

City Commercial Mortgage • Commercial Property Data Form

Broker name: Vincent Schimmenti Phone: 212-564-1257 Fax: _____

Broker company: City Commercial Mortgage Broker address: 15 West 39 St 3rd Floor

Borrower(s) name: _____ City/ State/ Zip: New York NY 10018

Co-Borrower(s) name: _____ Broker E-mail: _____

Subject Property Address: _____ City: _____

State: _____ Zip: _____

Property Type: Apartments or Mixed-use residential: _____ Commercial: _____ Mixed use w/ comm: _____

Light Industrial: _____ Dry cleaners: _____ Fuel Storage Tanks: _____

Number of Units _____ Loan Amount: \$ _____ LTV: _____

Estimated Value
(purchase price if applicable)

Select Loan Program from the following: _____
 ARMS: **12 - MTA ARM** **3 YEAR ARM** **5 YEAR ARM** **FIXED**: **10yr Fixed** **15 yr Fixed** **10 yr Balloon**
 Electing Low Doc? (Yes / No) **(3 years income & expenses required)**

YSP desired: _____ Add on to Rate: _____ Current Loan Balance: _____ Date Purchased: _____

Check one: Purchase: _____ Rate - Term Refi: _____ Cash Out Refi: _____

Middle FICO score _____ Tier: _____

Unit:	Monthly Rental Income:	Square ft.	Occupied? (Yes / No)	Unit Type: (Apt, Retail, Office, Light Industrial?)	Owner Occupied?	Annual Rent per Sq.ft.	Annual Expenses: <small>(note any expenses paid by tenant)</small>
1	\$ _____	_____	_____	_____	_____	_____	Annual Gross Income: \$ _____
2	\$ _____	_____	_____	_____	_____	_____	Vacancy (5% of annual gross): \$ _____
3	\$ _____	_____	_____	_____	_____	_____	Effective Gross Income: \$ _____
4	\$ _____	_____	_____	_____	_____	_____	*Real Estate Taxes: \$ _____
5	\$ _____	_____	_____	_____	_____	_____	*Water and Sewer: \$ _____
6	\$ _____	_____	_____	_____	_____	_____	Insurance: \$ _____
7	\$ _____	_____	_____	_____	_____	_____	Heat: \$ _____
8	\$ _____	_____	_____	_____	_____	_____	Utilities: \$ _____
9	\$ _____	_____	_____	_____	_____	_____	Other: \$ _____
10	\$ _____	_____	_____	_____	_____	_____	Repairs & Maintenance (5%) \$ _____
11	\$ _____	_____	_____	_____	_____	_____	*Replacement Reserves (5%) \$ _____
12	\$ _____	_____	_____	_____	_____	_____	*Management (5%) \$ _____
	\$ _____	_____	_____	Describe Other Income	Total SF _____	_____	Annual Operating Expenses \$ _____

Total: \$ _____

Total Effective Gross Income \$ _____ Total Annual Operating Expenses \$ _____ Net Operating Income \$ _____