

Pyramid Capital Investments Corp.

800-244-7600

OWNER OCCUPIED LOAN CHECKLIST

1. General Information Form (attached or use your own)
2. Operating Company Tax Returns for Trailing Three Years
3. Current Interim Profit and Loss Statement And Balance Sheet of the Operating Company (within 60 days)
4. Business Debt Schedule (*attached or use your own*)
5. Complete Personal Tax Returns for Trailing Three Years for All Principals
6. Personal Financial Statement for All Principals (*attached or use your own*)
7. Resume for Key Principals (*attached or use your own*)

INVESTMENT PROPERTY LOAN CHECKLIST

1. General Information Form (*attached or use your own*)
2. Property Income and Expense Statement for Trailing Three Years
3. Current Interim Income and Expense Statement of the Property (Within 60 Days)
4. Property Rent Roll (*attached or use your own*)
5. Complete Personal Tax Returns for Trailing Three Years for All Principals
6. Personal Financial Statement for All Principals (*attached or use your own*)
7. Resume for Key Principals (*attached or use your own*)

If you have additional information that you can provide such as a property appraisal, environmental reports, property photos, current credit report(s), etc., please include as this will typically help with the approval process.

Loan Request Information (Please Complete All Information to Avoid Delays in Processing Your Application)

Application For:

- Conventional Mortgage SBA
 Construction loan Church Finance

Purpose of Loan:

Source of Repayment:

Amount Requested: \$

Term Requested:

Amortization Requested:

Collateral Description:	Market Value:	Purchase Price	Date of Purchase
1.	\$	\$	
2.	\$	\$	
3.	\$	\$	

A. Applicant Information

Legal Name of Applicant (Borrower)				
DBA (If Applicable)			Tax I.D. Number	
Principle Place of Business Address (not P.O. Box)				
City	State	County	Zip	
Mailing Address (if different)				
City	State		Zip	
Key Contact Name		Business Telephone Number ()	Business Fax Number ()	
Date Business Established	Current ownership (# of years)	State of Registration	Annual Sales \$	Net Profit-prev yr \$
Describe applicant's product/service			Number of Employees	
Type of Ownership (Select One)			E-Mail Address <small>(By providing this information, I authorize Griffin Capital Funding to send me information via e-mail)</small>	
<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Non Profit <input type="checkbox"/> Proprietorship <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Professional Association <input type="checkbox"/> LLP				
Who does applicant currently do their business banking with?		Is applicant willing to move their banking relationship in conjunction with their loan? Yes NO		

B. Owners Information

Name	Social Security Number	% Ownership	Title
Key Contact Name and Phone Number			

For more than four owners attach additional sheet(s).

C. Loan Disclosures (Refinance)

Current lender	Rate	Start date	Monthly payment	Current balance
Property gross annual revenues	Annual expenses	Type of property	Number of Tenants	Estimated value

D. Loan Disclosures (Purchase)				
Purchase price	Will purchaser occupy 51% or more of the property	Type of property	Down payment	Estimated value
Property gross annual revenues	Annual expenses	Number of tenants	Is the property under contract	Anticipated settlement date

E. Other Information		
Settlement agent name _____	Insurance Company Phone Number () _____	
Settlement agent phone number _____	Insurance Company Fax Number () _____	
Is the seller of the property willing to carry a second trust? (Purchase only)	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Has The Applicant Ever Declared Bankruptcy Or Had Any Judgments, Repossessions, Garnishments Or Other Legal Proceeding Filed Against Them?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is the applicant currently under contract with any other mortgage brokers?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Are Any Tax Obligations, Including Payroll or Real Estate Taxes, Past Due?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is The Applicant Liable On Debts Not Shown, Including Any Contingent Liabilities Such As Leases, Endorsements, Guarantees, Etc.?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
Is The Applicant Currently A Defendant In Any Suit Or Legal Action?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*If you answered yes to any of the above questions, please provide an explanation on a separate sheet</i>		

F. Certification And Signatures			
<p>Each of the undersigned hereby instructs, consents and authorizes the Lender/Broker, or any affiliate, subsidiary or assigns to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Lender by a commercial entity of which the undersigned is a principal, member, guarantor or other party, (b) thereafter, periodically according to the Lender's credit review and audit procedures, and (c) relating to Lender's review or collection of a loan, account, or other Lender product or service made or extended to a commercial entity of which the undersigned is a principal, member, guarantor or other party. The Applicant(s), individually and/or by the signature(s) of its authorized representative below, hereby certifies that: the foregoing has been carefully read by the Applicant and is given to the Lender/Broker for the purpose of obtaining the credit described above and other credit from time to time in whatever form; the information in this Application and any other documents or information submitted in connection with this Application or any other credit request are true and correct statements of the Applicant's financial condition and may be treated by the bank as a continuing statement thereof until replaced by a new Application or until the Applicant specifically notifies Lender/Broker in writing of any change; and the credit requested herein and any other credit obtained from the Lender/Broker by the Applicant on the basis of the information contained in this Application shall be used solely for business and commercial purposes. The Applicant and each Guarantor authorize the Lender/Broker to verify at any time any information submitted to the Lender/Broker by or on behalf of the Applicant and/or any Guarantor; obtain further information concerning the credit standing of the Applicant, its representatives and Guarantors; and exchange such credit information with others. The Applicant agrees to provide additional information, financial or otherwise, upon request and agrees that, unless otherwise directed by the Applicant in writing, all statements and notices regarding any credit granted by the Lender/Broker to the Applicant shall be mailed or faxed to the Applicant at the address or number shown above. Any person(s) signing below is duly authorized and empowered to request credit on behalf of the Applicant.</p> <p>Unless I/We initial here, the Lender/Broker is hereby authorized to share this application and credit information with its affiliates or other lenders, which may consider my/our application for loan approval/purchase. This statement does not limit the Lender/Broker's rights to sell or assign any loans to a third party.</p> <p>Applicant and each Guarantor initials: _____</p>			
Signature (Applicant)	Title	Print Name	Date
Signature (Guarantor)		Print Name	Date
Signature (Guarantor)		Print Name	Date

BUSINESS DEBT SCHEDULE

Furnish the following information on all installment debts, contracts, notes, and mortgages payable. Do not include accounts payable or accrued liabilities.

Business Name: _____ *As of _____, 20____ *Should match the financial statement to be submitted.

Creditor Name/address	Original amount	Original date	Present balance	Interest rate	Maturity date	Monthly payment	Security	Current or delinquent
		Total present balance**			Total monthly payment			

**Total must agree with balance shown on current financial statement

Signature: _____ Title: _____ Date Signed: _____



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

PERSONAL RESUME FORM

TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LOAN
If you already have a prepared resume, submit in lieu of this form

Name _____
FIRST MIDDLE MAIDEN LAST

Date of birth _____ Place of birth _____ Social Security No _____

U.S. Citizen – If not, please provide alien registration number _____

Home address _____ City _____ State _____ Zip _____

From _____ To _____ Home phone _____ Business phone _____

Immediate past address _____ City _____ State _____ Zip _____

From _____ To _____

Are you employed by the U.S. Government? _____

If so, give the name of the agency and position _____

Military Service Background

Branch _____ From _____ To _____

Rank at discharge _____ Honorable? _____

Job Description _____

Work Experience

List chronologically, beginning with present employment

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____

Full address _____ City _____ State _____ Zip _____

From _____ To _____ Title _____ Duties _____

Name of company _____ % of business owned _____
 Full address _____ City _____ State _____ Zip _____
 From _____ To _____ Title _____ Duties _____

Education (College or Technical Training)

Name and Location	Dates Attended	Major	Degree or Certificate
1. _____	_____	_____	_____
Comments: _____			
2. _____	_____	_____	_____
Comments: _____			
3. _____	_____	_____	_____
Comments: _____			
4. _____	_____	_____	_____
Comments: _____			

Pyramid Capital Investments Corp

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RENT ROLL

Unit #	Unit Type	Tenant Name	Square Feet	Monthly Rent	Term		Comments (Renewals, Rent Increases, etc.)
					Start	End	
Totals:							

Rent Roll Certification:

I/We certify that the attached rent roll(s) dated _____

for the property located at _____

Is/are true and correct.

By: _____ 4667 MacArthur Blvd., Suite 320, Newport Beach, CA 92660

Tel: 949-833-8747 . Fax: 949-608-9110 . Email: processing@pyramidcapital.com