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# COMMERCIAL LOAN SET-UP FORM

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Toll free:1- 877-509-8359

**Complete all applicable information and send back to your Quality Consolidated Services Account Manager via fax 845-564-0405 or e- mail: loansenario@qualityconsolidatedservices.com**

## APPLICANT / TRANSACTION INFORMATION

Owning Entity Name & Sponsor(s) \_\_\_\_\_

Sponsor Credit Score: \_\_\_\_\_ Past Foreclosure: Yes  No  Bankruptcies: YES  NO

Loan Amount Requested:\$ \_\_\_\_\_ Term: 3  5  Amortization: 10  15  20  25  30

Loan Purpose: Purchase  Rate/Term Refi  Cash-Out Refi  Purchase and Rehab   
Construction  Other: \_\_\_\_\_

**If Purchase**, Purchase Price: \$ \_\_\_\_\_ Source of Down Payment: \_\_\_\_\_

Is there an executed **contract of sale**: YES  NO  Is property in foreclosure: YES  NO

**If Refinance**, Name of Lien Holder: \_\_\_\_\_

Current Interest Rate: \_\_\_\_\_% Outstanding Balance: \_\_\_\_\_ Property Value:\$ \_\_\_\_\_

Date property was **last transferred**: \_\_\_\_\_ Name of Seller: \_\_\_\_\_ Sold For: \$ \_\_\_\_\_

## PROPERTY INFORMATION

Subject Property Address: \_\_\_\_\_

Property Type Per Certificate of Occupancy (C of O): \_\_\_\_\_

Owner Occupied: APARTMENT  COMMERCIAL/ RETAIL  New Construction: YES  NO

Building Size: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

# of Residential Apts: \_\_\_\_\_ # Vacant Apts: \_\_\_\_\_ # of Commercial/Retail Units: \_\_\_\_\_ # Vacant Comm/Retail Units: \_\_\_\_\_

Dry Cleaning: YES  NO  Auto Repair/Gas Station: YES  NO  Industrial/Factory: YES  NO

**INCOME INFORMATION**

**RESIDENTIAL**

Please list all current **RESIDENTIAL** tenants, for vacant and owner occupied units list maximum legal monthly rent:

Tenant Name or Vacant / Unit #	# of Rooms	Total Sq. Ft.	Lease Exp. Date and/or Vacant	Monthly Rent
			Total Residential Monthly:	\$
			Total Residential Yearly: (Total Residential Monthly x 12)	\$

**COMMERCIAL**

Please list all current **COMMERCIAL** tenants, for vacant and owner occupied units list market monthly rent:

Unit Number	Type	Total Sq. Ft.	Inception Date	Lease Exp. Date And/or Vacant	Monthly Rent
			Total Commercial Monthly:	\$	
			Total Commercial Yearly: (Total Commercial Monthly x 12)	\$	

Are all the units above conforming to the legal C of O?  
 YES  NO

**Total Gross Yearly Income:** (Residential + Commercial) \$ \_\_\_\_\_  
**Less Vacancy Factor:** (5% Residential / 10% Commercial) (\$ \_\_\_\_\_)  
**Effective Gross Income Yearly:** \$ \_\_\_\_\_

**EXPENSES**

Please list your **YEARLY (\$)** building expenses:

Real Estate Taxes	\$ _____	Water/Sewer	\$ _____	} <b>Gross Income Yearly</b> (Copy from Above) _____  <b>Total Expenses Yearly</b> \$ _____ <small>(Add All Expenses)</small> v <b>Net Operating Income</b> \$ _____ <small>(Gross Income - Total Expenses)</small> _____
Insurance	\$ _____	Electricity/Gas	\$ _____	
Fuel	\$ _____	Management Cost	\$ _____	
Repairs/Maintenance	\$ _____	Reserve	\$ _____	

<b>INTERNAL USE ONLY (QCS QUOTE)</b>	<b>QCS Manager:</b>
Amount \$	Rate
Points	Amortization
<b>DATE</b>	<b>DECLINE</b>
	Term
	Guaranty
	<b>INITIAL</b>