



Commercial Loan Application

Seattle Funding Group, Ltd. & Seattle Funding Group of California LLC www.SeattleFundingGroup.com

For Business or Commercial Purposes

| I. CREDIT REQUESTED | | | | | | | |
|---|--------------------------------|--|--------------------------|---|--|---|--------------------|
| Loan Type <input type="checkbox"/> Purchase <input type="checkbox"/> No/Limited Cash-Out Refinance <input type="checkbox"/> Business Expansion <input type="checkbox"/> Rehab <input type="checkbox"/> Ground-Up Construction <input type="checkbox"/> Cash-Out Refinance <input type="checkbox"/> Other (explain): | | | | | | | |
| Amount Requested \$ _____ | | Interest Rate _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable | | | Will additional property be given as collateral by a guarantor, or any person who will not be a Borrower or Co-Borrower? <input type="checkbox"/> Yes (provide guarantors' loan application and property information) <input type="checkbox"/> No | | |
| Vesting (Manner in which title will be held): | | | | | | | |
| II. PROPERTY INFORMATION | | | | | | | |
| Subject Property Address (street, city, state, & ZIP) | | | | | | No. of Units | |
| Current Occupancy <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Vacant <input type="checkbox"/> Other (specify): | | | | Parcel Number(s): | | Year Built | |
| Property Description: | | | | | | | |
| Type of Property <input type="checkbox"/> SFR (non-owner occupied) <input type="checkbox"/> SFR 2-4 units <input type="checkbox"/> Apartments <input type="checkbox"/> Commercial <input type="checkbox"/> Land <input type="checkbox"/> Other (specify): | | | | | | | |
| Year Acquired | Original Cost | Existing Liens | (a) Present Value | (b) Proposed Budget | (c) Improvements made | Estimated Final Value | |
| \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | |
| III. BORROWER INFORMATION | | | | | | | |
| Borrower's Name (include Jr. or Sr. if applicable) | | | | Co-Borrower's Name (include Jr. or Sr. if applicable) | | | |
| SSN: | Phone (incl. area code) | DOB (mm/dd/yyyy) | Yrs. School | SSN: | Phone (incl. area code) | DOB (mm/dd/yyyy) | Yrs. School |
| <input type="checkbox"/> Married (includes registered domestic partners) <input type="checkbox"/> Unmarried (includes divorced, widowed) <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Separated | | Dependents (not listed by Co-Borrower) No. _____ Ages _____ | | <input type="checkbox"/> Married (includes registered domestic partners) <input type="checkbox"/> Unmarried (includes divorced, widowed) <input type="checkbox"/> Single (never been married) <input type="checkbox"/> Separated | | Dependents (not listed by Co-Borrower) No. _____ Ages _____ | |
| Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | | | | Present Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | | | |
| Mailing Address , if different from Present Address | | | | Mailing Address , if different from Present Address | | | |
| If residing at present address for less than two years, complete the following: | | | | | | | |
| Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | | | | Former Address (street, city, state, ZIP) <input type="checkbox"/> Own <input type="checkbox"/> Rent ___ No. Yrs. | | | |



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IV. ENTITY INFORMATION

| | | |
|--|------------------------|--|
| Entity is a/an: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Nonprofit Entity <input type="checkbox"/> Government Entity <input type="checkbox"/> Other (specify) | | |
| Entity Name: | State of Organization: | TIN: |
| Signing Party on Behalf of Entity: | Title: | % Ownership: |
| List Members Under the Entity and their title and % of Ownership. | | |
| Name | Title | % Ownership: |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| Principal Place of Business Address (not a P.O. Box) | | |
| Mailing Address (if different from the above) | | |
| Balance Sheet Available for Review <input type="checkbox"/> Yes <input type="checkbox"/> No | | Financial Statements have been audited by CPA or PA <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Additional Member Information on an Addendum <input type="checkbox"/> Yes <input type="checkbox"/> No | | *ATTACH A SIGNED COPY OF THE ENTITY DOCUMENTS |

V. EMPLOYMENT INFORMATION

| Borrower | | Co-Borrower | |
|--|----------------------------------|---|----------------------------------|
| Name & Address of Employer <input type="checkbox"/> Self Employed | Dates (from-to) | Name & Address of Employer <input type="checkbox"/> Self Employed | Dates (from-to) |
| | Monthly Income \$ | | Monthly Income \$ |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) |
| If employed in current position for less than two years or if currently employed in more than one position, complete the following: | | | |
| Name & Address of Employer <input type="checkbox"/> Self Employed | Dates (from-to) | Name & Address of Employer <input type="checkbox"/> Self Employed | Dates (from-to) |
| | Monthly Income \$ | | Monthly Income \$ |
| Position/Title/Type of Business | Business Phone (incl. area code) | Position/Title/Type of Business | Business Phone (incl. area code) |

Signature: Borrower c/o an Authorized Signer / Principal / Guarantor

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