

LOAN SUBMISSION FORM

NECL www.neclender.com

Should you have any questions, please contact T-1800 785 3150 F- 1 781 919 0295

COMPANY INFORMATION			
Company Name		Contact	
Street Address		City	State Zip
Business Phone	Cell Phone	Fax	
Date Loan Submitted		E-mail Address	

PROPERTY INFORMATION			
Subject Property Address		City	State Zip
Property Type:	<input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Mixed Use <input type="checkbox"/> Automotive <input type="checkbox"/> RV Park <input type="checkbox"/> Self-Storage <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Funeral Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Hospitality <input type="checkbox"/> Day Care <input type="checkbox"/> Other (please specify): _____		
Estimated Property Value \$	<input type="checkbox"/> Broker Estimate <input type="checkbox"/> Borrower Estimate <input type="checkbox"/> Appraisal <input type="checkbox"/> Sales Price		
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Investor <input type="checkbox"/> Partial Owner Occupancy _____% Total # of Units _____			
Bldg. Sq. Ft. _____ # of Buildings _____ # of Units Occupied _____ Year Built: _____			

TRANSACTION INFORMATION			
<u>Purchase</u>		<u>Refinance</u>	
Escrow Closing Date:		Original Purchase Date:	
Purchase Price:	\$	Original Purchase Price:	\$
Down Payment:	\$	1 st Mortgage:	\$
Seller Financing:	\$	2 nd Mortgage:	\$
Terms of Seller Financing, if applicable:		Other: (tax liens etc.)	\$
		Cash Out:	\$

