



LOAN SUBMISSION FORM – STREAMLINE 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			
BRIDGE PROGRAM	Loan Term: <input type="checkbox"/> 24 Months	Property type	Does the property have:
Forms required: <input type="checkbox"/> Current rent roll – current and projected upon plan completion <i>(Yours or use the attached form)</i> <input type="checkbox"/> Property operating statements – current and projected upon plan completion <i>(Yours or use the attached form)</i> <input type="checkbox"/> Purchase contract – <i>(If the loan is for the purchase of property)</i> <input type="checkbox"/> Project plan to stabilize property, timelines and cost with draws <input type="checkbox"/> Projected stabilized rent roll and operating statement		<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	
Have any borrowers or guarantors:		Yes No
Are there back real estate taxes owed on subject property?		<input type="checkbox"/> <input type="checkbox"/>
If "Yes" please explain in the comments section below.		

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"/> PURCHASE 1031 exchange? <input type="checkbox"/> Yes		
Current sales price		
Target closing date		
<input type="checkbox"/> RATE AND TERM REFINANCE or <input type="checkbox"/> CASH-OUT REFINANCE		
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)
TOTALS											

NOTES ON TENANTS

SIGNATURE

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

Borrower Date

Borrower Date



MULTIFAMILY RENT ROLL

For mixed-use non-residential, please use Commercial Rent Roll.

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

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

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 is true, accurate and complete.

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				
UTILITIES				
Gas				
Electricity				
Water/Sewer				
Trash				
MAINTENANCE				
Pest Control				
Gardener				
Pool Service				
Elevator				
Cleaning Service				
Building Rep. & Maint.				
Painting & Decorating				
Supplies				
ADMINISTRATION				
Administrative				
Advertising				
Telephone				
MISCELLANEOUS				
Resident Manager				
Security				
Off-Site Management				
Other				
TOTAL EXPENSES				
NET OPERATING INCOME				

COMMENTS OR EXPLANATIONS

SIGNATURE

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

_____ Date _____ Borrower _____ Date _____