INSIGNIA
Financial Services

Borrower _____
Application Date _____
Originator _____

Commercial Mortgage Application

Property Type: **MULTIFAMILY (5+ UNITS)**

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: Garden Apts ☐ Mid-Rise ☐ High-Rise ☐ Student Hsg ☐ Military ☐ Townhouse ☐ Co-Op ☐

Land Area _____ Property Management Contract in place? Yes ☐ No ☐

Last Appraised Value $ _____ Last Sale Price $ _____

Last Appraisal Date _____ Date of Last Sale _____

Property Attributes: Income Subsidized (HAP/HUD): Yes ☐ No ☐ What %?_____% Owner-Occupied: Yes ☐ No ☐

Adjacent to Sewage/Waste Treatment facility: Yes ☐ No ☐ Student Housing___% Military Housing____% Corp Housing___%

Pools___ Laundry Rooms___ Clubhouses___ Tennis Courts___ Exercise Rms___ Playgrounds___ Security Gates___

Surrounding Land Use: Similar Res___ Higher Scale Res___ Lower Scale Res___ Retail___ Office___ Industrial___ Mixed Use___

Building Information

Building Address _____ City_____ State_____ Zip_____

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

Units include: Microwave___ Ceiling Fans___ Fireplace___ Air Conditioning___ Flat Roof? Yes ☐ No ☐ T-111 Exterior? Yes ☐ No ☐

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

Rent Roll

Building Name _____ Rent Roll Date _____

No.	Indicate Unit Type:	No. of Occupied Units	No. of Vacant Units	Avg. Monthly Rent per Unit	Est. Market Rent per Unit	Avg. Unit Area (SF)	Min. Monthly Rent per Unit	Max. Monthly Rent per Unit	Utilities/Services Included in Rent								
									Heat	Elec	Water	Sewer	Gas	Oil	Landsc	Lndry	Parkng
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
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						
Laundry/Vending Income						
Parking Income						
Other Income						
Vacancy & Coll. Loss						
Effective Gross Income						
Real Estate Taxes						
Property Insurance						
Utilities						
Repairs and Maintenance						
Management Fees						
Payroll and Benefits						
Advertising and Marketing						
Professional Fees						
General and Administrative						
Other Expenses						
Ground Rent						
Total Operating Expenses						
Net Operating Income						
Cap Ex. (Repl. Reserves)						
Extraordinary Capital Exp.						
Total Capital Items						
Net Cash Flow						