

**LOAN SUBMISSION FORM: FAX TO 617-522-6101**

<b>Loan Request</b>  <b>Amount:</b> \$	<b>Loan Type:</b>  <input type="checkbox"/> Bridge <input type="checkbox"/> Acquisition <input type="checkbox"/> Construction or Rehab <input type="checkbox"/> Credit Line <input type="checkbox"/> Note Acquisition	<input type="checkbox"/> <b>PURCHASE</b> Purchase price:	Are you in contract yet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<input type="checkbox"/> <b>REFINANCE</b>	Current outstanding balance:	Date purchased:	
		Maturity:	Price paid:	
		Estimated Rehab or Construction: \$	Current lender:	Amount invested in property:
		How quickly do you need to close?	Proposed use of proceeds:	

  

<b>Property Type:</b>  <input type="checkbox"/> Multi-family <input type="checkbox"/> Mixed-Use <input type="checkbox"/> Retail/Shopping Center <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Single Tenant <input type="checkbox"/> Land <input type="checkbox"/> Self Storage <input type="checkbox"/> Commercial Condo or Co-op Units <input type="checkbox"/> Other:	Property Address:  _____ _____ _____				
	Percentage of property owner-occupied:	If owner-occupied, what is nature of the business:			
	Estimated Market Value: \$	Loan to Value %	Notes:		
	After Repair Value: \$	ARV LTV %	Gross Rents	Operating Expenses	NOI
<b><i>In order to provide a more accurate quote, please attach: (1) an executive summary if available; (2) a breakdown of actual income and expenses; (3) a current rent roll; (4) a site plan; (5) photos of the property and (6) please share any significant information, positive or negative, with us as soon as possible.</i></b>					

  

<b>Borrower</b>  <b>Type:</b>  <input type="checkbox"/> Individual(s)  OR <input type="checkbox"/> Name of Borrowing Entity:	Borrower Contact Name & Soc. Sec. #:	Mailing Address:		
	Telephone:	Cell Phone:	Email:	Fax:
	List Individual Borrowers OR Principals of Borrowing Entity: <b>1</b>	% Ownership:	Net Worth:	Liquid Assets (excluding IRA accounts):
	<b>2</b>			
	<b>3</b>			

**Name, Email and Phone number of person completing this form:**

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