

## Borrower/Guarantor Information for Individuals

| Borrower/Guarantor #1                                                                                                               |            |                                       |                                                                                                     | Borrower/Guarantor #2 (if spouse, else use another form)                                        |            |                                       |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|
| Name (include Jr. or Sr., if applicable)                                                                                            |            |                                       |                                                                                                     | Name (include Jr. or Sr., if applicable)                                                        |            |                                       |                                                                                                     |
| Age                                                                                                                                 | Yrs School | Home Phone Number (include area code) |                                                                                                     | Age                                                                                             | Yrs School | Home Phone Number (include area code) |                                                                                                     |
| <input type="checkbox"/> Married <input type="checkbox"/> Unmarried<br><input type="checkbox"/> Separated                           |            | Social Security Number                |                                                                                                     | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried<br><input type="checkbox"/> |            | Social Security Number                |                                                                                                     |
| Present Address                                                                                                                     |            |                                       | <input type="checkbox"/> Rent <input type="checkbox"/> Own<br>No Years _____<br>Date of Birth _____ | Present Address                                                                                 |            |                                       | <input type="checkbox"/> Rent <input type="checkbox"/> Own<br>No Years _____<br>Date of Birth _____ |
| Name and address of employer <input type="checkbox"/> Self Employed                                                                 |            | Yrs on this job                       | Yrs employed in this line of work/profession                                                        | Name and address of employer <input type="checkbox"/> Self Employed                             |            | Yrs on this job                       | Yrs employed in this line of work/profession                                                        |
|                                                                                                                                     |            |                                       |                                                                                                     |                                                                                                 |            |                                       |                                                                                                     |
| Position/Title/Type of business                                                                                                     |            | Business Phone Number                 |                                                                                                     | Position/Title/Type of business                                                                 |            | Business Phone Number                 |                                                                                                     |
| <b>If employed in current position for less than two or if currently employed in more than one position, complete the following</b> |            |                                       |                                                                                                     |                                                                                                 |            |                                       |                                                                                                     |
| Name and address of employer <input type="checkbox"/> Self Employed                                                                 |            | Yrs on this job                       | Yrs employed in this line of work/profession                                                        | Name and address of employer <input type="checkbox"/> Self Employed                             |            | Yrs on this job                       | Yrs employed in this line of work/profession                                                        |
|                                                                                                                                     |            |                                       |                                                                                                     |                                                                                                 |            |                                       |                                                                                                     |
| Position/Title/Type of business                                                                                                     |            | Business Phone Number                 |                                                                                                     | 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 right or on a continuation sheet.                                                                                                                                                                                                                                                                                                                                                                                   | Borrower/                |                          | Borrower/                |                          | Explanations. Use continuation sheets as necessary |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Guarantor #1             |                          | Guarantor #2             |                          |                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes                      | No                       | Yes                      | No                       |                                                    |
| a. Are there outstanding judgements against you?                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |
| b. Have you been declared bankrupt in the past seven 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 of foreclosure, or judgement? (This would include such loans as home mortgage loans, SBA loans, home improvements loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |
| f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in the preceding question.                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |
| 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 Empl. Income                                                   |             |             |       |                                        |
| Overtime                                                            |             |             |       |                                        |
| Bonuses                                                             |             |             |       |                                        |
| Commissions                                                         |             |             |       |                                        |
| Dividends/Interest                                                  |             |             |       |                                        |
| Net Rental Income (Total is calculated on the Real Estate Schedule) |             |             |       |                                        |
| Business Income                                                     |             |             |       |                                        |
| Other Income                                                        |             |             |       |                                        |
| <b>Total</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 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 misrepresentation which I/we have made in the application. |      |                                   |      |
| Borrower/Guarantor's Signature #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date | Borrower/Guarantor's Signature #2 | Date |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | <b>X</b>                          |      |

## Borrower/Guarantor Information for Individuals

| Borrower/Guarantor #1                                                                                                               |            |                                       |                                                                                                     | Borrower/Guarantor #2 (if spouse, else use another form)                                        |            |                                       |                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------|---------------------------------------|-----------------------------------------------------------------------------------------------------|
| Name (include Jr. or Sr., if applicable)                                                                                            |            |                                       |                                                                                                     | Name (include Jr. or Sr., if applicable)                                                        |            |                                       |                                                                                                     |
| Age                                                                                                                                 | Yrs School | Home Phone Number (include area code) |                                                                                                     | Age                                                                                             | Yrs School | Home Phone Number (include area code) |                                                                                                     |
| <input type="checkbox"/> Married <input type="checkbox"/> Unmarried<br><input type="checkbox"/> Separated                           |            | Social Security Number                |                                                                                                     | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried<br><input type="checkbox"/> |            | Social Security Number                |                                                                                                     |
| Present Address                                                                                                                     |            |                                       | <input type="checkbox"/> Rent <input type="checkbox"/> Own<br>No Years _____<br>Date of Birth _____ | Present Address                                                                                 |            |                                       | <input type="checkbox"/> Rent <input type="checkbox"/> Own<br>No Years _____<br>Date of Birth _____ |
|                                                                                                                                     |            |                                       | Name and address of employer <input type="checkbox"/> Self Employed                                 |                                                                                                 |            |                                       | Yrs on this job                                                                                     |
|                                                                                                                                     |            |                                       | Yrs employed in this line of work/profession                                                        |                                                                                                 |            |                                       | Yrs employed in this line of work/profession                                                        |
| Position/Title/Type of business                                                                                                     |            |                                       | Business Phone Number                                                                               | Position/Title/Type of business                                                                 |            |                                       | Business Phone Number                                                                               |
| <b>If employed in current position for less than two or if currently employed in more than one position, complete the following</b> |            |                                       |                                                                                                     |                                                                                                 |            |                                       |                                                                                                     |
| Name and address of employer <input type="checkbox"/> Self Employed                                                                 |            |                                       | Yrs on this job                                                                                     | Name and address of employer <input type="checkbox"/> Self Employed                             |            |                                       | Yrs on this job                                                                                     |
|                                                                                                                                     |            |                                       | Yrs employed in this line of work/profession                                                        |                                                                                                 |            |                                       | Yrs employed in this line of work/profession                                                        |
| Position/Title/Type of business                                                                                                     |            |                                       | Business Phone Number                                                                               | 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 right or on a continuation sheet.                                                                                                                                                                                                                                                                                                                                                                                | Borrower/                |                          | Borrower/                |                          | Explanations. Use continuation sheets as necessary |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Guarantor #1             | Guarantor #2             | Guarantor #1             | Guarantor #2             |                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                      | No                       | Yes                      | No                       |                                                    |
| a. Are there outstanding judgements against you?                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |
| b. Have you been declared bankrupt in the past seven 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 judgement? (This would include such loans as home mortgage loans, SBA loans, home improvements loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |
| f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in the preceding question.                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                                    |
| 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 Empl. Income                                                          |               |               | \$0.00        |                                        |
| Overtime                                                                   |               |               | \$0.00        |                                        |
| Bonuses                                                                    |               |               | \$0.00        |                                        |
| Commissions                                                                |               |               | \$0.00        |                                        |
| Dividends/Interest                                                         |               |               | \$0.00        |                                        |
| Net Rental Income <i>(Total is calculated on the Real Estate Schedule)</i> |               |               | \$0.00        |                                        |
| Business Income                                                            |               |               | \$0.00        |                                        |
| Other Income                                                               |               |               | \$0.00        |                                        |
| <b>Total</b>                                                               | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</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 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 misrepresentation which I/we have made in the application. |      |                                   |      |
| Borrower/Guarantor's Signature #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date | Borrower/Guarantor's Signature #2 | Date |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | <b>X</b>                          |      |

## Borrower/Guarantor Information for Individuals

| Borrower/Guarantor #1                                                                                                               |            |                                              |                                                            | Borrower/Guarantor #2 (if spouse, else use another form)            |            |                                              |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------|------------|----------------------------------------------|------------------------------------------------------------|
| Name (include Jr. or Sr., if applicable)                                                                                            |            |                                              |                                                            | Name (include Jr. or Sr., if applicable)                            |            |                                              |                                                            |
| Age                                                                                                                                 | Yrs School | Home Phone Number (include area code)        |                                                            | Age                                                                 | Yrs School | Home Phone Number (include area code)        |                                                            |
| <input type="checkbox"/> Married <input type="checkbox"/> Unmarried                                                                 |            | Social Security Number                       |                                                            | <input type="checkbox"/> Married <input type="checkbox"/> Unmarried |            | Social Security Number                       |                                                            |
| <input type="checkbox"/> Separated                                                                                                  |            |                                              |                                                            | <input type="checkbox"/>                                            |            |                                              |                                                            |
| Present Address                                                                                                                     |            |                                              | <input type="checkbox"/> Rent <input type="checkbox"/> Own | Present Address                                                     |            |                                              | <input type="checkbox"/> Rent <input type="checkbox"/> Own |
|                                                                                                                                     |            |                                              | No Years _____                                             |                                                                     |            |                                              | No Years _____                                             |
|                                                                                                                                     |            |                                              | Date of Birth                                              |                                                                     |            |                                              | Date of Birth                                              |
| Name and address of employer <input type="checkbox"/> Self Employed                                                                 |            | Yrs on this job                              |                                                            | Name and address of employer <input type="checkbox"/> Self Employed |            | Yrs on this job                              |                                                            |
|                                                                                                                                     |            | Yrs employed in this line of work/profession |                                                            |                                                                     |            | Yrs employed in this line of work/profession |                                                            |
| Position/Title/Type of business                                                                                                     |            | Business Phone Number                        |                                                            | Position/Title/Type of business                                     |            | Business Phone Number                        |                                                            |
| <b>If employed in current position for less than two or if currently employed in more than one position, complete the following</b> |            |                                              |                                                            |                                                                     |            |                                              |                                                            |
| Name and address of employer <input type="checkbox"/> Self Employed                                                                 |            | Yrs on this job                              |                                                            | Name and address of employer <input type="checkbox"/> Self Employed |            | Yrs on this job                              |                                                            |
|                                                                                                                                     |            | Yrs employed in this line of work/profession |                                                            |                                                                     |            | Yrs employed in this line of work/profession |                                                            |
| Position/Title/Type of business                                                                                                     |            | Business Phone Number                        |                                                            | 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 right or on a continuation sheet.                                                                                                                                                                                                                                                                                                                                                                                | Borrower/<br>Guarantor #1 |                          | Borrower/<br>Guarantor #2 |                          | Explanations. Use continuation sheets as necessary |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                       | No                       | Yes                       | No                       |                                                    |
| a. Are there outstanding judgements against you?                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                    |
| b. Have you been declared bankrupt in the past seven 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 judgement? (This would include such loans as home mortgage loans, SBA loans, home improvements loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If "Yes," provide details, including date, name and address of Lender, FHA or VA case number, if any, and reasons for the action. | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                    |
| f. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? If "Yes," give details as described in the preceding question.                                                                                                                                                                                                                                                                                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/> |                                                    |
| 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 Empl. Income                                                          |               |               | \$0.00        |                                        |
| Overtime                                                                   |               |               | \$0.00        |                                        |
| Bonuses                                                                    |               |               | \$0.00        |                                        |
| Commissions                                                                |               |               | \$0.00        |                                        |
| Dividends/Interest                                                         |               |               | \$0.00        |                                        |
| Net Rental Income <i>(Total is calculated on the Real Estate Schedule)</i> |               |               | \$0.00        |                                        |
| Business Income                                                            |               |               | \$0.00        |                                        |
| Other Income                                                               |               |               | \$0.00        |                                        |
| <b>Total</b>                                                               | <b>\$0.00</b> | <b>\$0.00</b> | <b>\$0.00</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 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 misrepresentation which I/we have made in the application. |      |                                   |      |
| Borrower/Guarantor's Signature #1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date | Borrower/Guarantor's Signature #2 | Date |
| <b>X</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      | <b>X</b>                          |      |

## Statement of Assets and Liabilities for Individuals

| Borrower/Guarantor #1 | Borrower/Guarantor #2 (if spouse, else use another form) |
|-----------------------|----------------------------------------------------------|
| Name                  | Name                                                     |

| Personal Financial Statement                       |  |                                            |  |
|----------------------------------------------------|--|--------------------------------------------|--|
| Assets                                             |  | Liabilities & Net Worth                    |  |
| Cash on Hand in Banks (List accounts below)        |  | Notes Payable to Bank                      |  |
|                                                    |  | Notes Payable to Relatives                 |  |
|                                                    |  | Notes Payable to Others                    |  |
|                                                    |  | Accounts Payable (i.e. credit cards)       |  |
|                                                    |  | Liens on Real Estate (from schedule below) |  |
|                                                    |  | Other Liabilities (List Below)             |  |
| U.S. Government Securities                         |  |                                            |  |
| Accounts, Loans and Notes Receivable               |  |                                            |  |
| Cash Surrender Value Life Insurance                |  |                                            |  |
| Stocks & Bonds                                     |  |                                            |  |
| <b>Total Liquid Assets (Verifiable at closing)</b> |  |                                            |  |
| Real Estate Owned (Complete schedule below)        |  |                                            |  |
| Net Worth of Business Owned                        |  |                                            |  |
| Vested Interest in Retirement Fund                 |  |                                            |  |
| Automobiles Owned                                  |  |                                            |  |
| Other Assets (List Below)                          |  |                                            |  |
|                                                    |  |                                            |  |
|                                                    |  |                                            |  |
|                                                    |  |                                            |  |
|                                                    |  | <b>Total Liabilities</b>                   |  |
|                                                    |  |                                            |  |
|                                                    |  |                                            |  |
| <b>Total Assets</b>                                |  | <b>Net Worth (Assets - Liabilities)</b>    |  |

| Schedule of Real Estate |                  |                      |                             |                            |                           |                   |
|-------------------------|------------------|----------------------|-----------------------------|----------------------------|---------------------------|-------------------|
| Property Address        | Type of Property | Present Market Value | Amount of Mortgages & Liens | Annual Gross Rental Income | Annual Operating Expenses | Annual Net Income |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
| <b>Totals</b>           |                  |                      |                             |                            |                           |                   |

### Statement of Assets and Liabilities for Individuals

| Borrower/Guarantor #1 | Borrower/Guarantor #2 (if spouse, else use another form) |
|-----------------------|----------------------------------------------------------|
| Name                  | Name                                                     |

| Personal Financial Statement                       |               |                                            |               |
|----------------------------------------------------|---------------|--------------------------------------------|---------------|
| Assets                                             |               | Liabilities & Net Worth                    |               |
| Cash on Hand in Banks (List accounts below)        |               | Notes Payable to Bank                      | \$0.00        |
|                                                    |               | Notes Payable to Relatives                 | \$0.00        |
|                                                    |               | Notes Payable to Others                    | \$0.00        |
|                                                    |               | Accounts Payable (i.e. credit cards)       | \$0.00        |
|                                                    |               | Liens on Real Estate (from schedule below) | \$0.00        |
|                                                    |               | Other Liabilities (List Below)             |               |
| U.S. Government Securities                         | \$0.00        |                                            |               |
| Accounts, Loans and Notes Receivable               | \$0.00        |                                            |               |
| Cash Surrender Value Life Insurance                | \$0.00        |                                            |               |
| Stocks & Bonds                                     | \$0.00        |                                            |               |
| <b>Total Liquid Assets (Verifiable at closing)</b> | <b>\$0.00</b> |                                            |               |
| Real Estate Owned (Complete schedule below)        | \$0.00        |                                            |               |
| Net Worth of Business Owned                        | \$0.00        |                                            |               |
| Vested Interest in Retirement Fund                 | \$0.00        |                                            |               |
| Automobiles Owned                                  | \$0.00        |                                            |               |
| Other Assets (List Below)                          |               |                                            |               |
|                                                    |               |                                            |               |
|                                                    |               |                                            |               |
|                                                    |               |                                            |               |
|                                                    |               |                                            |               |
|                                                    |               | <b>Total Liabilities</b>                   | <b>\$0.00</b> |
|                                                    |               |                                            |               |
| <b>Total Assets</b>                                | <b>\$0.00</b> | <b>Net Worth (Assets - Liabilities)</b>    | <b>\$0.00</b> |

| Schedule of Real Estate |                  |                      |                             |                            |                           |                   |
|-------------------------|------------------|----------------------|-----------------------------|----------------------------|---------------------------|-------------------|
| Property Address        | Type of Property | Present Market Value | Amount of Mortgages & Liens | Annual Gross Rental Income | Annual Operating Expenses | Annual Net Income |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
|                         |                  |                      |                             |                            |                           | \$0               |
| <b>Totals</b>           |                  | <b>\$0</b>           | <b>\$0</b>                  | <b>\$0</b>                 | <b>\$0</b>                | <b>\$0</b>        |

**Continuation Sheet/Commercial Loan Application - Entity**

Borrower

**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 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 misrepresentation which I/we have made in the application. If signing on behalf of an entity and not as an individual, I/we certify that I/we have the authoritative capacity to sign on behalf of the Borrower(s).

|                         |            |                         |            |
|-------------------------|------------|-------------------------|------------|
| Borrower's Signature #1 | Date       | Borrower's Signature #2 | Date       |
| <b>X</b>                |            | <b>X</b>                |            |
|                         | (Required) |                         | (Required) |
| Name                    |            | Name                    |            |
|                         | (Required) |                         | (Required) |
| Title                   |            | Title                   |            |

## Statement of Assets and Liabilities for Individuals

| Borrower/Guarantor #1 | Borrower/Guarantor #2 (if spouse, else use another form) |
|-----------------------|----------------------------------------------------------|
| Name                  | Name                                                     |

| Personal Financial Statement                       |               |                                            |  |
|----------------------------------------------------|---------------|--------------------------------------------|--|
| Assets                                             |               | Liabilities & Net Worth                    |  |
| Cash on Hand in Banks (List accounts below)        |               | Notes Payable to Bank                      |  |
|                                                    |               | Notes Payable to Relatives                 |  |
|                                                    |               | Notes Payable to Others                    |  |
|                                                    |               | Accounts Payable (i.e. credit cards)       |  |
|                                                    |               | Liens on Real Estate (from schedule below) |  |
|                                                    |               | Other Liabilities (List Below)             |  |
| U.S. Government Securities                         |               |                                            |  |
| Accounts, Loans and Notes Receivable               |               |                                            |  |
| Cash Surrender Value Life Insurance                |               |                                            |  |
| Stocks & Bonds                                     |               |                                            |  |
| <b>Total Liquid Assets (Verifiable at closing)</b> |               |                                            |  |
| Real Estate Owned (Complete schedule below)        |               |                                            |  |
| Net Worth of Business Owned                        |               |                                            |  |
| Vested Interest in Retirement Fund                 |               |                                            |  |
| Automobiles Owned                                  |               |                                            |  |
| Other Assets (List Below)                          |               |                                            |  |
|                                                    |               |                                            |  |
|                                                    |               |                                            |  |
|                                                    |               |                                            |  |
|                                                    |               | <b>Total Liabilities</b>                   |  |
|                                                    |               |                                            |  |
|                                                    |               |                                            |  |
| <b>Total Assets</b>                                | <b>\$0.00</b> | <b>Net Worth (Assets - Liabilities)</b>    |  |

| Schedule of Real Estate |                  |                      |                             |                            |                           |                   |
|-------------------------|------------------|----------------------|-----------------------------|----------------------------|---------------------------|-------------------|
| Property Address        | Type of Property | Present Market Value | Amount of Mortgages & Liens | Annual Gross Rental Income | Annual Operating Expenses | Annual Net Income |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
|                         |                  |                      |                             |                            |                           |                   |
| <b>Totals</b>           |                  |                      |                             |                            |                           |                   |

# Commercial Loan Application

| Mortgage Applied For |               |                     |             |                     |
|----------------------|---------------|---------------------|-------------|---------------------|
| Amount               | Interest rate | Monthly P&I Payment | Term Months | Amortization Months |

| Purpose of Mortgage                                                |                   |                                                                                  |             |                       |
|--------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------------|-------------|-----------------------|
| <input type="checkbox"/> <b>PURCHASE SUBJECT PROPERTY</b>          |                   |                                                                                  |             |                       |
| Sales Price                                                        | Cash Down Payment | Source of Equity Funds (cash down and /or other - explain)                       |             |                       |
| Secondary Financing                                                | Interest Rate     | Monthly P&I Payment                                                              | Term Months | To be payable to:     |
| <input type="checkbox"/> <b>REFINANCE SUBJECT PROPERTY</b>         |                   |                                                                                  |             |                       |
| Date Acquired/Settlement                                           | Purchase Price    | Describe Significant Improvements made (last 12 months) and the associated costs |             |                       |
| <b>Funds to be used to pay:</b>                                    |                   |                                                                                  |             |                       |
| First Lien Balance                                                 | Maturity Date     | Payable to (name and address)                                                    |             |                       |
| Second Lien Balance                                                | Maturity Date     | Payable to (name and address)                                                    |             |                       |
| <b>Remaining Funds to be used to:</b>                              |                   |                                                                                  |             |                       |
| Payoff Property Taxes                                              | Closing Costs     | Renovations (Explain below)                                                      | Cashout     | Other (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><br><input type="checkbox"/> Nursing Home<br><br><input type="checkbox"/> Other (Include Description) | <input type="checkbox"/> Multifamily<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Mixed Use<br><br><input type="checkbox"/> Restaurant<br><br><input type="checkbox"/> Auto Repair | <input type="checkbox"/> Office<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Retail<br><br><input type="checkbox"/> Hotel<br><br><input type="checkbox"/> Motel | Number of Units   | Square feet (gross) |                                                                                             |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                                                               | Owner Occupancy % | Vacancy %           | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold |
|                                                                                                                                                                                                                                | Description of Property                                                                                                                                                                                          |                                                                                                                                                                                               |                   |                     |                                                                                             |
| Title will be vested in [name of individuals or entity]                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                   |                     |                                                                                             |

| Borrower Information                                                                                                                                                                                                                                                                                                                                                                                                |                 |                     |            |                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|------------|----------------------------------|
| Borrower(s) will be _____ Corporation _____ Individual(s) _____ Non-Profit<br>_____ LLC _____ Limited Partnership _____ Joint Venture<br>_____ Trust _____ General Partnership _____ Other _____                                                                                                                                                                                                                    |                 |                     |            | State of Incorporation/Formation |
| <b>Complete below if Borrower is an entity and not an individual.</b>                                                                                                                                                                                                                                                                                                                                               |                 |                     |            |                                  |
| Borrower(s) Name(s) if entity                                                                                                                                                                                                                                                                                                                                                                                       |                 |                     |            |                                  |
| Address of entity (street, city, state, zip)                                                                                                                                                                                                                                                                                                                                                                        |                 |                     |            |                                  |
| Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                            | Currents Assets | Current Liabilities | Net Income | Date of Financials               |
| a. Is the Borrower a Co-op? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>b. Is the Borrower is single asset entity? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>c. Is the Borrower a party in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>d. Is there pending litigation involving the Borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |                     |            |                                  |

| Principals/Guarantors/Individual Borrowers                                                                                                                                                                                                                                                                                                                                                                                            |             |       |             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|-------------|
| List below the borrowing entity an all the names of individual borrowers, general partners or any person or entity that directly or indirectly controls the borrowing entity, including limit partners of a partnership, shareholders of a corporation or members of a limited liability company who own 25 percent or more of the equity interests in the borrowing entity regardless of whether they will be guaranteeing the loan. |             |       |             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                  | Recourse \$ | Title | Ownership % |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                  | Recourse \$ | Title | Ownership % |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                  | Recourse \$ | Title | Ownership % |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                  | Recourse \$ | Title | Ownership % |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                  | Recourse \$ | Title | Ownership % |

**Additional Collateral #1**

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                    |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------|-------------------|-----------|---------------------------------------------------------------------------------------------|-------------------------|--|--|
| Address (street, city, state, zip)                                                                                                                                                                                             |                                                                                                                                                                                                                    |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| Type of Property - Check all that apply. Mixed use assumes residential mix.<br><br><input type="checkbox"/> Warehouse<br><br><input type="checkbox"/> Nursing Home<br><br><input type="checkbox"/> Other (Include Description) | <input type="checkbox"/> Multifamily<br><br><input type="checkbox"/> Self Storage<br><br><input type="checkbox"/> Mixed Use<br><br><input type="checkbox"/> Restaurant<br><br><input type="checkbox"/> Auto Repair | <input type="checkbox"/> Office<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Retail<br><br><input type="checkbox"/> Hotel<br><br><input type="checkbox"/> Motel | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Number of Units</td> <td style="width:25%;">Square feet (gross)</td> <td style="width:50%;">County</td> </tr> <tr> <td>Owner Occupancy %</td> <td>Vacancy %</td> <td>Title will be<br/><input type="checkbox"/> Fee Simple<br/><input type="checkbox"/> Lease hold</td> </tr> <tr> <td colspan="3">Description of Property</td> </tr> </table> | Number of Units | Square feet (gross) | County | Owner Occupancy % | Vacancy % | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold | Description of Property |  |  |
|                                                                                                                                                                                                                                | Number of Units                                                                                                                                                                                                    | Square feet (gross)                                                                                                                                                                           | County                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|                                                                                                                                                                                                                                | Owner Occupancy %                                                                                                                                                                                                  | Vacancy %                                                                                                                                                                                     | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold                                                                                                                                                                                                                                                                                                                                                  |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| Description of Property                                                                                                                                                                                                        |                                                                                                                                                                                                                    |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |

**Additional Collateral #2**

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------|-------------------|-----------|---------------------------------------------------------------------------------------------|-------------------------|--|--|
| Address (street, city, state, zip)                                                                                                                                                                                             |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| Type of Property - Check all that apply. Mixed use assumes residential mix.<br><br><input type="checkbox"/> Warehouse<br><br><input type="checkbox"/> Nursing Home<br><br><input type="checkbox"/> Other (Include Description) | <input type="checkbox"/> Multifamily<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Mixed Use<br><br><input type="checkbox"/> Restaurant<br><br><input type="checkbox"/> Auto Repair | <input type="checkbox"/> Office<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Retail<br><br><input type="checkbox"/> Hotel<br><br><input type="checkbox"/> Motel | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Number of Units</td> <td style="width:25%;">Square feet (gross)</td> <td style="width:50%;">County</td> </tr> <tr> <td>Owner Occupancy %</td> <td>Vacancy %</td> <td>Title will be<br/><input type="checkbox"/> Fee Simple<br/><input type="checkbox"/> Lease hold</td> </tr> <tr> <td colspan="3">Description of Property</td> </tr> </table> | Number of Units | Square feet (gross) | County | Owner Occupancy % | Vacancy % | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold | Description of Property |  |  |
|                                                                                                                                                                                                                                | Number of Units                                                                                                                                                                                                  | Square feet (gross)                                                                                                                                                                           | County                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|                                                                                                                                                                                                                                | Owner Occupancy %                                                                                                                                                                                                | Vacancy %                                                                                                                                                                                     | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold                                                                                                                                                                                                                                                                                                                                                  |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| Description of Property                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |

**Additional Collateral #3**

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------|-------------------|-----------|---------------------------------------------------------------------------------------------|-------------------------|--|--|
| Address (street, city, state, zip)                                                                                                                                                                                             |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| Type of Property - Check all that apply. Mixed use assumes residential mix.<br><br><input type="checkbox"/> Warehouse<br><br><input type="checkbox"/> Nursing Home<br><br><input type="checkbox"/> Other (Include Description) | <input type="checkbox"/> Multifamily<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Mixed Use<br><br><input type="checkbox"/> Restaurant<br><br><input type="checkbox"/> Auto Repair | <input type="checkbox"/> Office<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Retail<br><br><input type="checkbox"/> Hotel<br><br><input type="checkbox"/> Motel | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Number of Units</td> <td style="width:25%;">Square feet (gross)</td> <td style="width:50%;">County</td> </tr> <tr> <td>Owner Occupancy %</td> <td>Vacancy %</td> <td>Title will be<br/><input type="checkbox"/> Fee Simple<br/><input type="checkbox"/> Lease hold</td> </tr> <tr> <td colspan="3">Description of Property</td> </tr> </table> | Number of Units | Square feet (gross) | County | Owner Occupancy % | Vacancy % | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold | Description of Property |  |  |
|                                                                                                                                                                                                                                | Number of Units                                                                                                                                                                                                  | Square feet (gross)                                                                                                                                                                           | County                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|                                                                                                                                                                                                                                | Owner Occupancy %                                                                                                                                                                                                | Vacancy %                                                                                                                                                                                     | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold                                                                                                                                                                                                                                                                                                                                                  |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| Description of Property                                                                                                                                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |

**Additional Collateral #4**

|                                                                                                                                                                                                                                |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|--------|-------------------|-----------|---------------------------------------------------------------------------------------------|-------------------------|--|--|
| Address (street, city, state, zip)                                                                                                                                                                                             |                                                                                                                                                                                                                  |                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| Type of Property - Check all that apply. Mixed use assumes residential mix.<br><br><input type="checkbox"/> Warehouse<br><br><input type="checkbox"/> Nursing Home<br><br><input type="checkbox"/> Other (Include Description) | <input type="checkbox"/> Multifamily<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Mixed Use<br><br><input type="checkbox"/> Restaurant<br><br><input type="checkbox"/> Auto Repair | <input type="checkbox"/> Office<br><br><input type="checkbox"/> Industrial<br><br><input type="checkbox"/> Retail<br><br><input type="checkbox"/> Hotel<br><br><input type="checkbox"/> Motel | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Number of Units</td> <td style="width:25%;">Square feet (gross)</td> <td style="width:50%;">County</td> </tr> <tr> <td>Owner Occupancy %</td> <td>Vacancy %</td> <td>Title will be<br/><input type="checkbox"/> Fee Simple<br/><input type="checkbox"/> Lease hold</td> </tr> <tr> <td colspan="3">Description of Property</td> </tr> </table> | Number of Units | Square feet (gross) | County | Owner Occupancy % | Vacancy % | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold | Description of Property |  |  |
|                                                                                                                                                                                                                                | Number of Units                                                                                                                                                                                                  | Square feet (gross)                                                                                                                                                                           | County                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                     |        |                   |           |                                                                                             |                         |  |  |
|                                                                                                                                                                                                                                | Owner Occupancy %                                                                                                                                                                                                | Vacancy %                                                                                                                                                                                     | Title will be<br><input type="checkbox"/> Fee Simple<br><input type="checkbox"/> Lease hold                                                                                                                                                                                                                                                                                                                                                  |                 |                     |        |                   |           |                                                                                             |                         |  |  |
| 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Do any tenants have options to purchase any of the properties?                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Acknowledgement and Agreement**

|                                         |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Borrower's Signature #1<br><br><b>X</b> | Date | 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 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 misrepresentation which I/we have made in the application. If signing on behalf of an entity and not as an individual, I/we certify that I/we have the authoritative capacity to sign on behalf of the Borrower(s). |
| Name:                                   |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Title:                                  |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Borrower's Signature #2<br><br><b>X</b> | 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 (incl. area code) | Name and address of interviewer's employer |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------|