

Loan Application

Headquarters 28 East 28 th Street, 9 th Fl. New York, NY 10016 Tel: 212-869-5300 Fax: 212-683-0694	Manhattan/Bronx 3154 Albany Crescent, 2nd Fl. Albany, NY 12207-2524 Tel: 718-601-6600 Fax: 718-543-3437	Brooklyn/Queens/Staten Island/Long Island 188 Montague Street, 9th Fl. Brooklyn, NY 11201 Tel: 718-522-3900 Fax: 718-522-3047	Hudson Valley 245 Saw Mill River Road Hawthorne, NY 10532 Tel: 914-747-2570 Fax: 914-747-2587
Albany 54 State Street, Suite 201 Albany, NY 12207 Tel: 518-463-1776 Fax: 518-463-1636	Syracuse 315 North Clinton Street Syracuse, NY 13202 Tel: 315-476-3173 Fax: 315-476-3975	Dutchess 625 Old Dutch Road Ulster, NY 12587 Tel: 938/75/2488 Fax: 938/75/2488	

Today's Date: _____
Loan Amount Requested: _____ **Purpose:** Purchase Refinance Rehabilitation Other
How did you hear about CPC? _____

ATTACH TO THIS APPLICATION COMPLETED SCHEDULES A, B, AND C as well as the two CPC release forms for residents and owners.

APPLICANT INFORMATION FOR ALL PERSONS HOLDING AN INTEREST IN THE BORROWING ENTITY, PLEASE PROVIDE THE FOLLOWING INFORMATION

Applicant/Company's Name _____ State Inc. _____ Date Inc. _____
Principal's Name _____
Home Address _____ City _____ State _____ Zip _____
Business Address _____ City _____ State _____ Zip _____
Home Phone _____ Business Phone _____ Mobile Phone _____
Fax _____ E-mail _____
Social Security #: _____ Fed ID# (EIN/TIN) _____ Stockholder # of shares or interest _____
Are you a Citizen? Yes No **If you are not a U.S. Citizen, please complete this section.**
Country of Citizenship: _____
Visa Type: _____ Date of Expiration: _____
Refugee Status: _____ Date Received: _____
Permanent Residency #: _____ Date of Issue: _____
 For Profit Not-For-Profit Corporation Partnership Sole Proprietor

BUILDING INFORMATION

Address _____ City _____ State _____ Zip _____
Section: _____ Block: _____ Lot: _____ County: _____
Property Type: Residential Commercial Mixed Use
Ownership: Fee Simple Lease Hold Elevator Yes No Number of Elevators _____

Number of Floors Above Basement/Grade _____	Number of Residential Units _____	Number of Vacant Units _____	Residential Square Feet _____
Number of Studio Apartments _____	Number of Two Bedroom Apts. _____	Number of Other Bedroom Apts. _____	Number of Commercial Units _____
Number of One Bedroom Apts. _____	Number of Three Bedroom Apts. _____	Number of Parking Spaces _____	Total Commercial Square Feet _____

TYPES OF COMMERCIAL BUSINESSES			
Year Constructed _____	Date of Purchase _____	Type of Construction <input type="checkbox"/> Brick Joist <input type="checkbox"/> Wood Farm <input type="checkbox"/> Fireproof <input type="checkbox"/> Other _____	Estimated Cost of Rehab or Construction _____
Total Purchase \$ _____	Total Current Mortgage \$ _____	Dimensions: Size of Building _____ X _____ On Plot _____ X Number of Acres _____	

MORTGAGE INFORMATION				
1. Mortgagee & Address _____		Balance _____	Interest Rate _____	Maturity Date _____
Annual Payment Interest & Amortization _____	Arrears _____	Account Number _____	Contact Name _____ Phone Number _____	
2. Mortgagee & Address _____		Balance _____	Interest Rate _____	Maturity Date _____
Annual Payment Interest & Amortization _____	Arrears _____	Account Number _____	Contact Name _____ Phone Number _____	
Can each existing mortgage(s) be prepaid? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, how much is the prepayment penalty fee? _____				

GENERAL INFORMATION	
1. Are there existing violations against building? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type below: Building, Fire Department, or other applicable search.	
2. Are there any mechanics or other liens? In REM or other foreclosures, encumbrances, judicial, administrative, or other proceedings against, or defaults affecting the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type below (attach sheet if necessary)	
3. Are there any current real estate property tax abatements on the property? (i.e., J-51, Sr. Citizen, Veteran's Administration) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type and amount of abatement and when it expires below.	
4. Describe any recent (i.e., past ten years) improvements which have been made to the building, indicating the item, year completed and approximate cost below.	

GOVERNMENT PARTICIPATION	
If government financing has been requested for a portion of this loan, please complete the following: Name of Agency _____ Name of Program _____	
Contact Person _____	Telephone Number _____
Amount Requested: _____	Purpose: _____
Government Financing Status <input type="checkbox"/> Approved <input type="checkbox"/> Declined <input type="checkbox"/> Pending	

OTHER REAL ESTATE OWNED					
1. Address _____ _____	Title in name of _____ _____	% of Ownership _____	Date Acquired _____	Market Value _____	Purchase Price _____
Original Mortgage _____	Present Mortgage _____	Maturity Date _____	Name of Mortgagor _____ _____	Account # _____	Contact Name _____ Phone Number _____
2. Address _____ _____	Title in name of _____ _____	% Ownership _____	Date Acquired _____	Market Value _____	Purchase Price _____
Original Mortgage _____	Present Mortgage _____	Maturity Date _____	Name of Mortgagor _____ _____	Account # _____	Contact Name _____ Phone Number _____

If additional properties are owned, list on a separate sheet.

PERSON(S) RESPONSIBLE FOR PERFORMING REHABILITATION WORK (e.g. contractors, architect, etc.)		
CONTRACTOR Name: _____	Address: _____	Phone: _____
ARCHITECT Name: _____	Address: _____	Phone: _____
BUILDING MANAGER Name: _____	Address: _____	Phone: _____

BANK REFERENCES
INSTITUTION: _____
ADDRESS: _____
ACCOUNT REPRESENTATIVE: _____
ACCOUNT #: _____ PHONE: _____

REFERENCES (INCLUDE 3 BUSINESS REFERENCES)			
Name	Address	Phone	Relationship

Have you applied for a loan for this property at any other institution? Yes No

LIST ALL FINANCIAL INSTITUTIONS WHERE YOU HAVE SUBMITTED AN APPLICATION FOR THE SUBJECT PROPERTY

1. _____
2. _____
3. _____

PERSONAL DATA

EMPLOYER _____

EMPLOYER ADDRESS _____

POSITION (TITLE) _____ WORK PHONE _____

ANNUAL SALARY _____

OTHER INCOME \$ _____ SOURCE OF OTHER INCOME _____

DECLARATIONS	Yes	No
Are there any outstanding judgments against you?		
Have you ever declared bankruptcy?		
Are you a party to a lawsuit?		
Do you have any contingent liabilities?		
Are you presently delinquent or in default on any loan, mortgage, financial obligation, bond or loan guarantee?		
Have you, directly or indirectly, been involved on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure or judgment?		
IF YES TO ANY OF THE ABOVE, PLEASE ATTACH SHEET TO EXPLAIN		

THE FOLLOWING IS REQUIRED FOR ANY PERSON HOLDING A 10% OR GREATER INTEREST IN THE BORROWING ENTITY

AN AUDITED STATEMENT MAY BE SUBMITTED IN LIEU OF THIS STATEMENT

FINANCIAL STATEMENT			
ASSETS		LIABILITIES	
CASH	\$ _____	NOTES PAYABLE TO BANK	\$ _____
REAL ESTATE	\$ _____	NOTES PAYABLE TO OTHERS	\$ _____
MORTGAGES OWNED	\$ _____	MORTGAGES ON REAL ESTATE	\$ _____
	\$ _____	OTHER LIABILITIES	\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
SECURITIES	\$ _____		\$ _____
CASH VALUE OF LIFE INSURANCE	\$ _____	TOTAL LIABILITIES	\$ _____
OTHER ASSETS	\$ _____	NET WORTH	\$ _____
	\$ _____		
	\$ _____		
TOTAL ASSETS	\$ _____		

CERTIFICATION

The Undersigned certify the following:

1. I/We have applied for a mortgage loan from The Community Preservation Corporation. In applying for the loan, I/We completed a loan application containing various information on the purpose of the loan, the amount and source of the down payment, employment and income information, and assets and liabilities. I/We certify that all of the information is true and complete. I/We made no misrepresentation in the loan application or other documents, nor did I/We omit any pertinent information.
2. I/We understand and agree that The Community Preservation Corporation reserves the right to change the mortgage loan review process to a full documentation program. This may include verifying the information provided on the application with the employee and/or the financial institution.
3. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statement when applying for this mortgage, as applicable under the provisions of Title 18, United States Codes, Section 1014.
4. This application shall remain the property of The Community Preservation Corporation.
5. Prior to closing the loan, the applicant(s) agree(s) to promptly advise The Community Preservation Corporation of any change in this application.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. I/We have applied for a mortgage from The Community Preservation Corporation. As part of the application process, The Community Preservation Corporation may verify information contained in my/our loan application and in other documents required in connection with the loan, either before the loan is closed or as part of its quality control program.
2. I/We authorize you to provide to The Community Preservation Corporation, and to any investor to whom The Community Preservation Corporation may sell my mortgage, any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. The Community Preservation Corporation or any investor that purchases the mortgage may address this authorization to any party names in the loan application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to The Community Preservation Corporation or the investor that purchased the mortgage is appreciated.

_____ (Applicant's Signature)	_____ Date
_____ (Applicant's Signature)	_____ Date

ADDENDUM TO THE COMMUNITY PRESERVATION MULTIFAMILY LOAN APPLICATION

- 1. List any prior or present non-resident uses of the property know to you. For any commercial space, list the type of business carried on prior one know to you.**

- 2. Are you aware of any underground storage tanks, for petroleum products or other substance, on or abutting the property?**

- 3. Are there any physical signs of contamination on or around the property?**

- 4. Are you aware of the use, storage, or presence of toxic or hazardous substances on the property or surrounding areas, now or at any time in the past?**

- 5. Are you aware of any notices from or any pending or threatened actions by a government agency or private party concerning hazardous waste or possible violation of environmental laws?**

ALL PERSONS IN THE BORROWING ENTITY MUST PROVIDE THE FOLLOWING INFORMATION

Applicant _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Telephone Number: Home _____ Office _____ Fax _____

Social Security #: _____ Stockholder # of shares or % interest _____

Are you a U.S. Citizen? Yes No If you are not a U.S. Citizen, please complete the section below.

Country of Citizenship _____

Visa Type: _____ Date of expiration: _____

Refugee status: _____ Date received: _____

Permanent residency #: _____ Date of issue: _____

Applicant _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____ City _____ State _____ Zip _____

Telephone Number: Home _____ Office _____ Fax _____

Social Security #: _____ Stockholder # of shares or % interest _____

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Telephone Number: Home _____ Office _____ Fax _____

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Country of Citizenship _____

Visa Type: _____ Date of expiration: _____

Refugee status: _____ Date received: _____

Permanent residency #: _____ Date of issue: _____

ANNUAL INCOME AND EXPENSES FOR YEAR:

Building Address: _____
 TO BE COMPLETED BY APPLICANT

SCHEDULE B

INCOME	Previous Year (to)	Previous Year (to)	Current Year (to)	For Lender Use Only	
				CPC	Final
				Standard	Projection
1. Gross income from apartment rental					
2. Gross income from commercial rental					
3. Total gross income (lines 1 plus 2)					
4. Collection Losses					
Residential					
Commercial					
5. Effective gross income (lines 3 less 4)					
EXPENSES					
1. Real estate taxes					
2. Water and sewer charges					
3. Fire Insurance					
Premium					
Amount of Coverage					
4. Liability Insurance					
Premium					
Amount of Coverage					
5. Licenses					
6. Fuel (Oil type: _____)					
Gallons per year: _____					
7. Gas					
8. Electricity (Not metered to tenants)					
9. Trash removal					
10. Pest control					
11. Maintenance and repairs					
12. Cleaning expenses					
13. Supplies					
14. Elevator maintenance and repair contract					
15. Management					
16. Superintendent and staff salaries					
Does superintendent receive free apt.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supers: full-time part-time					
Porters: full-time part-time					
Handymen: full-time part-time					
17. Payroll taxes					
18. Legal					
19. Accounting and Auditing					
20. Replacement (doesn't include repair)					
Ranges and refrigerators					
Boilers					
Other					
21. Painting					
22. Other Expenses					
TOTAL EXPENSES					

Mortgage Officer should note in this column where final projection differs from standard and provide explanatory notes on separate sheet.

SCHEDULE C – TRADE COST BREAKDOWN

TO BE COMPLETED BY APPLICANT

ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE
1	Sitework	
2	Demolition and Shoring	
3	Concrete-Non Foundation	
4	Foundation	
5	Masonry	
6	Metalwork	
7	Rough Carpentry	
8	Finish Carpentry	
9	Roof/Insulation	
10	Windows and Glazing	
11	Doors and Hardware	
12	Drywall and Plastering	
13	Flooring	
14	Specialties – Sprinkler	
15	Elevators	
16	HVAC	
17	Plumbing	
18	Electrical	
19	Other	
	Total	

** Submit these forms ONLY for direct metered resident utility accounts**



Resident Data Release Authorization Form
The Community Preservation Corporation
Green Financing Initiative

Your signing of this form authorizes CPC to access and utilize your past, current and 60-month future utility billing and consumption data so that it can effectively track the performance of your building's energy systems.

Directions: Please complete and sign the following form, and provide either: (a) an Internet account user name and password, (b) copies of energy bills for 2 years (24 recent consecutive months), or (c) a summary report of item b. Con Edison customers *only* need to provide their account number. In cases where there are separate utility delivery and supply companies, please provide energy data for both.

Resident Information	_____				
	Resident Name	Apartment Size (# of bedrooms)			

	Property Name	(Apartment #)			
Utility Information	ELECTRIC				
	_____	Electric Utility/Delivery Co.		Account Number	
	Property Address	Electric Supplier (if separate bill)		Account Number	
	Account Name	Account Mailing Address	City/State	Zip	
	<i>Internet Account (if utility is not Con Ed)</i>	Username		Password	
	NATURAL GAS				
	_____	Natural Gas Utility Distributor		Account Number	
	Property Address	Electric Supplier (if separate bill)		Account Number	
	Account Name	Account Mailing Address	City/State	Zip	
	<i>Internet Account (if utility is not Con Ed)</i>	Username		Password	
	<p>As an authorized representative of the property owner and customer listed above, The Community Preservation Corporation (CPC) and/or its designated representatives are hereby authorized to access and utilize any and all information and data related to energy and/or natural resource consumption at the above listed property address. I understand that this information is being made available to help evaluate energy and resource use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through CPC's Green Financing Initiative. The information/data obtained pursuant to the agreement shall be treated as confidential to the maximum extent permitted by law.</p>				
	_____			_____	
Signature of Person Named on the Household Utility Account			Date		

Your signing of this form authorizes CPC to access and utilize your past, current, and 60-month future energy/resource billing and consumption information/data so that it can effectively track the performance of your building's energy utilization systems in an effort to maximize their potential.

Property Information	_____					
	Property Name					
	_____		_____	_____	_____	
Property Address		City	State	Zip		
_____		_____		_____		
Contact Name		Contact Phone	Contact e-mail			
Utility Information	ELECTRIC					
	_____		_____		_____	
	Electric Utility Company		Account Number			
	_____		_____		_____	
	Account Name		Account Mailing Address	City	State	Zip
	<i>Internet Account (if applicable):</i> _____					
	_____		_____			
	Username		Password			
	NATURAL GAS					
	_____		_____		_____	
	Natural Gas Utility Company		Account Number			
	_____		_____		_____	
	Account Name		Account Mailing Address	City	State	Zip
	<i>Internet Account (if applicable):</i> _____					
	_____		_____			
	Username		Password			
WATER						
_____		_____		_____		
Water Service Provider		Account Number				
_____		_____		_____		
Account Name		Account Mailing Address	City	State	Zip	
<i>Internet Account (if applicable):</i> _____						
_____		_____				
Username		Password				
OTHER Oil, Propane, Steam, etc.						
_____		_____		_____		
Energy/Resource Provider		Account Number				
_____		_____		_____		
Account Name		Account Mailing Address	City	State	Zip	
<p>As an authorized representative of the property owner and customer listed above, The Community Preservation Corporation (CPC) and/or its designated representatives are hereby authorized to access and utilize any and all information and data related to energy and/or natural resource consumption at the above listed property address. I understand that this information is being made available to help evaluate energy and resource use patterns in order to identify potential and actual energy savings results from work performed or services offered through CPC's Green Financing Initiative. The information/data obtained pursuant to the agreement shall be treated as confidential to the maximum extent permitted by law.</p>						
_____			_____			
Signature of Authorized Representative			Date			

Title						