INSIGNIA
Financial Services

Borrower _____
Application Date _____
Originator _____

Commercial Mortgage Application
Property Type: **HOTEL**

Loan Information

Loan Name/Description _____

Recourse Preference ☐ Recourse ☐ Non-Recourse ☐ Negotiable

Loan Purpose ☐ Purchase ☐ Refinance ☐ Construction

If Purchase, Purch Price $ _____ Closing Date _____

If Refinance, Loan Balance $ _____ Interest Rate _____% Type: Fixed ☐ Variable ☐

Cost of Recent Improvements $ _____ Improvements Documented? Yes ☐ No ☐ Unknown ☐

If Constr, Constr Cost+Land $ _____ Completion Date _____

Borrower Information

Borrower Name _____

Borrower Type ☐ Individual ☐ Corp ☐ LLC ☐ Trust ☐ Ltd or Gen Prtnrshp ☐ Other_____

Primary Contact _____ Contact Email _____

Address _____ City_____ State_____ Zip_____

Phone ( ) _____ Fax ( ) _____

Net Worth $ _____ FICO Score _____ Bankruptcy? Yes ☐ No ☐

Property Information

Property Name _____ No. of Bldgs _____

Property Subtype: Full Service: Luxury ☐ Resort ☐ Midscale ☐ Limited Service: Midscale ☐ Economy ☐ Extended Stay ☐

Franchise Affiliation: _____ Food & Bev. Operations managed separately? Yes ☐ No ☐

Land Area _____ Resort Area? Yes ☐ No ☐

Last Appraised Value $ _____ Last Sale Price $ _____

Last Appraisal Date _____ Date of Last Sale _____

Property Attributes: Hwy Access ☐ Hwy Visibility ☐ Guest Corridors: Interior ☐ Exterior ☐ Both ☐

Rooms w/Kitchen_____% Fitness Centers___ Outbuildings___ Meeting Rooms___ Pools___ Restaurants___ Tennis Courts___

Primary Guest Type: Business ☐ Govt ☐ Traveler ☐ Business/Vacation ☐ Business/Economy ☐ Extended Stay ☐ Other ☐

Surrounding Land Use Class A Office ☐ Class B Office ☐ Class C Office ☐ Medical Office ☐ Industrial ☐ Retail ☐

Building Information

Building Address _____ City_____ State_____ Zip_____

Number of Stories_____ Year Built_____ Year Renovated_____ Overall Appearance: Avg ☐ Above ☐ Below ☐

No. of Guest Rooms_____ No. of Elevators_____ Gross Building Area (GBA)_____ SF

Market Avg. Daily Occupancy (ADO)_____% **Market Avg. Daily Rate (ADR)** $_____

Income & Expenses

Building Name _____ No. of Guest Rooms_____

Item	3rd Preceding Year _____	2nd Preceding Year _____	Preceding Year _____	YTD No of Months____	Trailing 12 Months	Notes
Avg. Daily Rate (ADR)						
Room Revenue						
Occupancy (ADO) %						
Food & Beverage Revenues						
Telephone Revenue						
Other Departmental Revenue						
Other Income						
Departmental Revenue						
Room Expenses						
Food & Bev. Expenses						
Telephone Expenses						
Other Dept. Expenses						
Total Dept. Expenses						
Departmental Income						
Real Estate Taxes						
Property Insurance						
Utilities						
Repairs and Maintenance						
Franchise Fees						
Management Fees						
Payroll and Benefits						
Advertising and Marketing						
Professional Fees						
General and Administrative						
Other Expenses						
Ground Rent						
Total General Expenses						
Total Expenses						
Operating Expense Ratio						
Net Operating Income						
FF&E / Cap. Ex.						
Extraordinary Capital Exp.						
Total Capital Items						
Net Cash Flow						