Commercial PreQual Questionnaire

	Date:	
Broker Information:		
Name:		
Phone #:		
Email:		
Sponsor/Borrower Contact Informa	tion (Please include all information for each Sponsor/Borrower):	
Name(s):		
Phone #(s):		
Company Name(s):		
Email(s):		
Loan Request: \$	Closing Deadline:	
	, LTV, etc.):	
Loan Purpose and Backstory:		
Explain the challenges of this deal and w	why other lenders have turned it down:	
Evolution the exit strategy to hav off lende	er:	
Explain the exit strategy to pay off leffue	<u> </u>	
P (877) 734-2211 ■ F 203-907-4588 ■ r	ehabs@brookviewfinancial.com www.brookviewfinancial.com	

Property Information:

Property Location:			
	(Street Address, City & State)		
Property Type:			
Project Description:			

Third Party Property Reports:

Please mark the applicable reports with an "X" and provide those reports with this questionnaire.

The lender will determine what else is needed.

- Existing Appraisal (if n/a, need improvement and location summary)
- _____ Existing Environmental Report
- _____ Existing Property Condition Report
- _____ Feasibility Study/Market Study
- _____ Current STR Report (hotels)

Property Valuations:

As is: \$	As Completed: \$	As Stabilized: \$	
Current Occupancy:		<u>%</u> Projected Occupancy:	%
Current Revenues: \$		Projected Revenues: \$	
Current NOI: \$		Projected NOI: \$	

Property Financial Data Reports:

Please mark the applicable reports with an "X" and provide those reports with this questionnaire.

The lender will determine what else is needed.

- _____ Current Rent Roll/Projected Rent Roll
- _____ 2018, 2019 and YTD 2020 Financials
- _____ 2020 and 2021 Monthly Proforma
- _____ Detailed Construction/Rehab Budget
- _____ Sources and Uses to Date, including Cash Invested and Source (see Combined Template)
- Sources and Uses of New Loan, including Cash Invested and Source (see Combined Template)

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Has Sponsor or any member or affiliate had a past foreclosure or Bankruptcy? If so, please explain.

Has Sponsor had any criminal or civil convictions? If so, please explain.

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