

Please complete and return to your Regional Sales Manager. If you don't have one, please send to info@cherrywood.com and you will be assigned one.

1-4 Unit Rental Rehab (Indicate): CCL 310

- Purchase Contract** – (If the loan is for the purchase of property)
- Itemized Rehab Budget** – Confirmed by General Contractor
- Federal Tax Returns** - Last two years tax returns for all guarantors/members
- Personal Financial Statement** - For all guarantors/members (FNMA 1003 Form or equivalent)
- Bank Statements** - Current statements for all bank accounts (less than 30 days old)
- Entity Documents** - *Articles of Organization* and *Good Standing Certificate*
- Property Insurance** - *Certificate of Insurance* showing both Property and Liability coverage
- Pictures of Property** - Exterior and interior

Please have the listed information available with submission so we Quote & Close quickly!

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.

BROKER INFORMATION

Name _____
 Company _____
 Phone _____
 Email _____

BORROWER INFORMATION

If entity or company own the Property, list here.	Personal Residence City/State	Own?	Liquidity	Net Worth	Credit Score
_____	_____	_____	_____	_____	_____
List owners of either entity/company or Property	Ownership %	Personal Residence City/State	Liquidity	Net Worth	Credit Score
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

How many Rehab projects have the Borrowers/Guarantors completed and sold in the last 24 months? _____
 How many ongoing current Rehab projects do the Borrowers/Guarantors currently have? _____
 If the bank statements submitted do not support the total Liquidity, what is the source of those funds? _____
 Do the Borrowers/Guarantors have W-2 Income? Current Year (est.): _____ Last Year: _____ 2 Years ago: _____

Yes Have any Borrowers or Guarantors: **Yes**

Had a property foreclosed in last 3 years?	Are any Borrowers or Guarantors foreign nationals?
Filed for bankruptcy in last 5 years?	Any Borrower or Guarantor missed mortgage payments in last 12 months?
Failed to file Federal tax returns for last 3 years?	Are there back real estate taxes owed on subject property?

IF "YES" TO ANY QUESTION ABOVE, PLEASE EXPLAIN. ANY UNIQUE ASPECTS OF THE DEAL?

SUBJECT PROPERTY INFORMATION

Address _____ **Property Type** 1-4 Unit Residential Rental
 City _____ State _____ Zip _____
 Building SF _____ # of Units _____ Occupancy _____ %
 Does the owner occupy any portion of the property? No Yes _____ O/O SF
 Does the property have: Underground or above ground storage tanks
 Septic Tank

LOAN INFORMATION

Type in Loan Amount and Current Estimated Value

Loan Amount Requested _____	Purchase
Current Estimated Value _____	Current Sales Price _____
	Target Closing Date _____
	1031 Exchange Yes
	Refinance
	Current Loan Balance _____ Current Rate _____
	Loan Maturity Date _____ Pre-Pay? Yes No
	Current Lender _____
	Acquisition Price _____ Mo/Yr Acquired _____

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

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)
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* USE ADDITIONAL FORMS IF NECESSARY

MONTHLY RENT SCHEDULE	
MONTHLY LAUNDRY INCOME <small>(Must show on Income/Expenses)</small>	
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

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.
<i>Do not include one time capital expense items</i>				

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				
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NET OPERATING INCOME				
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COMMENTS OR EXPLANATIONS