

# TenRock Financial LLC

## Commercial Loan Application

Mortgage Amount Applied For \$ \_\_\_\_\_

**PURCHASE SUBJECT PROPERTY**

|                              |                            |  |              |                   |
|------------------------------|----------------------------|--|--------------|-------------------|
| Sales Price:<br>\$ -         | Cash Down Payment:<br>\$ - | Source of Equity Funds (Cash Down or Other / Explain): |              |                   |
| Secondary Financing:<br>\$ - | Interest Rate:<br>0.00%    | Monthly P & I Payment:<br>\$ -                         | Term Months: | To Be Payable To: |

**RE-FINANCE SUBJECT PROPERTY** Describe Significant Improvements to Property

|                            |                         |  |  |  |
|----------------------------|-------------------------|--|--|--|
| Date Acquired / Settlement | Interest Rate:<br>0.00% |  |  |  |
|----------------------------|-------------------------|--|--|--|

**FUNDS TO BE USED TO PAY:**

|                              |                |                              |
|------------------------------|----------------|------------------------------|
| First Lien Balance:<br>\$ -  | Maturity Date: | Payable to: Name and address |
| Second Lien Balance:<br>\$ - | Maturity Date: | Payable to: Name and address |

**REMAINING FUNDS TO BE USED TO:**

|                                |                       |                     |                  |                         |
|--------------------------------|-----------------------|---------------------|------------------|-------------------------|
| Pay Off Property Taxes<br>\$ - | Closing Costs<br>\$ - | Renovations<br>\$ - | Cash Out<br>\$ - | Other:<br>Explain Below |
|--------------------------------|-----------------------|---------------------|------------------|-------------------------|

Explanation for Other Uses of Funds or Renovations To Be Completed:

### Subject Property (Use Page 2 For Additional Collateral)

Address: (Street - City - State - Zip)

|  |                                       |                                     |                          |                     |   |
|--|---------------------------------------|-------------------------------------|--------------------------|---------------------|---|
| Type of property - Check all that apply - Mixed use assumes residential mix<br><br><input type="checkbox"/> Warehouse<br><input type="checkbox"/> Nursing Home<br><input type="checkbox"/> Other (Include Description) | <input type="checkbox"/> Multi Family | <input type="checkbox"/> Office     | Number of Units:         | Square Feet (Gross) | County:   |
|  | <input type="checkbox"/> Industrial   | <input type="checkbox"/> Industrial | Owner Occupied %:        | Vacancy %:          | Title will be:<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Leasehold |
|  | <input type="checkbox"/> Mixed Use    | <input type="checkbox"/> Retail     | Description of Property: |                     |   |
| <input type="checkbox"/> Restaurant  | <input type="checkbox"/> Hotel        |                                     |                          |                     |   |
| <input type="checkbox"/> Auto Repair   | <input type="checkbox"/> Motel        |                                     |                          |                     |   |

Title will be vested in (name of individuals or entity):

### BORROWER INFORMATION

|                      |  |  |  |                                |                                   |
|----------------------|--|--|--|--------------------------------|-----------------------------------|
| Borrower(s) will be: | <input type="checkbox"/> Corporation         | <input type="checkbox"/> Individual(s)   | <input type="checkbox"/> Non-Profit    | <input type="checkbox"/> LLC   | State of Incorporation/Formation: |
|                      | <input type="checkbox"/> General Partnership | <input type="checkbox"/> LTD Partnership | <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Trust |                                   |

**Complete below if borrower is an entity and not an individual**

Borrower(s) Name(s) if entity

Address: (Street - City - State - Zip)

|              |                 |                      |             |                     |
|--------------|-----------------|----------------------|-------------|---------------------|
| Tax I.D. No. | Current Assets: | Current Liabilities: | Net Income: | Date of Financials: |
|--------------|-----------------|----------------------|-------------|---------------------|

|  |  |   |  |
|--|--|---|--|
| a.) Is the Borrower a Co-Op?               | <input type="checkbox"/> Yes <input type="checkbox"/> No | c.) Is the Borrower a Party in a Lawsuit?               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b.) Is the Borrower a Single Asset Entity? | <input type="checkbox"/> Yes <input type="checkbox"/> No | d.) Is there Pending Litigation involving the Borrower? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Principals / Guarantors / Individuals / Borrowers**

List below the borrowing entity and all the names of individual borrowers, general partners or entity that directly or indirectly controls the borrowing entity, including limited partners of a partnership, shareholders of a corporation or members of a limited liability company who owns 25 percent or more of the equity interests in the borrowing entity regardless of whether they will be guaranteeing the loan.

|       |                      |        |              |
|-------|----------------------|--------|--------------|
| Name: | Recourse \$:<br>\$ - | Title: | Ownership %: |
| Name: | Recourse \$:<br>\$ - | Title: | Ownership %: |
| Name: | Recourse \$:<br>\$ - | Title: | Ownership %: |
| Name: | Recourse \$:<br>\$ - | Title: | Ownership %: |
| Name: | Recourse \$:<br>\$ - | Title: | Ownership %: |

**Additional Collateral # 1**

Address: (Street - City - State - Zip)

|  |                          |                     |   |
|--|--------------------------|---------------------|---|
| Type of property - Check all that apply - Mixed use assumes residential mix<br><input type="checkbox"/> Multi Family <input type="checkbox"/> Office<br><input type="checkbox"/> Industrial <input type="checkbox"/> Industrial<br><input type="checkbox"/> Warehouse <input type="checkbox"/> Mixed Use <input type="checkbox"/> Retail<br><input type="checkbox"/> Nursing Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel<br><input type="checkbox"/> Other (Include Description) <input type="checkbox"/> Auto Repair <input type="checkbox"/> Motel | Number of Units:         | Square Feet (Gross) | County:   |
|  | Owner Occupied %:        | Vacancy %:          | Title will be:<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Leasehold |
|  | Description of Property: |                     |   |

**Additional Collateral # 2**

Address: (Street - City - State - Zip)

|  |                          |                     |   |
|--|--------------------------|---------------------|---|
| Type of property - Check all that apply - Mixed use assumes residential mix<br><input type="checkbox"/> Multi Family <input type="checkbox"/> Office<br><input type="checkbox"/> Industrial <input type="checkbox"/> Industrial<br><input type="checkbox"/> Warehouse <input type="checkbox"/> Mixed Use <input type="checkbox"/> Retail<br><input type="checkbox"/> Nursing Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel<br><input type="checkbox"/> Other (Include Description) <input type="checkbox"/> Auto Repair <input type="checkbox"/> Motel | Number of Units:         | Square Feet (Gross) | County:   |
|  | Owner Occupied %:        | Vacancy %:          | Title will be:<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Leasehold |
|  | Description of Property: |                     |   |

**Additional Collateral # 3**

Address: (Street - City - State - Zip)

|  |                          |                     |   |
|--|--------------------------|---------------------|---|
| Type of property - Check all that apply - Mixed use assumes residential mix<br><input type="checkbox"/> Multi Family <input type="checkbox"/> Office<br><input type="checkbox"/> Industrial <input type="checkbox"/> Industrial<br><input type="checkbox"/> Warehouse <input type="checkbox"/> Mixed Use <input type="checkbox"/> Retail<br><input type="checkbox"/> Nursing Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel<br><input type="checkbox"/> Other (Include Description) <input type="checkbox"/> Auto Repair <input type="checkbox"/> Motel | Number of Units:         | Square Feet (Gross) | County:   |
|  | Owner Occupied %:        | Vacancy %:          | Title will be:<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Leasehold |
|  | Description of Property: |                     |   |

### Additional Collateral # 4

Address: (Street - City - State - Zip)

Type of property - Check all that apply - Mixed use assumes residential mix

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Multi Family                | <input type="checkbox"/> Office      |
| <input type="checkbox"/> Industrial                  | <input type="checkbox"/> Industrial  |
| <input type="checkbox"/> Warehouse                   | <input type="checkbox"/> Mixed Use   |
| <input type="checkbox"/> Nursing Home                | <input type="checkbox"/> Restaurant  |
| <input type="checkbox"/> Other (Include Description) | <input type="checkbox"/> Auto Repair |
|  | <input type="checkbox"/> Retail      |
|  | <input type="checkbox"/> Hotel       |
|  | <input type="checkbox"/> Motel       |

|                   |                     |   |
|-------------------|---------------------|---|
| Number of Units:  | Square Feet (Gross) | County:   |
| Owner Occupied %: | Vacancy %:          | Title will be:<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Leasehold |

Description of Property:

### Property Declarations

If you answer "yes" to any of the questions, provide an explanation.

- a.) Is there any litigation involving any of the properties to be used as collateral for the loan? If "Yes" attach explanation  Yes  No
- b.) Do any tenants have options to purchase any of the properties?  Yes  No

### Acknowledgement and Agreement

|                          |      |   |
|--------------------------|------|---|
| Borrower's Signature # 1 | Date | <p><b>CERTIFICATION:</b> I/We certify that the information provided in this application is correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the Lender, its agents successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentations which I/we have made in the application. If signing on behalf of an entity and not an individual, I/we certify that I/we have the authoritative capacity to sign on behalf of the Borrowers.</p> |
| Name:                    |      |   |
| Title:                   |      |   |
| Borrower's Signature # 1 | Date |   |
| Name:                    |      |   |
| Title:                   |      |   |

### To Be Completed by Interviewer

|  |   |   |
|--|---|---|
| This Application was Taken By:<br><br><input type="checkbox"/> Face-To-Face Interview<br><br><input type="checkbox"/> By Mail<br><br><input type="checkbox"/> By Telephone | Interviewer's Name:<br><hr/> Interviewer's Signature<br><hr/> Interviewer's Phone Number (including area code): | Name and Address of Interviewer's Employer: |
|--|---|---|

For Internal Use Only:

| Borrower / Guarantor #1                 |                                    |  |
|---|------------------------------------|--|
| Name (include Jr. or Sr. if applicable) |                                    |  |
| Age:                                    | Yrs School                         | Home Phone Number (include Area Code): |
| <input type="checkbox"/> Married        | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Separated     |
| Social Security Number:                 |                                    |  |
| Present Address:                        |                                    |  |
| <input type="checkbox"/> Own            | <input type="checkbox"/> Rent      | <input type="text"/> Number of Years   |
| Name and Address of Employer:           |                                    | <input type="checkbox"/> Self Employed |
| Years on Job                            | <input type="text"/>               |  |
| Years in this line of Work/Profession   | <input type="text"/>               |  |
| Position / Title / Type of Business:    |                                    |  |
| Business Phone Number:                  |                                    |  |

| Borrower / Guarantor #2                 |                                    |  |
|---|------------------------------------|--|
| Name (include Jr. or Sr. if applicable) |                                    |  |
| Age:                                    | Yrs School                         | Home Phone Number (include Area Code): |
| <input type="checkbox"/> Married        | <input type="checkbox"/> Unmarried | <input type="checkbox"/> Separated     |
| Social Security Number:                 |                                    |  |
| Present Address:                        |                                    |  |
| <input type="checkbox"/> Own            | <input type="checkbox"/> Rent      | <input type="text"/> Number of Years   |
| Name and Address of Employer:           |                                    | <input type="checkbox"/> Self Employed |
| Years on Job                            | <input type="text"/>               |  |
| Years in this line of Work/Profession   | <input type="text"/>               |  |
| Position / Title / Type of Business:    |                                    |  |
| Business Phone Number:                  |                                    |  |

| If employed in current position for less than two years or if currently employed in more than one position, complete the following: |                      |  |
|---|----------------------|--|
| Name and Address of Employer:   |                      | <input type="checkbox"/> Self Employed |
| Years on Job  | <input type="text"/> |  |
| Years in this line of Work/Profession   | <input type="text"/> |  |
| Position / Title / Type of Business:  |                      |  |
| Business Phone Number:  |                      |  |

### Declarations

| IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS A THROUGH G, PROVIDE AN EXPLANATION TO THE RIGHT  | Borrower/<br>Guarantor #1 |                          | Borrower/<br>Guarantor #2 |                          | Explanations:<br>Use Continuation Sheets as Necessary: |  |
|---|---------------------------|--------------------------|---------------------------|--------------------------|--|--|
|   | Yes                       | No                       | Yes                       | No                       |  |  |
| a) Are there any outstanding judgments against you?   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| b) Have you been declared bankrupt in the past 7 years?   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| c) Have you had property foreclosed upon, or given title or deed in lieu thereof in the last seven (7) years?                                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| d) Are you party to a lawsuit?  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| e) Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| SBA Loans   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| FHA or VA Loans (Provide Case Number)   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| Educational Loans   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| Manufactured (Mobile) Home Loans  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| Home Mortgage or Home Improvement Loans   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| Bond or Loan Guarantee  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| Any Financial Obligation  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| If answer is "Yes" to any of the above provide details including name and address of Lender and reasons for action                                  |                           |                          |                           |                          |  |  |
| f) Are you presently delinquent or in default on any Federal debt, or any other loan, mortgage, financial obligation, bond or loan guarantee?       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| If "yes" give details as described in preceding question  |                           |                          |                           |                          |  |  |
| g) Is any part of the down payment borrowed?  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| h) Are you a U.S. Citizen?  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |
| i) Are you a permanent resident alien?  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |  |  |

### Monthly Income

| Gross Monthly Income                                | Borrower #1 | Borrower #2 | Total       | Describe Sources of Other Income Below: |
|---|-------------|-------------|-------------|---|
| Base Employment Income                              | \$ -        | \$ -        | \$ -        |   |
| Overtime  | \$ -        | \$ -        | \$ -        |   |
| Bonuses   | \$ -        | \$ -        | \$ -        |   |
| Commissions   | \$ -        | \$ -        | \$ -        |   |
| Dividends / Interest                                | \$ -        | \$ -        | \$ -        |   |
| Net Rental Income (Total from Real Estate Schedule) | \$ -        | \$ -        | \$ -        |   |
| Business Income                                     | \$ -        | \$ -        | \$ -        |   |
| Other Income  | \$ -        | \$ -        | \$ -        |   |
| <b>TOTAL</b>  | <b>\$ -</b> | <b>\$ -</b> | <b>\$ -</b> |   |

### Acknowledgement and Agreement

CERTIFICATION: I / WE CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AS OF THE DATE SET FORTH OPPOSITE MY / OUR SIGNATURE(S) ON THIS APPLICATION AND ACKNOWLEDGE MY / OUR UNDERSTANDING THAT ANY INTENTIONAL OR NEGLIGENT MIREPRESENTATION(S) OF THE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN CIVIL LIABILITY AND / OR CRIMINAL PENALTIES INCLUDING BUT NOT LIMITED TO, FINE OR IMPRISONMENT OR BOTH UNDER THE PROVISIONS OF TITLE 18, UNITED STATES CODE, SECTION 1001, ET SEQ. AND LIABILITY FOR MONETARY DAMAGES TO THE LENDER, IT'S AGENTS, SUCCESSORS AND ASSIGNS, INSURERS AND ANY OTHER PERSON WHO MAY SUFFER ANY LOSS DUE TO RELIANCE UPON ANY MISREPRESENTATION WHICH I / WE HAVE MADE IN THIS APPLICATION.

|                         |       |
|-------------------------|-------|
| Borrower's Signature #1 | Date: |
| Borrower's Signature #2 | Date: |

