

Required Document Checklist for Loan Requests More Than \$100,000

Please complete your application and documents before your appointment. Include this completed checklist with your application. To submit your application electronically, please contact us for a secure link.

For TI	ne Business:
	Last 3 years tax returns
	Current financial statements if more than 5 months since last fiscal year-end
	Business plan if the business is a start-up
	Schedule of loans/debts on OUCU form
	Bank account statements for business (last 60 days for non-OUCU accounts)
For E	ach Owner:
	Last 3 years of personal tax returns
	W-2s for last 3 years
	3 most recent paystubs showing name, SS #, and YTD information
	Personal Financial statement on OUCU form
	Real estate schedule on OUCU form (if applicable)
	Most recent retirement and investment statements (last 60 days)
	Bank account statements for personal (last 60 days for non-OUCU accounts)
	Operating agreement
	EIN documentation
	Verification of SOS
For R	eal Estate:
	OUCU real estate schedule rent roll
	Copy of leases
	Copy of deed or legal description
	Purchase agreement (if applicable)
Additi	ional Items (if):
	If construction or improvement loan – plans, specs, AIA Documentation, budget, general contractor information and signed contract
	If franchise, provide copy of UFOC, Franchise Agreement
	If Trust copies of Trust Agreement, Addendums and any changes.
All info	ormation must be signed and dated. Your application is not considered complete until we have

received all REQUIRED information. Incomplete submission will not be processed. We will contact you

Business Services
OUCU Financial | 944 E. State St. Athens, OH 45701
740-447-5202 | Fax 740-597-2874 | business@oucu.org

promptly if more information is needed to process your request.



944 East State St. Athens, Ohio 45701 PH: 740-447-5202 FX: 740-597-2874 business@oucu.org

	BUSINESS LOAN APPLICATION									
***** Each shareholder, partner or member	owning 20 percent or more int	erest in the Bus								
Business Applicant's Name (exact legal name	۵۱		BORE	DBA (if applicab						
Dusiness Applicant's Name (exact legal name	9)			DBA (II applicati	ле)					
Taxpayer ID Number Year Business Established		Years Current Ov	wnership	Years Owners h	Years Owners have been in this line of business					
Business Type:	INDIVIDUAL	CC	ORPORATI	ION		PARTNER	SHIP		OTHER	
	Sole Proprietorship		Sı	ub S-Corporation			General Partner	rship	Nonprofit Organization	
	Individua	ı		C-Corporation			Limited Partner	rship	Professional Association	
			Limited L	iability Company		Limi	ted Liability Partner	rship	Trust	
If "other", please provide details									Other	
Description of the Business or Service										
Business Contact Name				Business Phone	9		Email			
Cell Phone		Personal Email								
BUSINESS LOCATION (cannot be a P.O. box):										
Street Address		City					State	Zip Code	•	
BUSINESS MAILING ADDRESS (if diffe	rent from above):						I			
Street Address		City				State Zip Code		3		
				LOAN REQUES	ST					
	Mortgage	е		Vehicle		I	Equipment		Line of credit	
Type of Loan	SBA 7a/504						Other			
	If "Other", please provide details	:								
Loan Amount	Loan Purpose									
			COL	LLATERAL OFF	EEBED					
Type of Collateral: (check all that apply)			COL	LLATERAL OFF	PERED					
	Real estate			Vehicle Equipment Accounts Receivat				Accounts Receivable		
Inventory Account # Other					Other					
(Please provide more information if "Other" is	indicated:)			'						
Collateral Description: (Examples: property a	ddress and type, year/make/mod	el of vehicles or e	quipment, e	etc.)						
Collateral Value:		Collateral Owner	·-			1	Course of Value			
Collateral Value.	oulderal value.						Source of Value:			

				OWNERSHIP/GUAR	RANTORS/CO-APPLICANTS I	INFORMATION		
List all Owners, Gu	arantors, and/o	r Co-Appli	cants for loan request					
	f the Borrower is an entity (corporation, limited liability company, etc.), list each owner, guarantor, and/or co-applicant in the table below, along with their date of birth, social security number, and mailing address. A personal guaranty (greater than 20% ownership), will be required from each owner of the entity.							
1. Name/Title			Social Security #	DOB	% Ownership	%	Number of Yrs w/ Business	
Co Applicant?	YES	NO	Guarantor? YES	NO	Mailing Address:		1	
2. Name/Title			Social Security #	DOB	% Ownership	%	Number of Yrs w/ Business	
Co Applicant?	YES	NO	Guarantor? YES	NO	Mailing Address:			
3. Name/Title			Social Security #	DOB	% Ownership	%	Number of Yrs w/ Business	
Co Applicant?	YES	NO	Guarantor? YES	NO	Mailing Address:			
4. Name/Title			Social Security #	DOB	% Ownership	%	Number of Yrs w/ Business	
Co Applicant?	YES	NO	Guarantor? YES	NO	Mailing Address:			
				ви	SINESS DEPOSIT ACCOUNTS	;		
			_ ,					

Financial Institution	Type of Account	Current Balance	Would you like to move the account to OUCU?				
			YES	NO			
			YES	NO			
			YES	NO			
RELATED BUSINESS ISSUES							

RELATED BUSINESS ISSUES							
Has the Applicant or any Guarantor or Co-applicant ever declared bankruptcy?	YES	NO					
Has any Applicant, Guarantor, or Co-Applicant ever been convicted of a Felony? If yes, date of conviction and outcome: Please provide documentation.	YES	NO					
Is the Business Applicant or any Guarantor or Co-applicant a party to any claim or lawsuit?	YES	NO					
Are there any state or federal tax liens filed against any Business Applicant, Guarantor, or Co-applicant?	YES	NO					

ACKNOWLEDGEMENT & CERTIFICATION

This application is completed for:

Business-purpose credit* in my name or that I personally guaranty. I am relying on my income and assets and, if applicable, the income and assets of the business in which I am the sole owner, as the basis for repayment.

If you are applying for secured credit, what is your marital status?

Married

Unmarried

Separated

Business-purpose credit* in all of our names or that we all personally guaranty. We are relying on our joint incomes and assets and, if applicable, the business in which we are joint-owners, as the basis for repayment.

*"Business-purpose credit" includes credit of any kind extended to an individual or entity for commercial purposes, including, but not limited to, credit extended to purchase, refinance or improve 1-4 unit residential rental property, multi-family rental property, commercial real estate or farm land.

The undersigned acknowledge & understand that the information contained herein, along with all information submitted with this application, is provided to induce OUCU Financial ("OUCU") to extend or to continue to extend business-purpose credit to the undersigned or to others upon the guaranty of the undersigned, & OUCU is relying on said information in deciding to grant or continue credit or to accept a guaranty thereof. The undersigned represent, warrant & certify that the information provided herein & submitted with this application is true, correct & complete. The undersigned agree to notify OUCU immediately & in writing of any change in name, address, or employment & of any material adverse change in the financial condition of any of the undersigned or the ability of any of the undersigned to perform their obligations to OUCU. If the undersigned fail to notify OUCU as required above, or if any of the information herein or if any of the information submitted with this application should prove to be inaccurate or incomplete in any material respect, OUCU may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, in default & immediately due and payable. The undersigned acknowledge they have read & accepted the terms & disclosures contained herein. All parties agree & acknowledge that a copy or facsimile of this application will be as valid as the original. This application & any other financial or other information that the undersigned gives OUCU shall be the property of OUCU. The undersigned authorizes any person or consumer reporting agency to give OUCU any information it may have on the undersigned. Each of the undersigned authorizes OUCU to answer questions about its credit experience with the undersigned.

IMPORTANT NOTICES & DISCLOSURES

IMPORTANT NOTICE. It is a Federal crime under Section 1014 of Title 18 of the United States Code for any person to knowingly make any false statement or report, or willfully overvalue any land, property or security for the purpose of influencing in any way the action of an insured State-chartered credit union & any institution the accounts of which are insured by the National Credit Union Administration.

EQUAL CREDIT OPPORTUNITY ACT. The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: Federal Trade Commission, Chicago Regional Office, 55 E. Monroe St., Suite 1437, Chicago, IL 60603.

The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

APPRAISAL NOTICE. We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost. By signing below, you acknowledge receipt of this Appraisal Notice.

RIGHT TO REQUEST SPECIFIC REASON FOR CREDIT DENIAL. If your application for credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact us within sixty (60) days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within thirty (30) days of receiving your request for the statement. Please send requests to: OUCU Financial, 944 East State Street, Athens, Ohio 45701.

ADDITIONAL NOTICE: OUCU complies with Section 326 of the Patriot Act, which requires OUCU to obtain, verify, and record information that identifies each applicant for financing. OUCU complies with the FACTAct, and other similar laws, which allow each applicant to opt out of information sharing for marketing purposes. The federal agency that administers compliance with this law concerning this creditor is: National Credit Union Administration Regional Director, Region III, Suite 1600, 7000 Central Parkway, Atlanta, Georgia 30328.

DISCLOSURE AND CONSENT TO RECEIVE DOCUMENTS IN ELECTRONIC FORM. This disclosure required by this part that are required to be given in writing may be provided to the applicant in electronic form, subject to compliance with the consumer consent and other applicable provisions of the Electronic Signature in Global and National Commerce Act (E-Sign Act) (15 U.S.C. 7001 et. seq.). Where the disclosure under ss 1002.5(b)(1), 1002.5(b)(1), 1002.5(d)(1), 1002.5(d)(2), 1002.13, and 1002.14(a)(2) accompany an application accessed by the applicant in electronic form, these disclosures may be provided to the applicant in electronic form or with the application form, without regard to the consumer consent of the E-Sign Act.

These Notices are intended for use in connection with applications for business credit under ss 1002.9(a)(3)

SIGNATURES							
**Signature of Applicants and Guarantors: (Each Shareholder, Partner, or Member owning	*Signature of Applicants and Guarantors: (Each Shareholder, Partner, or Member owning 20 percent or more interest in the Business Applicant, co-applicant, and guarantor, sign below)						
1 Signature:	Title:	Date:					
2 Signature:	Title:	Date:					
3 Signature:	Title:	Date:					
4 Signature:	Title:	Date:					

To Print:

Complete form

• Save as new file

To Email:

Please contact us to receive a secure link to submit your items.

Protecting our members' personal information is very important to us. Please never include non-public and confidential personal information in an email or attachment.



944 East State St. Athens, Ohio 45701 PH: 740-447-5202 FX: 740-597-2874 business@oucu.org

Personal Financial Statement

IMPORTANT NOTICE. The information contained in this statement is provided to OUCU Financial ("OUCU") to extend or to continue to extend business-purpose credit to the undersigned or to others upon the guaranty of the undersigned. OUCU is relying on this information in deciding to grant or continue credit or to accept a guaranty thereof. It is a Federal crime under Section 1014 of Title 18 of the United States Code for any person to knowingly make any false statement or report, or willfully overvalue any land, property or security for the purpose of influencing in any way the action of an insured State chartered credit union and any institution the accounts of which are insured by the National Credit Union Administration.

income you are relying on, su	ich as alimony, child su	ement relates to your guaranty of the indebtness of other person(s), firm(s) or opport, maintenance payments or any other income or assets. Alimony child suppave it considered as basis for repaying this obligation.					
I intend to apply for individual credit:	Signature:			_			
If you are applying for joint credit, or if this statement relates to your guaranty of the indebtedness of other person(s) firm(s) or corporation(s), complete all sections.							
We intend to apply for joint credit:	Signature:			_			
	Co-Applicant Signature:			_			
All applicants please sign and	I date the back of this	inancial statement.					
		Individual Information					
Individual Name							
Home Address, City, State, Zip							
Social Security Number		Date of Birth Home Phone					
Cell Phone		Email					
Employer Name		Employer Address, City, State, Zip					
Business Phone		Title/Position	No. of Years				
		Note: Attach separate sheet(s) to explain all "Yes" answers.					
1. Are any significant changes in your income or expenses expected in the next 12 months?							
2. Are you a guarantor, co-signer or oth	erwise liable for any loan, leas	e or other contract or debt of an individual or business?	YES	NO			
3. Do you or any business in which you	are an owner have any past du	e tax obligations (including, but not limited to, property taxes, income taxes, or payroll/withholding taxes)	? YES	NO			
4. Do you or any business in which you	are an owner have any outstar	ding judgements or collections?	YES	NO			
5. Do you or any business in which you	are an owner have any outstar	ding letters of credit or surety bonds?	YES	NO			
6. Have you or any business in which yo	ou are or were an owner ever d	eclared bankruptcy including minority ownership of greater than or equal to 20%?	YES	NO			
7. Are there any legal actions pending a	gainst you or any business in w	rhich you are an owner?	YES	NO			
8. Are you on parole or on probation, o	r have you ever been convicted	or placed on any form of probation, for any criminal offense other than a minor vehicle violation?	YES	NO			
		Joint Information					
Individual Name							
Home Address, City, State, Zip							
Social Security Number		Date of Birth Home Phone					
Cell Phone		Email					
Employer Name		Employer Address, City, State, Zip					
Business Phone		Title/Position	No. of Years				
		Note: Attach separate sheet(s) to explain all "Yes" answers.					
1. Are any significant changes in your	income or expenses expected	in the next 12 months?	YES	NO			
2. Are you a guarantor, co-signer or o	2. Are you a guarantor, co-signer or otherwise liable for any loan, lease or other contract or debt of an individual or business?						
3. Do you or any business in which yo	3. Do you or any business in which you are an owner have any past due tax obligations (including, but not limited to, property taxes, income taxes, or payroll/withholding taxes)? YES NO						
4. Do you or any business in which yo	u are an owner have any outsta	anding judgements or collections?	YES	NO			
5. Do you or any business in which yo	u are an owner have any outsta	anding letters of credit or surety bonds?	YES	NO			
6. Have you or any business in which	you are or were an owner ever	declared bankruptcy including minority ownership of greater than or equal to 20%?	YES	NO			
7. Are there any legal actions pending	, ,	,	YES	NO			
8. Are you on parole or on probation,	or have you ever been convicte	ed or placed on any form of probation, for any criminal offense other than a minor vehicle violation?	YES	NO			

						•		
Income Description	Individual Informa	ation Joint Information		Expense Description	Individual In	formation	Joint Information	
Wages and salaries			Federal & state	income taxes				
Bonus and commissions			Alimony or child	d support*				
Interest/Dividends			Other					
IRA distributions/Pensions and annuities			TOTAL EXPENSE	ES:				
Jnemployment							1	
ocial security						enance need no	t be revealed if you do not wish	
Other*			have it co	nsidered as a basis for repa	ıying an obligation.			
TOTAL INCOME:								
A: Cash	In Other Fina	ancial Institutions (chec	cking, sa	vings, money mark	ets, certificate	es of depos	it, etc.)	
Type of Accou	nt	Financial Institutio	n	Pledged?	res/No	Ac	count Balance	
				YES	NO			
				YES	NO			
				YES	NO			
						Total:		
B: Marketable Secur	rities (mutual	funds, stocks, bonds, e	etc.)	C: Retirement Accounts (including IRA, 401k, 403b, Keogh, SEP, Profit-Sharing, etc.)				
Description		Market Value		Descripti	ion	N	Narket Value	
	To	otal:				Total:		
		D: V	ehicles,	Boats, Etc.				
Year, Make, Mo	odel	Creditor Name		Market Va	alue	Мо	nthly Payment	
							_	
				Takalı		Takeli		
				Total:		Total:		
	E: Rea	ll Estate Owned - Perso	onal - Ple	ease complete Real	Estate Sched	ıle		
Date Acquire	d	Address		Creditor N	ame	N	Narket Value	
						TOTAL:		

Annual Expenses (omit cents)

Annual Income (omit cents)

F: Business/Partnership Interests - Please attach K-1, if applicable						
Name of Business/Partnership	Owner Since	Total Debt	%Owned			
			%			
			%			
			%			
	Т	OTAL:				
	G: Credit Cards, Department	Store Cards, Charge Cards, Etc.				
Creditor Name	Credit Limit	Current Balance	Monthly Payment			
	TOTAL:	TOTAL:	TOTAL:			
	H: Other Liabilities (stude	nt loans, family loans, etc.)				
Creditor Name	Type of Loan	Current Balance	Monthly Payment			
		TOTAL:	TOTAL:			
IMPORTANT NOTICES & DISCLOSURES						
YOUR REPRESENTATIONS. The undersigned represent, warrant and certify that the information provided herein is true, correct and complete. The undersigned agree to notify OUCU immediately and in writing of any change in name, address, or employment and of any material adverse change in (1) any of the information contained in this statement, (2) the financial condition of any of the undersigned, or (3) the ability of any of the undersigned to perform their obligations to OUCU. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify OUCU as required above, or if any of the						

YOUR REPRESENTATIONS. The undersigned represent, warrant and certify that the information provided herein is true, correct and complete. The undersigned agree to notify OUCU immediately and in writing of any change in name, address, or employment and of any material adverse change in (1) any of the information contained in this statement, (2) the financial condition of any of the undersigned, or (3) the ability of any of the undersigned to perform their obligations to OUCU. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify OUCU as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, OUCU may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, in default and immediately due and payable. OUCU is authorized to make all inquires it deems necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give OUCU any information it may have on the undersigned. Each of the undersigned authorizes OUCU to answer questions about its credit experience with the undersigned. As long as any obligation or guaranty of the undersigned to OUCU is outstanding, the undersigned shall supply annually an updated financial statement and any other financial information requested by OUCU. The undersigned acknowledge receiving a copy of the disclosures herein. All parties will consider a copy or facsimile of this statement to be as binding and valid as the original. This statement and any other financial or other information that the undersigned gives OUCU shall be the property of OUCU.

SIGNATURES				
Signature:	Date:			
Signature:	Date:			

To Print:

To Email:

- Complete form
- · Save as new file



Title:

Business Name:	
	

944 East State St. Athens, Ohio 45701 PH: 740-447-5202 FX: 740-597-2874 business@oucu.org

Non-Real Estate Business/Debt Schedule

Instructions: List all loans to your business/affiliated business that are not on your Personal Financial Statement. Examples include business equipment loans, business vehicle loans, business credit cards and capital leases.

Creditor Name (To Whom Payable)	Current Balance	Credit Limit (if line of credit)	Monthly Payment	Collateral Securing the Debt			
TOTAL:							
CERTIFICATION : The undersigned hereby certified that he/she is either the/an owner of the Business identified above or an authorized representative of the/an owner, and the information herein is true and correct.							
Signature:		Name (print): _					

To Print:

- Complete form
- Save as new file
- Set your printer to print in landscape orientation

To Email:

Please contact us to receive a secure link to submit your items.

Protecting our members' personal information is very important to us.

Please never include non-public and confidential personal information in an email or attachment.

Date Completed: _



Real Estate Schedule

Please complete for real estate owned (personal and business)

944 East State Street, Athens, Ohio 45701 FX: 740-597-2874 | PH: 740-447-5202 business@oucu.org

Type Key: A = apartme	nts, IVIF = 2-4	units, 5F	= single-tamily investing	ient, c	= commercial, O = offic	e, K = reta	iii, ivi = mixea-use, L =	iot (copy and a	attacı	n additional sneets if	necessary)
Property Address							Property Owner	% Owned			% Owned
Date Acquired # of Units		Total Monthly Rent(s)	0	Original Cost		urrent Market Value		Current Loan Balance			
Credit Limit (If Line of Credit) Monthly Loan Payment			oan Payment		Annual Property Taxes	•	Escrow			Name of Creditor	
Property Address							Property Owner				% Owned
Date Acquired # of Units		Total Monthly Rent(s)		0	Original Cost		Current Market Value	Current Loan B		Loan Balance	
Credit Limit (If Line of Credit)		Monthly Loan Payment			Annual Property Taxes		Escrow		Name of Creditor		
Property Address							Property Owner	Owner % Owned			% Owned
Date Acquired	Date Acquired # of Units Total Monthly Rent(s)		0	Original Cost		Current Market Value Cu		urrent Loan Balance			
Credit Limit (If Line of Credit)		Monthly L	oan Payment		Annual Property Taxes Escrow			Name of Creditor			
Property Address							Property Owner	Property Owner % C			% Owned
Date Acquired	# of Units		Total Monthly Rent(s)	0	riginal Cost	C	Current Market Value		Current Loan Balance		
Credit Limit (If Line of Credit) Monthly Loan Payment					Annual Property Taxes		Escrow		Name of Creditor		
CERTIFICATION: The understrue and correct, and a copy of	signed hereby ce or facsimile of thi	rtifies that h s workshee	ne/she is either the/an owner t is considered as valid and b	r of eac	th the Properties listed herein is as the original.	n the percent	tage indicated above, or is a	n authorized repre	esenta	ative of the/an owner, the	information herein is
Authorized Signature:						Name (Prir	nt):				
Title (if applic	able):					Date:					

To Print:

- Complete form and save as new file
- Set your printer to print in landscape orientation

To Email:



Real Estate Schedule (Continued)

Please complete for real estate owned (personal and business)

944 East State Street, Athens, Ohio 45701 FX: 740-597-2874 | PH: 740-447-5202 business@oucu.org

Type Key: A = apartments,	, MF = 2-4 ι	units, SF	= single-family investmen	nt, C	= commercial, O = office, R = re	etail	, M = mixed-use, L = lot (copy an	d attac	h additional sheets if	necessary)	
Property Address							Property Owner % Owned				
Date Acquired	# of Units		Total Monthly Rent(s)	Or	iginal Cost Cui		Current Market Value (Current Loan Balance		
Credit Limit (If Line of Credit) Monthly Loan Payment			oan Payment	Annual Property Taxes			Escrow		Name of Creditor		
Property Address							Property Owner % Owned				
Date Acquired	# of Units		Total Monthly Rent(s)		Original Cost		rrent Market Value	Curren	Loan Balance		
Credit Limit (If Line of Credit)		Monthly L	Monthly Loan Payment		Annual Property Taxes		Escrow		Name of Creditor		
Property Address							Property Owner	% Owned			
Date Acquired # of Units Total Monthly Rent(s) O			Or	iginal Cost	Current Market Value		Current Loan Balance				
Credit Limit (If Line of Credit) Monthly Loan Payment				Annual Property Taxes		Escrow		Name of Creditor			
Property Address							Property Owner % Owned			% Owned	
Date Acquired # of Units			Total Monthly Rent(s)		Original Cost		rrent Market Value	Curren	Loan Balance		
Credit Limit (If Line of Credit) Monthly Loan Payment					Annual Property Taxes		Escrow		Name of Creditor		
CERTIFICATION: The undersigned true and correct, and a copy or fac						enta	ge indicated above, or is an authorized r	epresenta	ative of the/an owner, the	information herein is	
Authorized Signa	nture:				Name (P	rint) :				
Title (if applicable	Title (if applicable): Date:										

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Real Estate Schedule (Continued)

Please complete for real estate owned (personal and business)

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Property Address							Property Owner % Owned				
Date Acquired	# of Units		Total Monthly Rent(s)	Or	iginal Cost Cui		Current Market Value (Current Loan Balance		
Credit Limit (If Line of Credit) Monthly Loan Payment			oan Payment	Annual Property Taxes			Escrow		Name of Creditor		
Property Address							Property Owner % Owned				
Date Acquired	# of Units		Total Monthly Rent(s)		Original Cost		rrent Market Value	Curren	Loan Balance		
Credit Limit (If Line of Credit)		Monthly L	Monthly Loan Payment		Annual Property Taxes		Escrow		Name of Creditor		
Property Address							Property Owner	% Owned			
Date Acquired # of Units Total Monthly Rent(s) O			Or	iginal Cost	Current Market Value		Current Loan Balance				
Credit Limit (If Line of Credit) Monthly Loan Payment				Annual Property Taxes		Escrow		Name of Creditor			
Property Address							Property Owner % Owned			% Owned	
Date Acquired # of Units			Total Monthly Rent(s)		Original Cost		rrent Market Value	Curren	Loan Balance		
Credit Limit (If Line of Credit) Monthly Loan Payment					Annual Property Taxes		Escrow		Name of Creditor		
CERTIFICATION: The undersigned true and correct, and a copy or fac						enta	ge indicated above, or is an authorized r	epresenta	ative of the/an owner, the	information herein is	
Authorized Signa	nture:				Name (P	rint) :				
Title (if applicable	Title (if applicable): Date:										

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- Complete form and save as new file
- Set your printer to print in landscape orientation

To Email: