INSIGNIA
Financial Services

Borrower _____
Application Date _____
Originator _____

Commercial Mortgage Application
Property Type: **INDUSTRIAL**

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 _____

Land Area _____ Freight Elevators_____ Passenger Elevators_____

Last Appraised Value $ _____ Last Sale Price $ _____

Last Appraisal Date _____ Date of Last Sale _____

Property Attributes Owner-occupied ☐ Hwy Access within 3 miles? ☐ Hwy Visibility ☐ Truck Turnaround ☐

No of Loading Docks_____ Dock Height ☐ At Grade ☐ Both ☐ Don't Know ☐

Surrounding Land Use Light Industrial ☐ Heavy Industrial ☐ Industrial Park ☐ Office ☐ Residential ☐ Other_____

Building Information

Building Address _____ City_____ State_____ Zip_____

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

No of Covered Parking Spaces____ Uncovered_____ Sprinklered_____% HVAC_____% Butler-type Building? Yes ☐ No ☐

High Clear Ceiling Height _____Feet Low Clear Ceiling Height (under beam)_____Feet

Est. Market Vacancy % _____% Gross Building Area_____SF Net Rental Area_____SF

Rent Roll

Building Name _____ Rent Roll Date _____

No.	Tenant Name	Suite #	Tenant Type	Leased Area	Annual Rent	Lease Start	Lease Expire	Occupied Since	Options/Term	Borrower Affiliated	Reimbursements:			
											CAM/Util	Taxes	Insur	Mgmt
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
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14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														

Income & Expenses

Building Name _____

Item	3rd Preceding Year _____	2nd Preceding Year _____	Preceding Year _____	YTD No of Months____	Trailing 12 Months	Notes
Base Rent						
Expense Reimbursements						
Percentage Rent						
Parking Income						
Other Income						
Vacancy & Coll. Loss						
Effective Gross Income						
Real Estate Taxes						
Property Insurance						
Utilities						
Repairs and Maintenance						
Janitorial						
Management Fees						
Payroll and Benefits						
Advertising and Marketing						
Professional Fees						
General and Administrative						
Other Expenses						
Ground Rent						
Total Operating Expenses						
Net Operating Income						
Leasing Commissions						
Tenant Improvements						
Cap Ex. (Repl. Reserves)						
Extraordinary Capital Exp.						
Total Capital Items						
Net Cash Flow						