



PERSONAL INFORMATION

Applicant Name:
Applicant Address:
City: St. Zip
Phone #
Fax #
Work/Cell:
Marital Status: Married Unmarried

Applicant Name:
Applicant Address:
City St. Zip
Phone #
Fax #
Work/Cell:
Spouse Applicant: Yes No
Ownership: %
Marital Status: Married Unmarried

REQUESTED FINANCING

Loan Amount: Purpose: Purchase: Refinance: Construction: Rehab:
Term: 15yr 20yr 25yr Rate Program: Fixed: Adjustable: Type: 2yr, 5yr, 10 yr
Title will be held in what name(s)
1 2 3

FOR REFINANCES

FOR PURCHASES

Date of purchase: \$
Purchase price: \$
Cost of Improvements: \$
Pay-Off Mort. 1 \$
Pay-Off Mort. 2 \$
Pay-Off Other: \$
Maturity Date:
Next due date:
Current Monthly Payment: \$

Purchase Contract Expires:
Purchase Price: \$
Other Financing \$
Down Payment: \$ %
Seller Finance \$ %

COLLATARAL INFORMATION

Subject Address: City: State: Zip:
Estimated Value Of Real Estate: \$
Owner Occupied Yes No Sq.-Feet
Number of Units: Number Occupied
If Mixed Use: Number of Res Units: Total Rent: \$
Number of coml Units: Total Rent: \$
If Rental Property, please complete: Otherwise leave A-D Blank

Property Type: Multi Family Mixed Use
Self Storage Retail
Office Warehouse
Mobile Home Park
Light Industrial
Bed & Breakfast
How will the property be managed?
Self Managed Management Company
If Self Managed, do you currently manage other properties? Y N
How many? Properties
Units
How Long? Years Months

A. Gross Annual Income from subject property: \$
B. Gross Annual Expenses from subject property: \$
C. Net Operating Income \$
D. Gross rent of largest tenant \$

(DO NOT include mortgage payment in expense number)

EMPLOYMENT INFORMATION

Applicant: _____
 Employer Address: _____
 City: _____ St. _____ Zip _____
 Self Employed: Yes No
 Position/Title: _____
 Type of Business: _____
 Years on this Job: _____
 Years in this line of work: _____

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 Employer Address: _____
 City: _____ St. _____ Zip _____
 Self Employed: Yes No
 Position/Title: _____
 Type of Business: _____
 Years on this Job: _____
 Years in this line of work: _____

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

Primary Residence: Own Rent

Gross Monthly Income	Applicant	Spouse/Co-Applicant
A. Base Employment	\$ _____	\$ _____
B. Overtime	\$ _____	\$ _____
C. Bonuses	\$ _____	\$ _____
D. Commission	\$ _____	\$ _____
E. Dividends	\$ _____	\$ _____
F. Net Rental	\$ _____	\$ _____
G. Other Income	\$ _____	\$ _____
Total:	\$ _____	\$ _____

	# of Years
A. Rent:	\$ _____
B. First Mortgage (P&I)	\$ _____
C. Other Financing (P&I)	\$ _____
D. Hazard Insurance	\$ _____
E. Real Estate Taxes	\$ _____
F. Mortgage Insurance	\$ _____
G. Homeowners Asso. Dues:	\$ _____
H. Other	\$ _____
Total:	\$ _____

*Describe other income: _____

Personal Assets

	Y/N	Balance:
Financial institution _____ Joint Account <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Financial institution _____ Joint Account <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Financial institution _____ Joint Account <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Financial institution _____ Joint Account <input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Stocks And Bonds _____		\$ _____
Other Assets: (itemize) _____		\$ _____

OTHER REAL ESTATE OWNED

ADDRESS	PROPERTY TYPE	GROSS MONTHLY RENTAL INCOME	MONTHLY INS. TAXES/EXPENSES	MONTHLY MORTGAGE PMT	MORTGAGE BALANCE
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____

BUSINESS INFORMATION

Complete if purchase in business name

Business Name: _____ Tax Identification Number: _____
 Address: _____ Occupational License Type _____
 License Number _____
 City: _____ State: _____ ZIP: _____ Date Business Formed _____
 Years Business owned: _____ % Owned by Guarantor: _____ % Borrower Type: LLC LP/LLP S CORP
 CORPORATION Individual (s)

Any individual who owns 10% or more of the business is required to be a guarantor of the loan. Please list ALL additional owners below. Each individual must complete a Quik App Co-Applicant Form.

Name:	Ownership	Married	On Title
_____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____ %	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Tax Year 1 <u>200</u> Business Income:	Tax Year 2 <u>200</u> Business Income:
a. Annual Revenues: \$ _____	a. Annual Revenues: \$ _____
b. Annual Expenses: \$ _____	b. Annual Expenses: \$ _____
<i>(include COG sold and admin expenses)</i>	<i>(include COG sold and admin expenses)</i>
c. Depreciation Expense: \$ _____	c. Depreciation Expense: \$ _____
d. Interest & Taxes \$ _____	d. Interest & Taxes \$ _____
Net Income (A-B+C-D) \$ _____	Net Income (A-B+C-D) \$ _____

If earnings declined by more than 10% since prior year, a written explanation and year to date information will be required.

Financial institution _____	Balance: \$ _____
Financial institution _____	Balance: \$ _____
Financial institution _____	Balance: \$ _____
Financial institution _____	Balance: \$ _____
Stocks And Bonds _____	Balance: \$ _____
Other Assets: (itemize) _____	Balance: \$ _____

TOTAL: \$ _____

	Balance	Monthly Payment
Creditor Name: _____ \$ _____	_____	\$ _____
Creditor Name: _____ \$ _____	_____	\$ _____
Creditor Name: _____ \$ _____	_____	\$ _____
Creditor Name: _____ \$ _____	_____	\$ _____
Creditor Name: _____ \$ _____	_____	\$ _____
Creditor Name: _____ \$ _____	_____	\$ _____
TOTAL: \$ _____	_____	\$ _____

PERSONAL DECLARATIONS

	Guarantor		Spouse
<i>Are there any outstanding judgements against you?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Have you declared bankruptcy in the past 7 years?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Have you had property foreclosed upon or given title or deed in lieu thereof in the last 7 years?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Are you party to a lawsuit?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Have you directly or indirectly been obligated on any loan which resulted in foreclosure or judgement?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Are you presently delinquent or in default on any federal debt or any other loan, mortgage, financial obligation, bond or loan?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Are you obligated to pay alimony, child support or separate maintenance?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Is any part of the down payment borrowed?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If applicable do you intend to occupy the property as your primary residence?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Are you a US citizen?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Are you a permanent resident alien?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Please provide Visa Status if applicable</i>			

BUSINESS DECLARATIONS

<i>Has your business or any principal of your business declared bankruptcy in the past 7 years?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Is your business or any principal of your business party to a lawsuit?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Has your business ever defaulted on a federal loan?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Has any principal of your business had property foreclosed within the past 7 years?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Have you had a business or occupational license revoked within the past 7 years?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If you answered yes to any of the above statements please explain:</i>			

Applicant Signature:	Date	Social Security Number	Date of Birth	

Co-Applicant Signature:	Date	Social Security Number	Date of Birth	

General Authorization

I hereby authorize PFA Capital, LLC (Piccone Financial Associates, LLC) to verify my past and present employment, earning records, bank accounts, stock holdings, credit reports and any other third party verifications needed to process my loan application. I further authorize PFA to order a credit report and verify all other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this document shall also serve as an authorization to provide the information requested.

Applicant Signature:		Date	Social Security Number		Date of Birth	

Co-Applicant Signature:		Date	Social Security Number		Date of Birth	