

Thomson Capital Group

Commercial Mortgage Prequal

Thomson Capital Group
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Commercial Mortgage Prequalification

Please Type or Print

Contact Information	
Name	
Position	
Phone Contact (Day)	Phone Contact (Cell)
Fax	Email

Applicant Information		
Name of Applicant		
Business Name or DBA		
Address		
City	State	Zip
Applicant/Owner Middle FICO Score: If Unknown, how do you consider your personal credit rating? [] Excellent [] Good [] Average [] Fair [] Poor		
Owner Financial Information:		
Current Total Assets \$	Current Total Liabilities \$	Current Net Worth \$
Annual Income	2004 \$	2005 \$
		2006 \$
Co-Applicant/Owner Middle FICO Score: If Unknown, how do you consider your personal credit rating? [] Excellent [] Good [] Average [] Fair [] Poor		
Owner Financial Information:		
Current Total Assets \$	Current Total Liabilities \$	Current Net Worth \$
Annual Income	2004 \$	2005 \$
		2006 \$

Business is Organized as <input type="checkbox"/> Corporation (Circle Type: <u>S</u> or <u>C</u>) <input type="checkbox"/> Partnership <input type="checkbox"/> LLP/LP <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other (explain)
Date you established your business: (mm/yyyy)
Have you or your Business ever filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (Month/Day/Year Filed: ____/____/____)
Are there any lawsuits pending against you or your business? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)
Are there Judgments pending or in effect against you or your business? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)
Are there any Tax payments past due (Property, Personal/ Business Income, Sales or Payroll)? <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)

Loan Information		
Type of Loan <input type="checkbox"/> Purchase <input type="checkbox"/> Refinance	Loan Amount \$	Date Needed:
Briefly Describe Use of Funds		
Property Location		
Property Description		
Describe Present Property Use	Zoning	
Are there any environmental issues pending or known at property? If yes, Briefly describe:		
Current Property Value \$ <input type="checkbox"/> Purchase Price <input type="checkbox"/> Fair Market Value <input type="checkbox"/> Appraised (mm/dd/yyyy):		
Occupancy Status: <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Investor		
Application Preference: <input type="checkbox"/> Full Doc <input type="checkbox"/> Stated/Stated <input type="checkbox"/> No Preference		

Complete for Property Purchase

Purchase Price	\$	
Cash Down Payment/Investment	\$	Source:
Seller's Held 2nd	\$	
Other Secondary Financing	\$	Source:
Are you under contract?	Date Contract Expires:	

Complete for Property Refinance

Original Purchase Price \$	Date of Purchase				
Cost of Improvements/Upgrades Completed: \$	[Provide Brief Description of Work & Date Completed]				
Remaining Mortgage Debt on Property					
Description	Balance	Lender	Matures On	Payment	Current
1st Lien Balance	\$			\$	Yes / No
2 nd Lien Balance	\$			\$	Yes / No
Seller Carried Balance	\$			\$	Yes / No
	\$	Total Remaining Balance			
Other Outstanding Debt/Taxes Due Against Property					
Description	Balance	Creditor	Date Due	Current	
	\$			Yes / No	
	\$			Yes / No	
	\$	Total Balance			
\$	Cash Out				



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Working Capital & Business Financing Solutions

Historical Income & Expense (Profit & Loss)

Property Address:		
City:	State:	Zip:

Number of Commercial Units:	Net Rental Square Feet:
Number of Residential Units:	Current Occupancy Rate: %

	Year 20____ (2 Years Ago)	Year 20____ (Last Year)	Current YTD
INCOME			
Gross Rental Income			
Net Rental Income (Equals Gross Income minus Loss Collection & Vacancy Reserve)			
EXPENSES			
Management Fees			
Repairs & Maintenance			
Real Estate Taxes			
Utilities			
Insurance			
Replacement Reserves			
Total Expenses			
Net Operating Income			
Capital Improvements			

Verifiable Capital Improvements should be removed from Repairs & Maintenance to assure debt is not counted twice.
Please DO NOT include mortgage payments or income taxes as operating expenses.

BY: _____ Date: _____