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Please complete all forms and either fax us all the documents at 305.665.4010 or you can mail the completed forms to:

Attn: Loan Dept.  
Continental Mutual Mortgage Corporation  
706 South Dixie Highway  
Continental Building  
Suite 200  
Coral Gables, Florida 33146

Please be sure to read over the checklists. They serve as a reminder of all the necessary documents we will need in order to process your loan.

Should you have any questions regarding any of the forms, please call us at 305.666.2121 and speak directly to a loan officer.

## CHECKLIST

These groups of loans are tailored to the individual borrowers needs. They are generally offered to loan customers that have experienced credit problems or those with little credit, no credit or bad credit. Customers with bankruptcies, judgments, foreclosures, ect. Are eligible for these groups of loans. They require little documentation. The general range of these loan amounts will average between 60-70% of the value of the property. We require that you complete your application stating your income thereon and the balance of factual information. We will also require you to complete the Mortgage Information sheet, detailing the names and addresses of your current mortgage loan holders. **We will require the following:**

1. If you are in bankruptcy, we will require a copy of your petition of bankruptcy
2. If have been discharged from bankruptcy, we will require the order of discharge from the bankruptcy court.
3. If you are in foreclosure, we will require a copy of the foreclosure complaint.
4. If your foreclosure case has progressed to a final judgment, we will require a copy of your summary judgment.
5. If you have had judgments filed against you, we will require copies of the following:
  - A) Deed to your property
  - B) Copy of your last real estate property tax bill
  - C) Copy of your owners title insurance policy
  - D) Copy of a survey of your property
  - E) Copy of your Insurance policy for your home.
6. If your property is leased, we will require a copy of your lease agreement, telephone number and address of your tenant.
7. A brief letter outlining the reasons for your current financial condition.
8. A statement detailing how you are working your way out of your financial problems.

**APPLICANT GENERAL INFORMATION**

Name of Business:	Nature of Business:
Street Address:	City, State, Zip Code:
Business Phone Number:	Tax Payer ID #:
Fax Phone Number:	Email Address:

**BUSINESS INFORMATION**

Legal Relationship: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other: (explain)
Date Formed or Incorporated: _____ State of Incorporation: _____ Business Year End Date: _____
Income Tax Return Filed Through What Date: _____ Are Any Returns Being Contested or Audited? <input type="checkbox"/> Yes Year? <input type="checkbox"/> No
Name of Accountant or Accounting Firm: _____ Phone #: _____

The following balance sheet represents an accurate statement of all assets and liabilities of the applicant as of the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

ASSETS		LIABILITIES	
Cash in Banks (Unrestricted)	\$	Accounts Payable: Trade	
Accounts Recievable: Current		Notes Payable to Banks: (Secured w/in 12 mos)	
Notes Recievable: Discounted		Notes Payable to Banks: (Unsecured w/in 12 mos)	
Notes Recievable: Not Discounted		Other Notes Payable: (w/in 12 mos)	
Inventory		Due to Affiliates	
Other Current Assets (Itemize)		Due to Officers, Employees, & Stock Holders	
		Accrued Income Taxes	
		Current Portion of Mortgage(s) on Schedule A	
		Other Liabilities (itemize)	
		Payroll Taxes Payable	
		<b>Total Current Liabilities</b>	
<b>Total Current Assets</b>			
Real Estate & Buildings (See Sched A)		Other Mortgages, Liens, Security Interest or	
Due From Officers, Employees, & Stockholders		Encumbrances (Itemize)	
Due From Affiliates & Subsidiaries		Long-Term Portion of Mortgage(s) on Schedule A	
Machinery, Fixtures, & Equipment			
Equipment		<b>Total Liabilities</b>	
Prepaid Expenses & Deferred Charges		Capital	
Other Assets (Itemize)		Surplus	
		Net Worth (Total Assets <i>minus</i> Total Liabilities)	
<b>Total Current Assets</b>		<b>Total Liabilities &amp; Net Worth</b>	

**SCHEDULE A: REAL ESTATE**

Description & Location	Title Held in Name Of	Date Acquired	Cost Plus Improvements	Present Market Value	Amount of Mortgage	Assessed Value	R.E. Taxes Paid [Y/N]

**NAME OF BUSINESS**

Business Name:

**INCOME STATEMENT**

Period Beginning [MM/DD/YY]:	TO	Period Ending [MM/DD/YY]:	
<b>NET SALES / REVENUES</b>			<b>\$</b>
Less Cost of Goods Sold			
Beginning Inventory			
Add - Purchases			
Add - Labor (If Manufacturing)			
Add - Mfg. Expenses (If Manufacturer)			
Total:			
Less Closing Inventory			
Total Cost of Goods Sold:			
<b>GROSS INCOME</b>			
Less Selling Expenses			
General & Administrative			
Total Operating Expenses:			
<b>NET OPERATING INCOME</b>			
Add - Other Income			
Total - Other Income			
Less Other Expenses			
Less - Provision for Federal Taxes			
<b>NET INCOME</b>			<b>\$</b>

The information provided herein or any accompanying schedules is provided for the purpose of obtaining credit for the applicants or for the purpose of Applicants(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this statement, will be relied upon by **Continental Mutual Mortgage Corp** in its decision to grant such credit. This statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the day given below. CMMC is authorized make all inquiries it deems necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the Applicant(s). Applicant(s) will promptly notify CMMC of any subsequent changes, which would affect the accuracy of this statement. CMMC is further authorized to answer any questions about CMMC's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of CMMC can be a violation of federal law, 18 U.S.C. & 1014 and may result in a fine, imprisonment or both.

By signing below, each applicant declares that he/ she has read and understands the statements above.

By \_\_\_\_\_  
Signature Date

By \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

By \_\_\_\_\_  
Signature Date

By \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

The following is my/our statement of all assets and liabilities as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

APPLICANT GENERAL INFORMATION			
Name:		Name:	
Social Security #:		Social Security #:	
Residence Address:		Residence Address:	
City, State & Zip:		City, State & Zip:	
Res. Phone:	Bus. Phone:	Res. Phone:	Bus. Phone:
Email Address:		Email Address:	

ASSETS JOINTLY OWNED		LIABILITIES	
Cash (on hand & unrestricted to banks) See Sched #1	\$	Notes Payable to Banks, Unsecured <small>Direct Borrowing Only</small>	\$
U.S. Government Securities:		Notes Payable to Banks, Secured <small>Direct Borrowing Only</small>	See Sched #1
Accounts and Loans Receivable:	See Sched #2	Loans against Life Insurance:	See Sched #3
Life Insurance - Cash Value:	See Sched #3	Mortgages Payable on Real Estate:	See Sched #5
Listed Stocks & Bonds:	See Sched #4	Notes Payable to Others, Unsecured	
Unlisted Stocks & Bonds	See Sched #4	Notes Payable to Others, Secured	
Real Estate:	See Sched #5	Accounts Payable:	
Automobiles (Registered in Own Name):		Interest Payable:	
IRA & Other Retirement Accounts:		Taxes and Assessment Payable:	
Other Personal Property:	See Sched #6	Other Liabilities: (Itemize)	
Other Assets:			
Other Assets: (Itemize)			
		<b>Total Liabilities</b>	\$
		<b>Net Worth</b>	\$
<b>Total Joint Assets</b>	\$	<b>Total Liabilities and Net Worth</b>	\$

ASSETS JOINTLY OWNED			
Cash:	\$	Salary:	\$
Accounts, Mortgages & Loan Receivables:		Bonus & Commissions:	
Stocks & Bonds:		Dividends:	
Real Estate:		Real Estate Income:	
Other Personal Property:	See Sched #6	Other Income: (Itemize)	
<b>Total Solely Owned Assets:</b>	\$		
<b>Total Assets:</b>	\$	<b>Total Income:</b>	\$

CONTINGENT LIABILITIES			
As Endorser or Co-maker:	\$	Have you ever caused a loss at a Federally Insured Institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On Leases or Contracts:	\$	Are you a defendant in any suits or legal actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Claims:	\$	Have you ever taken bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Provision of Federal Income Tax:	\$	Have you ever made a composition settlement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Special Debt:	\$	Are you a U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Total:</b>	\$	Are any assets pledged?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL INFORMATION**

Business or Occupation:			Partner or Officer in any other Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Dependent Children (no.):	Other Dependents (no.)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Year last tax return filed			

**SCHEDULE 1: BANKING RELATIONSHIPS (A list of all my bank accounts, including savings and loan)**

Name and Location of Bank	Cash Balance	Amount of Loan	Maturity of Loan	How Endorsed, Guaranteed, or Secured

**SCHEDULE 2: ACCOUNTS, LOANS & NOTES RECEIVABLE (A list of the largest accounts owing to me)**

Name and Address of Debtor	Amount Owing	Age of Debt	Description of Debt	Description of Security Held	Date Payment Expected

**SCHEDULE 3: LIFE INSURANCE (Attach Separate Sheet if Necessary)**

Owner of Policy Assigned?	Name of Beneficiary	Name of Insurance Co.	Face Value of Policy	Total Cash Surrender Value	Total Loans on Policy	Policy Yes/No

**SCHEDULE 4: STOCKS & BONDS (Attach Separate Sheet if Necessary)**

Face Value or Number of Shares	Description of Security	Registered in Name of	Original Cost	Present Market Value	To Whom Pledged

**SCHEDULE 5: REAL ESTATE (Attach Separate Sheet if Necessary)**

Description or Address	Title in Name of Date of Purchase	Assessed Value	Present Market Value	Mortgages or Lien Amounts	Are Taxes Current

**SCHEDULE 6: JOINTLY OWNED PERSONAL PROPERTY (Indicate by an X if Others have an ownership interest)**

Description or Address	X	Date of Purchase	Cost When New	Market Value	Balance Due	To Whom Payable

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with Continental Mutual Mortgage Corporation on behalf of the undersigned or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that CMMC is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit . Each undersigned represents and warrants that the information provided is true and complete and that CMMC may consider this statement as continuing to be true and correct until a written notice of a change is given to CMMC by the undersigned. The undersigned agrees to notify CMMC promptly of any change affecting my (our) ability to pay. CMMC is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein and to determine my (our creditworthiness. CMMC is authorized to answer questions about its credit experience with me (us).

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Signature

Date

---

Signature

Date

---

Print Full Name

---

Print Full Name

**FIRST MORTGAGE HOLDER**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Account Number:
Approximate Balance:
Monthly Payment:
Interest Rate:
Terms:
Original Amount of Mortgage:

**SECOND MORTGAGE HOLDER**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Account Number:
Approximate Balance:
Monthly Payment:
Interest Rate:
Terms:
Original Amount of Mortgage:

**THIRD MORTGAGE HOLDER**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Account Number:
Approximate Balance:
Monthly Payment:
Interest Rate:
Terms:
Original Amount of Mortgage:

List any lien holders which may effect your property (i.e Judgement Creditors, Federal tax Liens, Condominium Association Liens, Delinquent Condominium Maintenance Fees, Homeowner Association Fees, Delinquent Maintenance Fees or Special Assessments, Delinquent Real Estate Property Taxes, Amounts owing to third Parties to be paid from Loan Proceeds. )

**ADDITIONAL LIEN HOLDERS**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Fax Number:
Contact Person:
Amount Owed:
Type of Lien: (Describe Nature of Indebtedness)

**ADDITIONAL LIEN HOLDERS**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Fax Number:
Contact Person:
Amount Owed:
Type of Lien: (Describe Nature of Indebtedness)

**ADDITIONAL LIEN HOLDERS**

Name:
Street Address:
City, State, Zip Code:
Telephone Number:
Fax Number:
Contact Person:
Amount Owed:
Type of Lien: (Describe Nature of Indebtedness)

**AUTHORIZATION**

To Whom It May Concern:

I / We hereby authorize you to release, for verification purposes, information concerning:

\_\_\_\_\_ Employment history, dates, title, income, hours worked, .

\_\_\_\_\_ Banking and savings accounts of record.

\_\_\_\_\_ Mortgage loan rating, (opening date, high credit, payment amount, loan balance, and payment record).

\_\_\_\_\_ Any information deemed necessary in connection with a customer report for a real estate transaction.

This information is for the confidential use of this lender in compiling a mortgage loan credit report.

A photographic or carbon copy of this authorization, (being a photographic or carbon copy of the signature(s) of the undersigned), may be deemed to be the equivalent of the original and may be used as a duplicate original.

Your prompt reply will help my real estate transaction.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Social Security Number**