

Date: _____

Application for Short-Term Commercial Loan

Entity purchasing the property: _____ Tax ID: _____

Type of entity: _____ Years in business: _____

Mailing address: _____

Phone # _____ Fax: _____ Mobile: _____

Name of Borrower: _____ DOB: _____ SSN: _____ Marital Status: _____

Spouse (if any): _____ DOB: _____ SSN: _____ Business Partner: _____

Employer: _____ Date of Hire: _____ Title: _____

Address: _____ Phone: _____ Salary: _____

Do you own rental properties: _____ How many properties: _____

List addresses (if any): _____

Number of projects completed: _____ When: _____ How was it funded: _____

Cash reserves on hand: _____ Lines of credit available: _____

Do you have any existing hard money loans: _____ Amounts (if any) _____

We certify that the above information to be accurate and true and was made available voluntarily to Ababa Capital Mgmt. to obtain a Short-Term Commercial Loan. We hereby authorize Ababa Capital Mgmt. or its agents, to investigate any referenced, data or statements furnished by us or by others; to obtain a consumer credit report and any other information that it considers necessary to process this application and maintain our relationship. A copy of this may be used by creditors as our authorization to furnish information to Ababa Capital Mgmt.

Applicant Printed Name

Applicant Signature

Spouse's Printed Name

Spouse's Signature

Property Evaluation

Describe current condition of the property: _____

Beds _____ # Baths _____ Square Footage: _____ Type of property: _____

(please check one) Vacant: _____ Owner Occupied: _____ Tenant- Occupied: _____

Is seller current on their mortgage (please check one) _____ Yes _____ No (if "No" how delinquent?) _____

Please list comps below of properties sold in "as is" conditions that you are aware of

Address	Distance from project	Beds	Baths	Sold Price	Sold Date

Projected ARV _____ # beds _____ # baths _____ sq. ft. _____ # lot size _____

The after-repair value (ARV) of houses that sold in the area in the last 6 -12 months

Address	Distance from project	Beds	Baths	Sold Price	Sold Date

Estimate of Repairs

Category	Type	Estimated Cost
Demo and Hauling	Gut <input type="checkbox"/> Cosmetic/Clean out <input type="checkbox"/>	\$
Roof	Shingle <input type="checkbox"/> Slate <input type="checkbox"/> Flat <input type="checkbox"/>	\$
Siding / Ext. Paint	Vinyl Siding <input type="checkbox"/> Paint <input type="checkbox"/> Other _____	\$
Landscaping		\$
HVAC	Ductwork <input type="checkbox"/> Furnace <input type="checkbox"/> CAC <input type="checkbox"/> Boiler <input type="checkbox"/>	\$
Electric	Panel <input type="checkbox"/> Re-wire <input type="checkbox"/> Outlets / Switches <input type="checkbox"/> Fixtures <input type="checkbox"/>	\$
Plumbing	Repair <input type="checkbox"/> Replace <input type="checkbox"/>	\$
Windows / Doors	Replace _____ # Windows Replace _____ # Int. Doors Replace _____ # Ext. Doors	\$
Kitchen	Renovate Full <input type="checkbox"/> Renovate Partial <input type="checkbox"/> Stove <input type="checkbox"/> Fridge <input type="checkbox"/> D/W <input type="checkbox"/> Microwave <input type="checkbox"/>	\$
Bath(s)	Renovate Full # _____ Renovate Half # _____	\$
Trim / Drywall / Int. Paint		\$
Flooring	Carpet <input type="checkbox"/> Hardwood <input type="checkbox"/> Ceramic Tile <input type="checkbox"/>	\$
Structural / Foundation	Explain:	\$
Other		\$
Grand Total		\$