



# LOAN SUBMISSION FORM – EXPRESS BRIDGE PROGRAM

Please complete and return to your Sales Rep. If you don't have a Sales Rep, please send to info@NuBridge.com and you will be assigned one.

BROKER INFORMATION			
Name	Company	Phone number	Email

SUBJECT PROPERTY INFORMATION				
Address		City	State	Zip
Building sq. ft	Number of units	Percent occupied %	Does the owner occupy any portion of the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many sq. ft.?

LOAN PROGRAM			
<b>BRIDGE PROGRAM</b>	Loan Term: <input type="checkbox"/> 12 Months <input type="checkbox"/> 18 Months <input type="checkbox"/> 24 Months	<b>Property type</b>	<b>Does the property have:</b>
<b>Forms required:</b> <input type="checkbox"/> <b>Current rent roll</b> – current and projected upon plan completion <i>(Yours or use the attached form)</i> <input type="checkbox"/> <b>Property operating statements</b> – current and projected upon plan completion <i>(Yours or use the attached form)</i> <input type="checkbox"/> <b>Purchase contract</b> – <i>(If the loan is for the purchase of property)</i> <input type="checkbox"/> <b>Project plan to stabilize property, timelines and cost with draws</b> <input type="checkbox"/> <b>Projected stabilized rent roll and operating statement</b>		<input type="checkbox"/> Multifamily <input type="checkbox"/> Retail <input type="checkbox"/> Mixed-use <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Self Storage <input type="checkbox"/> Mobile Home Park	<input type="checkbox"/> Underground or above-ground storage tanks <input type="checkbox"/> Automotive repair uses <input type="checkbox"/> Ongoing environmental remediation <input type="checkbox"/> Hazardous material handling/licensing <input type="checkbox"/> On-site dry cleaner plant <input type="checkbox"/> A prior Phase 1 report available

WHAT PERSON OR ENTITY WILL OWN THE PROPERTY?		
If entity will own the property, list entity name		
LIST OWNER(S) OF ENTITY/COMPANY OR PROPERTY		
Name 1	% of ownership %	Liquidity
Personal residence address – Owns residence? <input type="checkbox"/> Yes	Net worth	
Name 2	% of ownership %	Liquidity
Personal residence address – Owns residence? <input type="checkbox"/> Yes	Net worth	
Name 3	% of ownership %	Liquidity
Personal residence address – Owns residence? <input type="checkbox"/> Yes	Net worth	
Name 4	% of ownership %	Liquidity
Personal residence address – Owns residence? <input type="checkbox"/> Yes	Net worth	
<b>Have any borrowers or guarantors:</b>		<b>Yes No</b>
Are there back real estate taxes owed on subject property?		<input type="checkbox"/> <input type="checkbox"/>
<b>If "Yes" please explain in the comments section below.</b>		

COMMENTS - OTHER PERTINENT INFORMATION ABOUT THE DEAL

LOAN INFORMATION		
Loan amount requested	Desired rate %	
Estimated current "As Is" value	Estimated "Stabilized" value	
Monthly pmt	Annual pmt	
Annual gross income		
Annual operating expense		
Net operating income		
LTV	DSCR	CAP rate
<input type="checkbox"/> <b>PURCHASE</b> 1031 exchange? <input type="checkbox"/> Yes		
Current sales price		
Target closing date		
<input type="checkbox"/> <b>RATE AND TERM REFINANCE</b> or <input type="checkbox"/> <b>CASH-OUT REFINANCE</b>		
Current loan balance	Current rate	
Loan maturity date		
Current lender		
Acquisition price	Mo/Yr acquired	
Estimated cash-out available		
If cash-out, please state what the funds will be used for:		Amount



# COMMERCIAL RENT ROLL

For office, industrial, retail, mixed use

ALL COLUMNS AND SECTIONS MUST BE COMPLETED.

Rent Roll as of (required): \_\_\_\_\_

PROPERTY ADDRESS					CITY			STATE	ZIP CODE		
STE #	TENANT'S NAME (PUT VACANT FOR VACANT SPACE)	SQ. FT. (APPROX)	CURRENT MONTH RENT IN PLACE	ORIGINAL OCCUPANCY DATE	CURRENT LEASE START DATE OR MTM	CURRENT LEASE EXPIRATION DATE	LEASE TYPE (NNN, MOD. GROSS, GROSS)	MONTHLY CAM CHARGES	NET RENT INCREASE (MO / YR)	NET RENT INCREASE AMT (\$ / MO)	EXTENSION OPTIONS? (Y / N)
<b>TOTALS</b>											

**NOTES ON TENANTS**

**SIGNATURE**  
 I (we) certify under penalty of perjury that the foregoing information herein is true and accurate.

\_\_\_\_\_  
 Borrower Date

\_\_\_\_\_  
 Borrower Date

ALL COLUMNS AND SECTIONS MUST BE COMPLETED.

Rent Roll as of (required): \_\_\_\_\_

PROPERTY ADDRESS				CITY				STATE	ZIP CODE	
TOTAL # OF UNITS		# OF VACANT UNITS		# OF FURNISHED UNITS		# OF UNFURNISHED UNITS		# OF SECTION 8 UNITS		
APT #	TENANT'S NAME	BDR/ BATH	SQ. FT. (APPROX)	CURRENT RENT PER MO	ORIGINAL OCCUPANCY DATE	CURRENT LEASE EXPIRATION OR MTM	DATE OF LAST RENT INCREASE	FURNISHED UNIT (Y/N)	SECTION 8 (Y/N)	RENT CONCESSIONS (Y/N)
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\* USE ADDITIONAL FORMS IF NECESSARY

<b>MONTHLY RENT SCHEDULE</b>	
<b>MONTHLY LAUNDRY INCOME</b> (Must show on Income/Expenses)	
<b>MONTHLY GARAGE INCOME</b>	
<b>OTHER INCOME</b> (specify below)	
<b>TOTAL FROM OTHER PAGES</b>	
<b>TOTAL GROSS MONTHLY INCOME</b>	

What utilities are included in rent?  
 Electricity      Cable TV      Gas  
 Garbage      Water      Heat

Is the property subject to rent control?  
 Yes      No

If yes, what is the current allowable increase per year?  
 \$ \_\_\_\_\_

What has been your average monthly occupancy rate over the preceding 12 months?  
 \_\_\_\_\_ %

**SIGNATURE**

I (we) certify under penalty of perjury that the foregoing information herein is true and accurate.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

## PROPERTY OPERATING STATEMENT

PROPERTY ADDRESS	CITY	STATE	ZIP CODE

ANNUAL INCOME	2ND YEAR PRIOR	PRIOR YEAR	CURRENT YEAR	MOS.
Rental Income Collected				
Total Income Collected				

ANNUAL EXPENSES	2ND YEAR PRIOR	PRIOR YEAR	CURRENT YEAR	MOS.
<i>Do not include one time capital expense items</i>				
Real Estate Taxes				
Insurance				
<b>UTILITIES</b>				
Gas				
Electricity				
Water/Sewer				
Trash				
<b>MAINTENANCE</b>				
Pest Control				
Gardener				
Pool Service				
Elevator				
Cleaning Service				
Building Rep. & Maint.				
Painting & Decorating				
Supplies				
<b>ADMINISTRATION</b>				
Administrative				
Advertising				
Telephone				
<b>MISCELLANEOUS</b>				
Resident Manager				
Security				
Off-Site Management				
Other				
<b>TOTAL EXPENSES</b>				
<b>NET OPERATING INCOME</b>				

COMMENTS OR EXPLANATIONS