



RETAIL PURCHASE AND REFINANCE QUESTIONNAIRE

APPLICANT'S INFORMATION				LOAN REQUEST INFORMATION			
Applicant's Name:				Amount Requested:			
Address:				Term:		Amortization:	
Phone :		Fax:		Interest Rate:		Cash Down:	
Email:				Current Value of Property:			
Contact Name:				Use of Funds:			
Type of Ownership/Company:							
Is this the sole asset of the borrowing entity?		<input type="checkbox"/> <input type="checkbox"/>		Reason for Financing:			
Net Worth:		Liquidity:					
Number of Retail Spaces currently owned:							
PROPERTY INFORMATION							
Property Name and Address:							
Type of Property:				# of Units:			
# of Months Owned:				Year Built:			
Current Occupancy:				Est. of Value:			
Occupancy for: YTD 2007:		YTD 2008:		YTD 2009:			
Original Purchase Price:				Cash Invested Since Purchase:			
Current Balance of Existing Debt:				Balance of 2nd & 3rd Mortgages:			
Current Lender:				Gross Sq. Ft & Total Land Area:			
Current Interest Rate:				Current Payment:			
Current Loan Maturity Date:				Current Amortization:			
Select all that apply:		<input type="checkbox"/> Master-Metered <input type="checkbox"/> Sub-Metered <input type="checkbox"/> Ground Lease <input type="checkbox"/> Anchored <input type="checkbox"/> National Tenants <input type="checkbox"/> Local Tenants					
Name of Largest Tenant:							
Prior Years of Gross Sales:				Sq. Footage Occupied:			
Average Market Rents/Sq. Foot:				Number of Parking Spaces:			
Estimated Market Occupancy:				Estimated Market Expense/Sq. ft.:			
TO SUBMIT YOUR REQUEST				FOR A PRELIMINARY REVIEW, PLEASE SEND THE FOLLOWING ITEMS			
Please type the answers to the requested information and submit this Questionnaire via email at: processing@1stamcapital.com				<input type="checkbox"/> Brief Property Description			
Please also forward the requested documents on the checklist provided via email to: processing@1stamcapital.com				<input type="checkbox"/> Property Location Maps and Site Maps			
Name of Person Submitting Request:				<input type="checkbox"/> Color Photographs, in and around the Property			
Phone # of Person Submitting Request:				<input type="checkbox"/> Current Rent Roll showing Square Footage, Tenant Names, Lease Amounts, CAM's Percentage Rents, Beginning and Expiration date of the leases and any comments if necessary			
Email of Person Submitting Request:				<input type="checkbox"/> Three most recent and YTD certified annual operating statements			
				<input type="checkbox"/> Resume of Owner(s)/ Applicant(s) and Management			
				<input type="checkbox"/> Recent Financial Statement of Owner(s), Tenants, General Partner(s), Applicant(s)			
				<input type="checkbox"/> Purchase Agreement (if applicable)			