



Capstone Commercial Capital, LLC

5100 Poplar Avenue Suite# 2700

Memphis, TN 38137

P: 1-800-808-4183 | F: 1-888-304-1577

E: Request@CapstoneCommercialCapital.com

General Instructions

Capstone Commercial Capital, LLC thanks you in advance for submitting your financing request to us. We truly welcome and appreciate the opportunity to secure the financing you need and deserve.

For your convenience, we have attached additional auto-fill pages to provide extra space if needed.

To prevent delays in the process, please complete the form in its entirety. Thank you.

1. In addition to the completion of this request, please supply the following:
 - a. Management bios and resumes
 - b. Executive Summary describing the transaction
 - c. Color photos of property
2. Please sign (live signature) and date request. **If you complete this request electronically, please remember to save the file afterward.**
3. The request and other documents can be submitted to the email address or fax number listed above.



COMMERCIAL REAL ESTATE FINANCING REQUEST

(For all questions that do not apply, please type N/A)

Borrower Information

Primary Borrower/Guarantor Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:		Best time to call?	
				<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Occupation:		Title:		Years of Experience in Business:	
Co-Borrower/Guarantor Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:		Best time to call?	
				<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Occupation:		Title:		Years of Experience in Business:	

Business Entity Information

(To be completed if title will be held in the name of a business entity)

Borrowing Entity Name:	Date Business Started:	State of Formation:	Type of Entity:
			<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other

If "other", please explain:

Principals/Guarantors

(Please include all who own 20% or more, and use provided attachment if more space is needed)

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:		Best time to call?	
				<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Occupation:		Title:		Years of Experience in Business:	

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:		Best time to call?	
				<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Occupation:		Title:		Years of Experience in Business:	

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:		Best time to call?	
				<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Occupation:		Title:		Years of Experience in Business:	

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:		Best time to call?	
				<input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Occupation:		Title:		Years of Experience in Business:	

Financing Information

Amount requested:	Loan to Value:	Loan to Cost:	Loan Term:	Amortization Requested: (years or interest only)
\$ _____	_____ %	_____ %		

Use of Proceeds:

- Purchase
 Refinance
 Rehab
 Other

If "other", please explain in Use of Proceeds Breakdown on next page.

Purchase:

Price:	Down Payment:	Purchase Agreement in Place?
\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Purchase Agreement is in place, please explain terms of the sale:

Refinance:

Amount:	Date Purchased:	Purchase Price:
\$ _____		\$ _____
Current:	Loan Balance:	Monthly Payment:
Rate: _____ Term: _____	\$ _____	\$ _____

Are monthly payments current?

- Yes
 No

Cash Out:

- Yes \$ _____
 No

If monthly payments are not current, please explain why and the amount past due:

Rehab:

Amount:	How soon do you need financing?
\$ _____	<input type="checkbox"/> Less than 10 days <input type="checkbox"/> Within a month <input type="checkbox"/> Within 3 months

Use of Proceeds Breakdown

Please provide a detailed breakdown of how proceeds will be used and total:

Commercial Property Information

If subject property is Multifamily, please complete the Multifamily Property Information section on the next page.
 If purchasing/refinancing more than one Commercial/Multifamily property type, please use provided attachments

Property Type (if property has unique characteristics, please explain in the provided Additional Information/Comments attachment):

Retail
 Office
 Industrial
 Warehouse
 Other

If "other", please explain:

Property Address:			City:		State:	Zip:	Country:
Year Built:	NRA (sq. ft.):	# Floors:	# Units:	# Buildings:	% Occupied:	# of Units Vacant:	Land Area (acres):
Estimated Value:	Appraised Value:		Appraisal Date:		Use:		
\$ _____	\$ _____		_____		<input type="checkbox"/> Investment <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Vacant/Other		

If Investment:

Gross Rental Income: \$ _____ Expenses: \$ _____ NOI: \$ _____

Management Company? Yes No

If Owner Occupied, please explain how space will be used:

Vacant/Other, please describe:

Multifamily Property Information

Property Type (if property has unique characteristics, please explain in the provided Additional Information/Comments attachment):

Apartment
 Mixed-Use
 Mobile Home Park
 Assisted-Living Facility
 Other

If "other", please explain:

Property Address:		City:	State:	Zip:	Country:
Year Built:	Land Area (acres)	% Occupied	# of Units Vacant:		Management Company:
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Value:	Appraised Value:	Appraisal Date:	Gross Rental Income:	Expenses:	NOI
\$	\$		\$	\$	\$

If Apartment Building:

# Buildings:	# Units:	# Floors:	Section 8 Tenants:
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If Mixed-Use:

# Units:	Retail sq. ft.	# Floors:	% of Gross Rental Income from Retail Tenant(s):
Retail: _____ / Apt: _____			

If Mobile Home Park:

# Pads:	# Park-Owned:	On-site Well/Septic:	Public Utilities:	Paved Roads:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Assisted-Living Facility:

# Beds:	# Floors:	# Buildings:
Licensed: _____ / Unlicensed: _____		

Market, Tenant Structure, Vacancy Information

Please explain what the surrounding market is like (similar properties, condition, neighborhood):

What is current market vacancy rate?

What has the historical vacancy been like and why?

What does the tenant structure look like (quality of tenants, mom and pop stores or majors, high-end apartments, other):

Length of Lease Terms:

Are there any leases up for renewal?

Yes

No

What is the prediction of renewals? Are there any new tenants coming in?

Credit Overview

(This section is to be completed by each Principal/Guarantor who owns 20% or more of company)

Credit Scores:

Fair Isaac _____ Empirica _____ Beacon _____ I don't know

Are you a homeowner?

Yes No

If yes, are you current on mortgage?

Yes No

Mortgage Modification in progress?

Yes No

If you are not current on mortgage payments, please explain why and the amount past due:

Have you ever filed/Currently in bankruptcy?

Yes No

If yes, please explain:

Have you ever been foreclosed upon/Currently in foreclosure?

Yes No

If yes, please explain:

Do you have any judgments?

Yes No

If yes, please explain:

Do you have any tax liens or tax delinquencies?

Yes No

If yes, please explain:

Credit Overview, Continued

Past-due child support?

Yes No

If yes, please explain:

Between your business and personal, how much cash do you have in your bank accounts?

\$0 - \$4K \$5K - \$9K \$10K - \$24K \$25K - \$49K Over \$50K

Do you have an outside source of income:

Yes No

If yes, please select all that apply:

Working Spouse Retirement Income Real Estate Income Other Business Income Other

If "other", please explain:

What is your annual outside source of income?

\$

What is your current tangible net worth?

\$

If necessary, do you have a co-signor who is willing to provide a personal guarantee if required?

Yes No

Business Credit and Financial Overview

Current Company Net Worth:

Annual Gross Revenue:

Please select all that apply to your business:

\$ _____

\$ _____

Current/Past Bankruptcy Current/Past Judgments

Past Due Taxes/Current Tax Liens N/A

Please explain all that apply:

This Year's Projected Revenue:

Are your tax returns prepared by an accountant/CPA firm?

\$ _____

Yes

No

Do you have accountant prepared financial statements?

If yes, what type of statements, and when does the year end?

Yes

No

Audited Reviewed Compiled | Year ends: _____

Is business currently making money or losing money?

If making money, for how many consecutive months?

Making money

Losing money

Please provide total Revenue and Net Income for the past three years. If you do not have the numbers for the past three years, please provide revenue and income for the years you have:

Year: _____

Year: _____

Year: _____

Revenue: _____

Revenue: _____

Revenue: _____

Net Income: _____

Net Income: _____

Net Income: _____

New business—no income yet

Brief Summary of Project and Financing Request
(Please attach a more detailed Executive Summary)

Exit Strategy

Please select your exit strategy, and use the space below to provide a detailed explanation. Please be specific.

Sale of Property

Refinance

Other

Acknowledgment

I acknowledge and understand this is not an application for credit. The intent of this request is for Capstone Commercial Capital, LLC to determine if and what financing type, term, etc., I qualify for. I further understand that because this request is preliminary, additional documents and paperwork will be required to satisfy the verification process.

Name: _____ Title: _____

Signature: _____ Date: _____

ATTACHMENTS

Additional Information/Comments

Please use this space to describe any other important factors regarding this transaction, including but not limited to: drop-dead dates, Borrower requirements, codependent transactions, Property characteristics, interest rate requirements, etc., that may impact the Borrower's acceptance of any terms offered or final underwriting and approval.

Principals/Guarantors

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Occupation:		Title:	Years of Experience in Business:		

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Occupation:		Title:	Years of Experience in Business:		

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Occupation:		Title:	Years of Experience in Business:		

Name:		Social Security Number:	Date of Birth:	Ownership Percentage:	
Address:		City:	State:	Zip:	Country:
Best Contact Number :	Fax Number:	Email:	Best time to call? <input type="checkbox"/> Anytime <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		
Occupation:		Title:	Years of Experience in Business:		

Commercial Property Information

Property Type:

Retail Office Industrial Warehouse Other

If "other", please explain:

Property Address:	City:	State:	Zip:	Country:
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Year Built:	NRA (sq. ft.):	# Floors:	# Units:	# Buildings:	% Occupied:	# of Units Vacant:	Land Area (acres):
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Estimated Value:	Appraised Value:	Appraisal Date:	Use:
\$	\$		<input type="checkbox"/> Investment <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Vacant/Other

If Investment:

Gross Rental Income: \$ _____ Expenses: \$ _____ NOI: \$ _____

If Owner Occupied, please explain how space will be used:

Vacant/Other, please describe:

Multifamily Property Information

Property Type:

Apartment
 Mixed-Use
 Mobile Home Park
 Assisted-Living Facility
 Other

If "other", please explain:

Property Address:		City:	State:	Zip:	Country:
Year Built:	Land Area (acres)	% Occupied		# of Units Vacant:	
Estimated Value:	Appraised Value:	Appraisal Date:	Gross Rental Income:	Expenses:	NOI
\$	\$		\$	\$	\$

If Apartment Building:

# Buildings:	# Units:	# Floors:	Section 8 Tenants:
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If Mixed-Use:

# Units:	Retail sq. ft.	# Floors:	% of Gross Rental Income from Retail Tenant(s):
Retail _____ / Apt _____			

If Mobile Home Park:

# Pads:	# Park-Owned:	On-site Well/Septic:	Public Utilities:	Paved Roads:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Assisted-Living Facility:

# Beds:	# Floors:	# Buildings:
Licensed: _____ / Unlicensed: _____		