



AZTEC FINANCIAL SERVICES

PH: 813-261-5125 FAX: 813-814-1266

Contract Number
Application Date
Aztec Originator
Other

COMMERCIAL MORTGAGE APPLICATION

Property Type: Multi Family

Borrower Information

Borrower Legal Name _____ Date _____

Borrower Type : Corp Individual Trust LC Proprietorship Prtnrshp Ion-Prof Other _____

Contact(s) _____ Tax EIN # _____

Address _____ City _____ ST _____ Zip _____

Phone & Ext. _____ Cell _____ Fax _____

Contact Email _____ Contact Web Site _____

Net Worth \$ _____ Personal FICO (Credit) Score _____ Previous Bankruptcy (Circle) Y N If Yes, Year? _____

Loan Information

Loan Name/Description _____

Recourse Preference Recourse Non-Recourse Negotiable Contractor Name (if applicable)? _____

Loan Purpose Purchase Refinance Construction Date Permits Pulled (if applicable)? _____

If Purchase, Purch Price \$ _____ Closing Date _____

If Refinance, Loan Balance \$ _____ Previous Interest Rate _____ % Type: Fixed _____ Variable _____

Cost of Recent Improvements \$ _____ Improvements Documented Yes _____ No _____ Unknown _____

If Constr, Constr Cost+Land \$ _____ Completion Date _____

Property Information

Property Name _____ No. of Bldgs _____

Property Subtype: Garden Apts _____ Mid-Rise _____ High-Rise _____ Student Housing _____ Military _____ Townhouse _____ Co-Op _____

Land Area _____ Property Management Contract in place? Y N ?

Last Appraised Value \$ _____ Last Sale Price \$ _____

Last Appraisal Date _____ Date of Last Sale _____

Provide Property Attributes: Is Property Income Subsidized By Either HAP/HUD: Y N ? What %? _____ % Owner-Occupied: Y N ?

Is Property Adjacent to Sewage/Waste Treatment Facility: Y N ? Student Housing _____ % Military Housing _____ % Corp Housing _____ %

Pools _____ Jacuzzi _____ Laundry Rooms _____ Clubhouses _____ Tennis Courts _____ Exercise Rooms _____ Playgrounds _____ Security Gates _____

Surrounding Land Use: Similar Res _____ Higher Scale Res _____ Lower Scale Res _____ Retail _____ Office _____ Industrial _____ Mixed Use _____

Building Information

Property Address _____ CITY _____ ST _____ ZIP _____

Number of Stories _____ Year Built _____ Year Renovated _____ # of Elevators _____ General Appearance: Avg _____ Above _____ Below _____

Units include: Microwave _____ Ceiling Fans _____ Fireplace _____ Air Conditioning _____ Flat Roof: Y N ? T-111 Exterior: Y N ?

Est. Market Vacancy _____ % Gross Building Area _____ SqFt Net Rental Area _____ SqFt Special Fire Escape Exits? _____

of Parking Spots _____ Is Building Made Of Block Provide % _____ Is Building Made of Wood Provide % _____

Digital Photographs Inside and Outside of Building Provided Y N Please Include Photos Or Send Via E-mail

Owner(s) Information	
<i>Attach Second Sheet If Necessary</i>	
Owner Name:	Owner Name:
Home Address:	Home Address:
Social Security Number :	Social Security Number :
% of Ownership:	% of Ownership:
Annual Compensation: \$	Annual Compensation: \$

Officer & Director Information (If Not Listed Above)	
Owner Name:	Owner Name:
Home Address:	Home Address:
Social Security Number :	Social Security Number :
% of Ownership:	% of Ownership:
Annual Compensation: \$	Annual Compensation: \$

General Information	
Number Of Employees At Time Of Application:	Number Of Employees Expected After This Loan:
Accountant's Name & Phone:	Attorney's Name & Phone:
Insurance Agent's Name/Phone:	Other Insurance (Life/Hazard) Agent's Name & Phone:
Bank Contact: Phone:	Mortgage Contact: Phone:
Address:	Address:
Account #: Fax #:	Account #: Fax #:

DECLARATION

The above information, together with any accompanying financial statements, schedules or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizes that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry as to their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Aztec Financial Services LLC (AFS) and its assignees harmless for same. AFS is hereby authorized to investigate (directly or through an agent or nominee) your/their credit and financial standing. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). The applicant further agrees to notify AFS promptly of any material change in any such information they may provide in conjunction with this application.

If Applicant(s) are to Personally Guarantee -- Guarantor(s) Must Provide Signature(s) To Enable Credit Investigation.

Federal Equal Credit Opportunity Act (FECOA)

In the event that your application for business credit is denied, you have the right to a written statement of the reason of denial. To obtain that statement please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications 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 our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity Washington, DC 20580.

Applicant	Signature	Title	Date

FAX TO AZTEC AT: 813-814-1266

AZTEC FINANCIAL SERVICES LLC
 PHONE: 813-261-5125 OR 877-298-3219
 550 N. Reo St. Suite 300, Tampa, FL 33609 www.aztecfs.com credit@aztecfs.com

AZTEC FINANCIAL SERVICES -- MULTI FAMILY

Rent Roll

Building Name _____ Rent Roll Date _____

No.	Indicate Unit Type: Examples: 1BR / 2BA, 2BR / 2BA 2BR / 2.5BA, Studio, Other, etc.	No. of Occupied Units	No. of Vacant Units	Avg. Monthly Rent per Unit	Est. Market Rent per Unit	Avg. Unit Area (SF)	Min. Monthly Rent per Unit	Max. Monthly Rent per Unit	Utilities/Services Included in Rent											
									Heat	Elec	Water	Sewer	Gas	Oil	Landsc	Laundry	Parking			
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Aztec Financial Services -- Multi Family

Income & Expenses

Building Name _____

Description	3rd Preceding Year _____	2nd Preceding Year _____	Preceding Year _____	YTD No of Months ____	Trailing 12 Months	Adjustments	Final	Notes
Base Rent								
Laundry/Vending Income								
Parking Income								
Other Income								
Vacancy & Coll. Loss								
Effective Gross Income								
Real Estate Taxes								
Property Insurance								
Utilities								
Repairs and Maintenance								
Management Fees								
Payroll and Benefits								
Advertising and Marketing								
Professional Fees								
General and Administrative								
Other Expenses								
Ground Rent								
Total Operating Expenses								
Net Operating Income								
Cap Ex. (Repl. Reserves)								
Extraordinary Capital Exp.								
Total Capital Items								
Net Cash Flow								