

## Commercial Loan Application

APPLICATION DATE: \_\_\_\_\_

### BORROWING INTENT

Borrowing intent should be evidenced when each individual is applying with the applicant for shared or joint credit (e.g., individual is a co-borrower with a business, or two individuals are borrowing together). This intent is not completed for guarantors.

**Please check one:**

- Individual Credit: Relying solely on my income.       Individual Credit: Relying on my income and income from other sources.  
 Joint Credit: We intend to apply for joint credit.      Initials \_\_\_\_\_

### BORROWING ENTITY INFORMATION

Type of Entity:     Corporation       Partnership       Sole Proprietorship       LLC  
 (check one)       Individual       Trust       Association       Non-Profit

Legal Name:			
Tax Identification Number:		Year Established:	
Street Address: <i>(no P.O. Boxes)</i>		Mailing Address:	
City, State, Zip		City, State, Zip	
Telephone Number:		Primary Contact Name:	
Description of Business:			

### ADDITIONAL BORROWER INFORMATION

Co-Borrower #1:		Co-Borrower #2:	
Name:		Name:	
Address:		Address:	
D.O.B.:		D.O.B.:	
SSN/TIN:		SSN/TIN:	
Telephone Number:		Telephone Number:	

### LOAN REQUEST

Purpose:     Purchase       Purchase/Rehab       Refinance Cash-Out       Refinance No Cash-Out  
 Improvement       Construction       Spec. Construction       Development  
 Equipment       Line of Credit       Other: \_\_\_\_\_

Type:     Conventional      Amount Requested: \$ \_\_\_\_\_      Term (in months): \_\_\_\_\_      Interest Rate: \_\_\_\_\_ %  
 Balloon Loan

Is the borrower a natural person?     Yes     No      Is the loan secured by a dwelling?     Yes     No

### COLLATERAL – REAL ESTATE

Collateral Description:     Commercial Property     Mixed Use Property     Residential Property     Land

If Commercial Property, is Real Estate:     Office     Retail     Industrial     Dwelling(s)     Other: \_\_\_\_\_

If Residential Property, is Real Estate:     1-4 Family       Investment       Income Restricted       Number of Units (if more than 1)  
 (choose all that apply)       Primary Residence     Secondary Residence     Multifamily      \_\_\_\_\_

Collateral Address (if applicable): \_\_\_\_\_

Lien Position: \_\_\_\_\_      Total Existing Liens: \_\_\_\_\_      Lienholder(s): \_\_\_\_\_

Sales Price (if applicable): \_\_\_\_\_      Estimated Value: \_\_\_\_\_

Occupancy:     Principal residence     Secondary residence     Investment property     Non-owner occupied CRE

Construction Method:     Site-Built     Manufactured Home – Date built: \_\_\_\_\_

COLLATERAL – OTHER					
Collateral Description:	<input type="checkbox"/> Equipment	<input type="checkbox"/> Vehicles	<input type="checkbox"/> Blanket UCC-1 filing on Business Assets	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Inventory	<input type="checkbox"/> Accounts Receivable			
Collateral Address (if applicable):					
Lien Position:		Total Existing Liens:		Lienholder(s):	
Sales Price (if applicable):		Estimated Value:			

OWNER/GUARANTOR/APPLICANT INFORMATION					
Beneficial Ownership Information: List the names of all owners having 25% or greater interest and the names of guarantors, officers, directors, and/or partners. (use additional page, if necessary)					
Name:		Name:			
Address:		Address:			
D.O.B.:		D.O.B.:			
SSN/TIN:		SSN/TIN:			
Telephone Number:		Telephone Number:			
Role: (check all that apply)	<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Guarantor <input type="checkbox"/> Member	Role: (check all that apply)	<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Guarantor <input type="checkbox"/> Member
Name:		Name:			
Address:		Address:			
D.O.B.:		D.O.B.:			
SSN/TIN:		SSN/TIN:			
Telephone Number:		Telephone Number:			
Role: (check all that apply)	<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Guarantor <input type="checkbox"/> Member	Role: (check all that apply)	<input type="checkbox"/> Co-Applicant <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Guarantor <input type="checkbox"/> Member

BENEFICIAL OWNERSHIP INFORMATION					
OWNERSHIP PERCENTAGE (List all individuals who own, directly or indirectly, 25% of the company applying for this loan.)					
Name	D.O.B.	Address	SSN/TIN or other ID #	ID Type, Number & Expiration Date	Ownership Percentage
CONTROLLING MANAGER					
Name	D.O.B.	Address	SSN/TIN or other ID #	ID Type, Number & Expiration Date	Title
GROSS ANNUAL REVENUES (in previous fiscal year)					
Borrower Gross Revenues \$ _____ and Year _____			<input type="checkbox"/> over \$5 million		
Co-Borrower #1 Gross Revenues \$ _____ and Year _____			<input type="checkbox"/> over \$5 million		
Co-Borrower #2 Gross Revenues \$ _____ and Year _____			<input type="checkbox"/> over \$5 million		

**NOTICES and DISCLOSURES**

**Credit Authorization:** I/We authorize the Bank (Lender) to obtain a consumer report, and to obtain and exchange information from and with other credit grantors and consumer reporting agencies. I/We authorize Lender to retain all information and reports for the Lender's files.

**True and Correct:** I/We certify that all statements made in this application are true and correct and that I/We have withheld nothing that would, if disclosed, unfavorably affect this application. The furnishing of false information for the purpose of influencing the Lender's loan decision violates Federal criminal laws and may subject the violator to fines, imprisonment, or both.

**Beneficial Ownership:** I/We certify to the best of my/our knowledge that the beneficial ownership information provided here is complete and current. I/We agree to notify the lender of any changes in beneficial ownership for as long as this extension of credit is outstanding.

**For Loans Secured by a 1<sup>st</sup> Lien on a Dwelling:** We may order appraisal(s) or valuation(s) to determine the property values and charge you for this appraisal(s) or valuation(s). We will provide you copies of the appraisal or valuation promptly upon completed or at least three (3) days prior to closing, whichever is earlier.

**You may waive this 3-day timeframe by checking this box:** . If you waive this timing requirement, we will provide you copies of your appraisal or valuation at closing. We will promptly give you a copy of any appraisal or valuation, even if your loan does not close. You can pay for an additional appraisal for your own use, at your own cost.

**Credit Denial Notice:** If your gross revenues were \$1,000,000 or less in your previous fiscal year, or you are requesting trade credit, a factoring agreement, or similar types of business credit in this Commercial Loan Application, and if your application for credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain this statement, please contact 6 South Main Street, Elmer, NJ 08318 within 60 days of the date you were denied. We will send you a written statement of reasons for the denial within 30 days of receiving your request. The notice that follows describes additional protections extended to you.

**Equal Credit Opportunity Act:** The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (providing the applicant has the legal capacity to enter into a binding contract), because all or part of the applicant's income is derived from any public assistance program or because the applicant, in good faith, has exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is: Office of the Comptroller of the Currency, Customer Assistance Group, 1301 McKinney Street, Suite 3450, Houston, Texas 77010.

**SIGNATURES**

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

**Government Monitoring Information:** (This section should be completed if loan is to an individual and loan is to be used to purchase, refinance, or improve a residential dwelling).

**DEMOGRAPHIC INFORMATION FOR BORROWER**

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for "Ethnicity" and one or more designations for "Race". **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, sex and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

BORROWER:	CO-BORROWER: (if applicable)	
<p><b>Race:</b> (check one or more)</p> <input type="checkbox"/> American Indian or Alaskan Native Enter name of enrolled or principal tribe: _____	<p><b>Race:</b> (check one or more)</p> <input type="checkbox"/> American Indian or Alaskan Native Enter name of enrolled or principal tribe: _____	
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – Enter race: _____ <i>Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</i>	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian – Enter race: _____ <i>Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.</i>	
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander – Enter race: _____ <i>Examples: Fijian, Tongan, etc.</i>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Other Pacific Islander – Enter race: _____ <i>Examples: Fijian, Tongan, etc.</i>	
<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	
<p><b>Ethnicity:</b> (check one or more)</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Enter Origin: _____ <i>Examples: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.</i>	<p><b>Ethnicity:</b> (check one or more)</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino – Enter Origin: _____ <i>Examples: Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard etc.</i>	
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	
<p><b>Sex:</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information	<p><b>Sex:</b></p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to provide this information	
<p><b>To be completed by Financial Institution:</b></p> Was the race of the Borrower collected on the basis of visual observation or surname <input type="checkbox"/> Yes <input type="checkbox"/> No Was the ethnicity of the Borrower collected on the basis of visual observation or surname <input type="checkbox"/> Yes <input type="checkbox"/> No Was the sex of the Borrower collected on the basis of visual observation or surname <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>To be completed by Financial Institution:</b></p> Was the race of the Co-Borrower collected on the basis of visual observation or surname <input type="checkbox"/> Yes <input type="checkbox"/> No Was the ethnicity of the Co-Borrower collected on the basis of visual observation or surname <input type="checkbox"/> Yes <input type="checkbox"/> No Was the sex of the Co-Borrower collected on the basis of visual observation or surname <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>The demographic information was provided through:</b></p> <input type="checkbox"/> Face-to-Face Interview (includes electronic media with video component) <input type="checkbox"/> Telephone Interview <input type="checkbox"/> Fax or Mail <input type="checkbox"/> Email or Internet		
Interviewer Signature	Printed Name	Date