointly  Not Jointly

ASSETS		LIABILITIES			
Cash deposit toward purchase held by: \$		List all outstanding debt; Installment, Auto, Alimony, Child Support, Stock Pledges, etc. Use Continuation Sheet if necessary. Combine all credit card debt. Mark liabilities that will be satisfied upon sale or refinancing of real estate owned.			
Name of Bank, S&L or Credit Union					
Acct. # \$		<b>LOANS AND LEASES (NOT REAL ESTATE)</b>			
Name of Bank, S&L or Credit Union		Creditor Name	Mo. Payment \$	Unpaid Balance \$	
Acct. # \$		Acct. #			
Publicly Traded Stocks & Bonds <i>(Exclude privately owned companies)</i> \$		Creditor Name	Mo. Payment \$	Unpaid Balance \$	
Life insurance net cash value		Acct. #			
Face amount: \$	\$	Creditor Name	Mo. Payment \$	Unpaid Balance \$	
Subtotal Liquid Assets \$		Acct. #			
Vested interest in retirement fund \$		Creditor Name	Mo. Payment \$	Unpaid Balance \$	
Motor vehicles owned (make and year) Market Value \$		Acct. #			
Other Assets (itemized) Market Value \$		<b>CREDIT CARD DEBT</b>			
		Combined Credit Card Debt	Mo. Payment \$	Unpaid Balance \$	
		<b>ALIMONY / CHILD SUPPORT / SEPARATE MAINTENANCE</b>			
		Payments Owed to:	Mo. Payment \$		
<b>REAL ESTATE OWNED (*use additional sheets if necessary)</b>		<b>REAL ESTATE MORTGAGE DEBT</b>			
Property A	Address		1st Lender Name (personal residence)	Mo. Payment \$	Unpaid Balance \$
	Type of property: Original cost: \$		Acct. # <input type="checkbox"/> Variable Rate		
	Date purchased: Present market value: \$		2nd Lender Name (personal residence)	Mo. Payment \$	Unpaid Balance \$
			Acct. # <input type="checkbox"/> Variable Rate		
		Monthly rental income \$			
Property B	Address		1st Lender Name	Mo. Payment \$	Unpaid Balance \$
	Type of property: Original cost: \$		Acct. # <input type="checkbox"/> Variable Rate		
	Date purchased: Present market value: \$		2nd Lender Name	Mo. Payment \$	Unpaid Balance \$
			Acct. # <input type="checkbox"/> Variable Rate		
		Monthly rental income \$			
Property C	Address		1st Lender Name	Mo. Payment \$	Unpaid Balance \$
	Type of property: Original cost: \$		Acct. # <input type="checkbox"/> Variable Rate		
	Date purchased: Present market value: \$		2nd Lender Name	Mo. Payment \$	Unpaid Balance \$
			Acct. # <input type="checkbox"/> Variable Rate		
		Monthly rental income \$			
		Total monthly payments \$			
Total Assets \$		Net Worth \$	Total Liabilities \$		

Provide additional information on a Continuation Sheet.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you apply for a loan, we will ask you for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Borrower's Signature

Date

Co-Borrower's Signature

Date

## BUSINESS INFORMATION

Business Name: DBA: Primary Business Address: City:                                  ST:                                  Zip: Primary Contact Name: Phone:                                  Fax: E-mail address: Web site address: Monthly Rent paid at this location: \$                                  Sq.Ft: Lease Expires: <input type="checkbox"/> Month-to-Month Business Tax ID: Date Business established:                                  # of employees:	Executive / Mailing Address  List Additional Business Locations	Sq.Ft.  Sq.Ft.	Mo. Rent  Mo. Rent	Lease Expires  Lease Expires
Type of Entity (select one): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other (please specify): _____				
Business Type (select one): <input type="checkbox"/> Retail <input type="checkbox"/> Service <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Construction <input type="checkbox"/> Real Estate				

### OWNERSHIP / OFFICERS / DIRECTORS

Name:	Title	% Owned:

### Nature of Business: HISTORY

Types of Products / Services as percentage of total revenue:

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Business revenue (Sales) trends in the last three (3) years are:    Explain what factors have affected your trends:  
 Increasing     Decreasing     Stable

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Business profitability (Sales) trends in the last three (3) years are:    Explain what factors have affected your trends:  
 Increasing     Decreasing     Stable

### BUSINESS DECLARATIONS

If you answer "yes" to any questions, use Continuation Sheet for explanations.

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1. Is the business a party to a lawsuit?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the business been involved in bankruptcy proceedings in the last 10 years?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the business have delinquent federal, state, payroll, sales or other tax liability?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the business ever had property in foreclosure or given title or deed in lieu?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If renting, have you failed to pay rent on time for each of the last 12 months?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the business, its owners or majority stockholders hold other loans with Lehman Brothers or CNL Commercial Finance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is your business a franchise? If yes, please provide a copy of the franchise agreement.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the business, its owners or majority stockholders own or have a controlling interest in another business?<br><i>If "yes", please complete a separate BUSINESS INFORMATION form for each affiliate business.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Borrower's Signature

Date

Co-Borrower's Signature

Date

#### To be completed by the interviewer

This application was taken by:    Interviewer's Name (print or type): \_\_\_\_\_    Interviewer's Phone: \_\_\_\_\_

face-to-face interview    Name & Address of Interviewer's Employer: \_\_\_\_\_

by mail

by telephone    Interviewer's Signature: \_\_\_\_\_    Date: \_\_\_\_\_