LICHTENSTEIN CAPITAL MARKETS

<u>Direct Lender, Global Commercial Real Estate, Corporate Finance and Mortgage Investment Bankers</u>

5770 Palisade Avenue. Riverdale, New York 10471 No Mail!: 23 East 10th St. Suite#102 NY, NY 10003

Email: <u>DoctorMortgageTM@aol.com</u> www.DoctorMortgage.com Telephone: (800) 242-9888, (212) 255-4888, (718) 549-5999 or Fax: (212) 255-5277

PURPOSE: Purchase, renovation, new construction and refinance

ELIGIBLE BUILDINGS: 6 Apartments or larger and Mixed-Use

PERMANENT LOANS (Forward-Committed Take-Out Mortgage Up to Two Years in advance)

- Forward Committed, rate-locked, standby takeouts of construction loans
- Interest Rates: 2.8% over the 10 Yr. UST (subject to rate at commitment approval)
- Term: Up to 30 years Fixed Rate and self-amortizing, or Five (5) year ARM adjustable.
- Loan to Value: Up to 80%
- Origination Fee to Lender: 1%
- Security: First Mortgage
- <u>Prepayment Penalty</u>: 5% in the first year, declines ½% per year thereafter. No fee if prepaid within 60 days of the first rate adjustment (applicable only to ARM's).
- Assumptions: 1 time with prior Lender approval.
- <u>Recourse</u>: Non-Recourse with limited standard industry carve-outs against borrower fraud, misrepresentations, insurance misappropriation, environmental hazards, etc.)

CONSTRUCTION LOANS

- L.I.B.OR. plus 3.8%
- Up to TWO years interest only.
- Commitment Fee to Lender: 1%
- 10% retention of loan draws
- 10% security on construction amount (cash or letter of credit to cover the unlikely event of cost overruns).

TECHNICAL SERVICES: Lender mortgage staff will review the scope and cost of rehabilitation for any property, and where applicable, will coordinate possible rental subsidies, when available, with local and state governmental agencies.

THIRD PARTY REPORTS REQUIRED:

Appraisal, Engineering, Environmental

APPLICATION FEE: \$100 per tax lot.

CONTACT: ANDREW LICHTENSTEIN

President, Lichtenstein Capital Markets 1-800-242-9888 Fax:212-255-5277

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Submit the following now with TWO SIGNED COPIES of your application to receive quick underwriting analysis for approval:

- > A fee of \$100 for Lender's initial review and analysis.
- Fill out the Lender's attached application forms and submit them now.
- At least 3 comparable rentals for apartments near the subject property (include address, apartment number, number of bedrooms, size in square footage, rent, date, and source with contact information to verify). Even if this project is intended to be a condominium sell-out this is required because the project will be underwritten and must qualify as a rental property with current market rate comparables.
- If individual units are planned to be sold off as condominium or otherwise, then provide at least 3 comparable recent sales (include address, apartment number, number of bedrooms, size in square footage, rent, date, and source with contact information to verify.
- Current personal financial statement of each principal with 10% or greater interest in the property(ies) on Lender's forms (attached).
- Principals' personal tax returns for prior 2 years
- General Contractor's resume, qualifications, track record and financial statement if unknown to the Lender.
- > Copy of commercial tenant lease(s), if applicable
- Copy evidencing current rental registration with local rent regulating authority (in New York copy of Certified Printout from Division of Housing and Community Renewal of Current Rent Roll Registration), if applicable.
- Copy of survey from title policy

APPLICATION CHECKLIST

Supporting Documentation Needed After Loan Approval and Prior to Loan Closing:

- 2 years prior Financial Statements for Corporate (non individual entity) applicants
- Certificate of incorporation or partnership for the applicant
- Copy of Certificate of Occupancy, if applicable
- > All tenant residential leases, if applicable
- Copy of deed or contract of sale for the property
- Copy of the closing statement from the acquisition of the property
- Copy of existing mortgage(s) or note(s), if applicable
- Evidence of payment for current year's real estate and water and sewer (frontage) taxes
- Copy of title report
- Insurance policy subject to Lender approval

After loan approval and prior to loan closing the above referenced documentation must be submitted to complete your Loan Application. Additional information as well as substantiating documentation will also be required.

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President, Lichtenstein Capital Markets 1-800-242-9889 Fax:212-255-5277

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1-800-242-9888 Tyou would like additional information on OUI mortgage programs, or desire assistance in completing the application, please call Sketch in approximate plot plan, plot dimensions, bounding streets and distance to nearest corner Type of toan: Construction only Construction & Permanent Permanent only Date of Application PURPOSE: Rehabilitation: New Construction: Amount Requested \$ Term: If applicant is a corporation or partnership list name(s) of general partner(s) or APPLICANT (Fee Owner or Purchaser) stockholders & percentages of interest. Provide attachment as necessary. Today's Date: Name: Name: Address: Address: Zip: Zip Social Security #: Social Security #: Representative for Loan Application: Telephone: Fax: Fax: Telephone: PREMISES: Complete Address: Block: Lot: **Building Type:** Other: Year Constructed: Brick: Fireproof: Type of construction: Number of elevators: Self-service: Number of stories above basement: No Yes Basement: on plot **Built:** Year: Assessed Valuation: Land \$ Total \$

SUMMARY OF APARTMENT AND RENTAL INCOME DATA:

All questions are to be answered. If "NONE or NOT APPLICABLE", so state

	RTMENT DISTRIBUTION	No or ADTO
APARTMENT TYPE	# BATHRMS PER UNIT	NO. OF APTS.
2-Rooms (studio)		
3-Rooms (1 bdr.)		
4-Rooms (2 bdr.)		
5-Rooms (3 bdr.)		
6-Rooms (4 bdr.)		
Other (specify)		
Other (specify)		
TOTAL		
# OF VACANT APTS.		

Projected "Rehab. Cost" is equal to or exceeds 22 1/2 % of current assessed valuation:

			ICOME SUMMARY NG SUPER'S UNIT
	NO. APTS.	NO, RENTAL ROOMS	TOTAL CURRENT RENT PER YEAR
Rent Controlled			
Decontrolled			
TOTAL			
ls superintendent': Yes No	s apartm		
No. rental rooms		Rent pa	id \$ monthly
	TOTA	L NUMBER	GROSS INCOME
	SQUA	RE FEET	PER YEAR
	1		

No

ISTING LIENS-OUTSTANDING MORTGAGE LIENS		Int.	Maturity Date	Annual Payment Interest & Amort.	Arrears
ortgage and Address	Balance	Rate	Date	TIKE. SE	
n each mortgage be prepaid? Yes No					
older is other than institutional lender, indicate relatio	onship (direct or inc	lirect), if any	/, to applicant.		
		2025			
scribe Unpaid Assessments:					· ·
y unpaid taxes, water & sewer: Amount and Due Dat		NO	Lann. Marin		
RE THERE ANY VIOLATIONS AGAINST THE BUILDI		NO			
yes, explain or attached Building, Fire Department, or	other applicable s	earch.			
e there any mechanic's or other liens, in REM or other	er foreclosures, end If yes, expla	cumbrances	, defaults or ot	her judicial, administ	rative or oth
oceedings against the property? Yes No	ii yes, expia				
re there any current real estate property tax abatemer	nts on property (i.e	J-51, Sr. Cit	tizen, Veteran)	?	
es No If yes, indicate type, term, and an	nount of abatemen	t:			
pproximate cost:	Wilder Have been			111 A 11	
coulsition DATA					
CQUISITION DATA the applicant fee owner of the property? Yes	No				
CQUISITION DATA the applicant fee owner of the property? Yes			chase	Foreclosure	Other
CQUISITION DATA the applicant fee owner of the property? Yes, date of purchase: How was property, applications are executed contract or option to	No perty acquired? o purchase the pro	Pure perty betwe	chase en the fee owi	Foreclosure	Other
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CQUISITION DATA the applicant fee owner of the property? Yes, date of purchase: How was property and the property of the pr	No perty acquired? o purchase the proe to be assumed, a erest, direct or indirect or indir	Pure perty betweend the term ect, exist be	chase en the fee owr s. etween the ap	Foreclosure ner and applicant, sho	Other owing full
CQUISITION DATA the applicant fee owner of the property? Yes, date of purchase: How was property announced and the proposed money or other mortgage applicant is not the fee owner does an identity of interes. URCHASE PRICE ttach evidence of cash purchase payment, (e.g. closic Amount paid in cash: Paid by assuming existing mortgage(s):	No perty acquired? o purchase the proe to be assumed, a erest, direct or indirect or indir	Pure perty betweend the term ect, exist be	chase en the fee owr s. etween the ap	Foreclosure ner and applicant, sho	Other owing full
CQUISITION DATA the applicant fee owner of the property? Yes, date of purchase: How was property and the property of the proposed money or other mortgage applicant is not the fee owner does an identity of interest of the proposed money or other mortgage applicant is not the fee owner does an identity of interest of the proposed money or other mortgage applicant is not the fee owner does an identity of interest of the proposed money are identity of interest of the proposed money mortgage (s): Paid by purchase money mortgage:	No perty acquired? o purchase the proe to be assumed, a erest, direct or indirect or indir	Pure perty betweend the term ect, exist be	chase en the fee owr s. etween the ap	Foreclosure ner and applicant, sho	Other owing full
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REAL ESTATE EXPERIENCE - ALL OTHER PROPERTIES OWNED BY APPLICANT AND ITS PRINCIPALS

۸	Number of Linite	Institutional Mortgage (if any) and Mortgage Number	Balance and Arrears (if any	y) Tax Arrears (if any)
Address and County	Number of Onits	Account #	Arrears (ii aii)	y) Tax / treate (if any)
		L. Carlotte and Ca		- Annuari Were
Other real estate mana	ged (list addresses) &	units per building:		
Parson(s) Pasnonsible fo	r Performing Rehabilit	ation Work (e.g., contractor(s)	archifect etc.)	
CONTRACTOR	r r erioriting (veriability		, 410111334, 313.,	Di-
name: ARCHITECT		Address:		Phone:
lame:		Address:		Phone:
roposed Building Manag	ger			abd
Name:		Address:	and descript restricted with spring pr	Phone:
Applicant's Commercial E		4104 4 4 104 4 4 4 104 4 4 4 104 4 4 104 4		
· !		Address:		
WAAAAA			10.100	Pileson
Account Representative:		Account#:	and the sale of th	Phone:
References (Include 3 bu	siness references)			
Name		Address	Phone	Relationship
* + 10 M 10	and the second s		- The transfer is the best of the first of t	
Into this Park W	- WASTER OF THE PARTY OF THE PA	The second		
Cast State Company of the Company of		AAAAAAA		
Community Related Re	eferences			
The same state of the same sta		Address to deliver	A CONTRACTOR OF THE PROPERTY O	7
LIST ALL FINANCIAL IN	STITUTIONS WHER	E YOU HAVE SUBMITTED AI	N APPLICATION FO	OR THE SUBJECT PROPERT
1.	and AMERICAN TO THE STATE OF TH			
2. 3.				NACAMILITE VI AFRANCIS AFRANCI
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REMARKS:		200.00		i
a later to the same of the sam		A SALVAN A PARAMA		
		A CONTRACTOR OF THE CONTRACTOR		
The applicant represents, warr	rants and affirms that each	of the answers made in this applicati pon the truth of the statements made	on is true and is made to herein, and authorizesle	induce THE LENDER
source to which it may apply re	elative to the application - e	ach such source being hereby author	ized to provide such info	rmation. This application shall
remain the property of lender, if	Prior to closing the loan, the	e Applicant agrees to promptly advise	of any change in the info	ormation contained in this application.
Data	O:made:	re of applicant:		
Date:	Signatu	re of applicant:		

ENT ROLL FOR	MONTH	& YEAR (u	OF: se most recent c	omplete mo	nth)				
uilding Address:				411		<u> </u>			
Tota	ıl "Collectible	e" Residentia	Rent for Month:	<u> </u>	<u> </u>				
Loss	s due to Vac	cancy for Mor	nth:	<u> </u>	\$				
Loss	s due to Nor	npayment for	Month:	3	\$				
Tota	al "Collected	l" Residential	Rent for Month:	<u>!</u>	\$				
TENANT'S NAME			Government Subsidy		TOTAL IN ARF				ENT MONTHLY
(last name, first name) INDICATE IF VACANT (and # of months vacant	Apt.	No. of Bedrooms		Lease Expiration Date	Amount	No. of Months	No. of Rooms	Controlled Amount	Decontrolled 'Rent
COLINE TO THE PARTY OF THE PART									
The state of the s						11 / 12			
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11.									
TOTAL	S:	<u> </u>		<u> </u>		<u> </u>	<u> </u>		
COMMER If vacant, indica	RCIAL SPACE te number of r	months	Monthly Rent	al Amount	Floor Number	Square of Comr	e Footage nercial Unit	Lease Expin	ation Date
A 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11				- No.					
					1		OUNCES SEE		

If more space is needed, attach additional copies of this Schedule A.

Lender will accept owner's rent roll on owner's form if all the requested information above is included.

TOTALS:

ANNUAL INCOME AND EXPENSES FOR YEAR:

Applicant's Signature

SCHEDULE B

Building Address:	Previous Year	Previous Year	Current Year
INCOME	(to)	(to)	(to)
Gross income from apartment rental B. Gross income from commercial rental ren			
Gross income from commercial rental That are a linear of lines 1 plus 2)			
3. Total gross income (lines 1 plus 2)		Was Was	
Collection Losses Residential Commercial			
5. Effective gross income (lines 3 less 4)	Manage and the second s		
EXPENSES 1. Real estate taxes			
2. Water and sewer charges			1) Y ****
3. Fire Insurance Premium - Amount of Coverage			
4. Liability Insurance Premium	,		
-Amount of Coverage			
5. Licenses			
6. Fuel (Oil type:)			
-Gallons per year			
7. Gas		984 (100)	
8. Electricity (not metered to tenants)			_LL_MLL_VVV
9. Trash removal	4.700	AME -	
10. Pest control		1,13	
11. Maintenance and repairs	Amendada a ser esta de la constanta de la cons		A STANFOLD
12. Cleaning expenses			
13. Supplies			LA MAMATTI
14. Elevator maintenance and repair contract			
15. Management	19 49 49 49 49 49 49 49 49 49 49 49 49 49		100001-01-11-11-00-9-1
Superintendent and staff salaries Does superintendent receive free apt.? Value of free apt			
-Supers:full-time part-time			man and the state of the state
-Porters: full-time part-time	V = 19		
- Handymen: full-time part-time	W		
17. Payroll taxes	AND 11 CO. 12 CO		
18. Legal		-1	
19. Accounting and Auditing			- Manuer
20. Replacement (does not include repair)			, (A)
-Ranges and refrigerators			
-Boilers	J N1		
-Roof			
- Other			
21. Painting	- A-A-A-MARTA		
22. Other Expenses (SECURITY?)			(4) (mm)
TOTAL EXPENSE			

Date

PROJECT DESCRIPTION

Project Address				40.00
Developer				MV-
^G ontractor				
PROJECT DATA Number Units Number Rooms Number Floors A rea of Lot	Total Facad Total Area C Number of V	Court Yards		
Area of 1st Floor Total Floor Area Basement Area Roof Area Fireproof 1st Floor Arch		# STUDIO # 1 BR # 2 BR # 3 BR # Commercial		
COSTS BY TRADE		(du.=cost per dwelling	unit)	<u></u>
TRADE ITEM	QUANTITY	UNIT COST		TOTAL COST
I. GENERAL CONDITIONS		100	_	
Sub Total 2A . SITE WORK a) Topsoil & Planting b) Trees c) Fencing d) Other e) Demolition f) Kitchen & Bath g) Asbestos removal w/filing h) Sidewalk Bridge i) Side Alley Sub Total 2B. DEMOLITION & SHORING a) Apartment, etc. b) Environmental Remediation (asbestos, tank, etc.) c) Other			LS _LS _LS	
Sub Total 3. CONCRETE a) Sidewalks b) Court Yards c) Basement Slab d) Footings e) Steps/Ramps f) Arches g) Other			sq.ft. sq.ft. sq.ft. sq.ft. sq.ft. sq.ft.	
Sub Total				
 4. MASONRY & WATERPROOFING a) Parapets b) New Block Partitions c) Seal Windows/Dumb Waiters d) Coping Stones e) Retaining Walls f) Shafts (elev.,comp.) g) Steam Cleaning 			in./ft. sq.ft. sq.ft. # sq.ft. # sq.ft.	

TRADE ITEM	QUANTITY	UNIT COST	TOTAL COST
TICALITE		0.7	f
h) Pointing (%)		sqsq sq	
i) Thoroseal/Cement Wash		sq	
j) Parging/Stucco		#	
k) Lintels		#	44
l) Sills			.ft.
m) Br. Stone Restoration	411		.ft.
n) Remove tar	- Language Annual Control of the Con	#	
o) Rebuild Chimneys			
p) Rebuild facade			
Rebuild fuel tank enclosure		so	ı.ft
r) Other			
Sub Total			
5. METAL WORK			
a) Steel Beams		in	./ft
b) Stair Repair		#	1ts
c) Stair Replacement	447	#1	īlts
d) Hand Rails			./ft.
e) Fire Escape Repair		#	oskts.
f) Fire Escape Replacement			bskts.
9) Cornice Repair/Replacement			./ft.
h) Cyclone Fencing			./ft
i) Window Gates		#	
j) Store Fronts		#	
k) Other		#	
.,			
Sub Total			
6A. ROUGH CARPENTRY		iv	n./ft.
a) Joist Replacement (%)			q.ft.
b) Subflooring (%)	- AVE	#	
¢) Other .			Pol Ven
Sub Total			
6B. FINISHED CARPENTRY		C	du.
Sub Total			
7. ROOFING & INSULATION			
a) Membrane & Flashing		,	on ff
(type)	AAV, VI ame a		sq.ft.
b) Insulation			54.1t.
Sub Total			
BA. WINDOWS & GLAZING			
		7	4
a) New DH Thermal Break b) Public Hall	MANUAL TRAINING AND	3	#
c) Skylight w Screens			sq.ft.
d) Caulk & Repair		A A A A A A A A A A A A A A A A A A A	///
e) Other			#
,			, , , , , , , , , , , , , , , , , , ,
Sub Total			And the second s
8B. DOORS & HARDWARE			#
a) Lobby/Entry			# #
b) Apartment Entry			# #
c) Apartment Interior	1.645		##
d) Closet		,	#
e) Bulkhead w/Alarm		4077	#
f) Basement			#
g) Vestibule/lobby			#
h) Magnetic lock for vestibule	make a training and and training and an articular and an articular and an articular		#
i) Other			
Sub Total			

TRADE ITEM		QUANTITY	UNIT COST		TOTAL COST
9A. PLASTERING				en ff	
a) Plaster	uidh abaadaasis			sq.ft.	
b) Repair plaster (or patch vc) Other	vitn sneetrock)			sq.ft.	
y Other					
Sul	o Total				
9B. DRYWALL				ea ff	
a) New Partitions				_sq.ft. _sa.ft.	
b) Exterior Walls c) Wonder Board				_sq.ft.	and an every
d) Hung Ceilings				_sq.ft.	
e) Furring & Firestopping				_sq.ft. -#	
f) Bathroom sheetrock wall	ceil w/wonderboard			_#	
g) Repair cellar ceiling h) Other				sq.ft.	
··· Otner		N/exp		_sq.ft.	
		- AS PAPE	w		
Su	b Total				
9C. CERAMIC TILE				#	
a) Bathroom Walls & Floor	S	4 1901 19 19 19 19 19 19 19 19 19 19 19 19 19	<u> </u>	_# #	- Alleria
b) Half Baths c) Bublic Halls/Lobby		and Property and Area		_‴ _sq.ft.	
c) Public Halls/Lobby d) Marble treads			-	_#	
e) Magnetic lock for vestible	ule	And the first state of the first		#	
^{†)} Other				_sq.ft.	
Su	b Total				
on mi contin					
9D. FLOORING				_sq.ft.	
a) Finished Wood Flooringb) Vinyl Flooring Kitchens				sq.ft.	
c) Vinyl Flooring Public Ha	lls			_sq.ft.	
d) Vinyl Stair Treads	•			#	
e) Wood varnish				 #	
f) Other				##	
St	ıb Total				
-					
9E. PAINTING a) Apartments				rms.	
a) Apartmentsb) Public Halls				sq.ft.	
c) Stairs				sq.ft.	
d) Cellar/Basement				_sq.ft.	
e) Fire Escapes/Misc.Met	als			sq.ft.	·
f) Bathrooms q) Other				 sq.ft.	
g) Other					
Si	ub Total				
10. SPECIALTIES					
a)		W. W.			
b)					
n	uh Total				
S	ub Total				
11. APPLIANCES				ינב	
a) Ranges		4.000		# #	
b) Refrigerators				—# in./ft	
c) Kitchen Cabinets d) Mailboxes		and the state of t		#	•
e) Medicine Cabinets				#	
f) Other				#	
,	g square at a				
S	ub Total				
12. FURNISHINGS					

		LINET COST	C-4 TOTAL COST
TRADE ITEM	QUANTITY	UNIT COST	TOTAL GOOT
Sub Total			
13. SPECIAL CONSTRUCTION		sq.f	ft
a) Compactors & Chutes b) Other		sq.f	
o Other			
Sub Total			
14. ELEVATORS a) Elevator Mechanism/Cab			
b) Controller - 1 speed			
c) Controller - 2 speed		AND THE RESERVE OF THE PARTY OF	
d) Doors			
e) Interlocks			
f) Door Operator g) Reline Cab	ALCO INC.		
h) Call Buttons	74.1		
i) Motor			
j) General Repairs			
k) Other		and the second s	
Sub Total			
45A			
15A. HEAT & VENTILATION a) New Boiler & Burner		#	
b) New Distribution/Radiators	44.4	#	1000
c) Mechanical Ventilation	4747	in.	/ft
d) Water Meters		#	
e) Fuel computer	4.4	#	
f) Heat timer g) Shut off valves	ALLOY	#	
g) Shut on valves h) Air valves	A	#	
i) Raditator		R	VI
j) Return piping		LF	
K) Other		#	
Sub Total			
15B. PLUMBING			
a) New Waste System		dı	J
b) New Water System		du	
c) New Gas Distribution		dı	
d) Fixtures & Trim		dt	
e) New Water, Sewer & Gas Service		dı	
f) Sprinklers g) Vent & stack repairs (per apt.)			
g) Vent & stack repairs (per apt.) h) Trap & waste & leadbend ONLY		LS	3
i) Steel tub, trap & waste		#	
j) WC & lead bend		#	
k) Lavatory & vanity	V . 10	##	
I) Med cab & shwr rd		#	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
m) Stainless steel kitchen sink (single)n) Kitchen sink with metal cabinet		#	PLANALE OF VIOL
o) Water meters		#	
p) Water main	\$ 100 mm of 100	#	· · · · · · · · · · · · · · · · · · ·
g) Other		dı	J
Sub Total			
16. ELECTRICAL			
a) New Service			u
b) New Distribution	AGAY		u
c) Fixtures	**************************************	#	<u></u> u.
d) Intercom		u	
e) Hardwire Smoke Detectors f) Telephone & Cable/TV	and the state of t		u.
f) Telephone & Cable/TV g) Exterior & P.H. Lighting		#	
h) Adequate wiring, no AC	Value and the second se	#	
N ADT LIDGRADE		#	

		T 000T	C-5 TOTAL COST
TRADE ITEM	QUANTITY	UNIT COST #	TOTAL COST
j) AC outlets		#	
		#	
k)Stove outlet		#	
l) GFI w/switch & fixture		#	
m) Replace pullchain w/switch & fixt.		#	
n) Additional duplex outlets		#	<u> </u>
Smoke detectors (hardwired)		#	
p) Provide basement fixtures		#	
q) Exterior fixt. w/wiring		#	
r) Sodium vapor (exterior w/ wiring)		#	
s) New service	MATER AND TO STATE OF THE STATE	#	
t) Other		17-	
16. sub total of a through t above			
17. TRASH DISPOSAL			
a) Incinerator (repair existing)			
b) Compactor (new)			
c) Compactor (repair existing)			
d) Compactor (replace chute doors only)			Y**
17 Sub Total (a through d)			
18. SUBTOTAL (sub total of 1 through 17 above)			
19. Contractor's Fee (%)		1	
20. Contractor's Overhead (%)			
21. TOTAL (total of 18,19 & 20) Total of Trade Items			

Please note any special conditions which has affected your cost estimate and indicate which prices reflect this.

ASSETS STATEMENT

Assets Statement must be dated and signed on PAGE THREE
Assets Statement must describe financial status within the last twelve months.

Financial Statement is submitted for (Check one)

INDIVIDUAL

CORPORATION ☐ LIMITED PARTNERSHIP
☐ NOT-FOR-PROFIT OTHER (Specify):

TOO ONAL INCORMATION	
SECTION 1 - PERSONAL INFORMATION	Social Security
Name:	Scout Boothie
Business Name:	
Business Phone:	
Marital Status:	
Residence Address:	
City, State, Zip Code:	
Business Address:	
City, State, Zip Code:	
Position (Title):	Bonus Commission:
Years of Service:	Source:
Other Income:	
Gross Life Insurance:	
Beneficiaries	
Beneficiaries	
and the state of t	
Are you a defendant in any lawsuits or legal action	? if so, describe below:
Are you a defendant in any lawballs of logarithm	
desire, debute, delete, desire, delete,	
Have you ever declared bankruptcy? if so, describe	e below:
Have you ever declared bank aproy.	
The state of the s	
Do you have any contingent liabilities? If so, descr	ibe below:
Do you have any contained in the same	
And the state of t	
and the state of t	40

SECTION 2 - STATEME	NT OF FINANCIAL	CONDITION AS OF:	19
ASSETS	DOLLARS (Omit Cents)	LIABILITIES	DOLLARS (Omit Cents)
Cash on Hand and in Banks		Notes Payable to BanksSecured	
		Notes Payable to Banks-Unsecured	
Notes Receivable	ANATO AND	Noles Payable to Others – Secured	
Real Estate (See Schedule A) Mortgages Owned	AND	Notes Payable to Others –Unsecured	
(list separately and check [✓] those pledged as collateral)		Debt Balance in Margin	
		Accounts with Brokers	
Marketable Securities			
(list separately and check [✓]		Loans Against Life Insurances	
those pledged as collateral)		Mortgages on Real Estate (See Schedule A)	
		Other Liabilities (Itemize)	
Cash-Value Life Insurance			
Other Assets * (Itemize)			
	MATE AND THE STREET		
		Total Liabilities	
		Net Worth	
TOTAL		TOTAL	

SC	SCHEDULE A					-	Original	Present Mortgage	Maturity Date
No	Address	*Title In Name Of	% of Ownership	Date Acquired	Market Value	Purchase Price	Mortgage Amt.	AMI.	ואומיתווי)
				6					
								TANALA CA CTA	
	TATE EXTENT OF YOUR INTEREST,	V MAUT OTHER THANK	ON STATE E	XTENT OF YOUR I	NTEREST, EXPLAI	NING ALL EFFORTS	S. CLAIMS OR DE	EXPLAINING ALL EFFORTS. CLAIMS OR DEBIS AGAINST NAME	
IF AN	IY TITLE TO REAL ESTATE IS IN ANY	NAME OTHER TANK							

(Pg. 3 of 3) SCHEDULE B - INCOME FROM PROPERTIES 5 3 Property No. (Refer to Schedule A) Present Annual Gross Income Not Including Vacancies & Concessions Less Total Operating Expenses & Property Taxes Net Income Less Amortization & Interest Payments Net Profit Net Rental Value of Present Vacancies Annual Rental Value of Space on which lease expires during next six months Net Profit Last Year Amount & Classes of Insurance Carried List Other Encumbrances, Debts, Taxes, Mortgage Installments or Interest past due: By whom are Present Mortgage(s) on Property hold? Any Mortgages endorsed or guaranteed? 11 so, by whom? List (circumstances of) any Litigation or Judgment(s) pending In connection with the above listed Properties: For the purposes of procuring and maintaining credit from time to time in any form whatsoever with you, the undersigned hereby represents the above to be a true and accurate Statement signed as of the date herein before set forth and agrees (i) that, if said Statement or any part thereof proves false or misleading in any particular, each and all of the obligations and /or liabilities of the undersigned of every kind to you, whether joint or several, primary or secondary, direct or contingent, shall, at your option, become immediately due and payable all without demand or notice of any kind and (ii) that you will be notified promptly in writing of any materially unfavorable changes in the financial conditions herein set forth and, in the kind and (ii) that you will be notified promptly in writing of any materially unfavorable changes in the financial conditions herein set forth and, in the absence of such notice or the submission to you of a new and full written Statement that may be considered as a continuing statement and substantially correct. Whenever the undersigned may apply to you for credit, and until a substitute Statement may have been submitted to you, this Statement shall have the same force and effect as if delivered at the time such further credit is required. Signature Date

Print or Type Name

Environmental Questio	anaire
List any prior or present non-residential uses of the property know to you. For any commercial type of business carried on and prior ones know to you.	
Are you aware of any underground storage tanks, for petroleum products or other substance, the property?	on or abutting
Are there any physical signs of contamination on or around the property?	
Are you aware of the use, storage, or presence of toxic or hazardous substances on the prope surrounding areas, now or at any time in the past?	rty or
Are you aware of any notices or any pending or threatened actions by any government agenc concerning hazardous waste or possible violation of environmental law?	y or private party

Contractor Questionnaire

A.		
Company Name		
Principal Office		
Principal Office Street	Borough/State	Zip Code
Telephone Number (Area Code)		
Federal Taxpayer I.D. No.	Please check of	ntionntip
President or Principal's Name		
Telephone No(Area Code)	Social Security No	
List principal members of your firm: Name		
B. The following information will re-		
How many years has your organize name?		•
How many years experience has year a) As a general contractor?	-	
3. Has your organization ever been kn If so, specify name, length of t	nown as another name? Yesime	
4. Where will your work in the state	?	
5. For jobs you are qualified for, do y Under \$50,000 \$ \$150,000 - 250,000 \$	ou prefer work in the range of: \$50,000 - \$150,000 Other, Indicate \$	

5. Bank reference	s (List at least two (2	2)):	0.00	Tolonhono	
Name of Bank	Mailing Address	11000	Officer	Telephone Number	
	(City/Zip Code)	Number		Tamou	
	,1			(0))	
	ces from current mate	erial suppliers (List	at least two	(2)): Telephone	
Company Name	Mailing Address	Amount of Credit Extended	Contact Person	Number	
	(City/Zip Code)	Cledit Extended	1 013011	Tumbor	
			:		
	1200				
8. Bonding Refer	ences (List bonding o	companies that hav	e bonded you	ur firm in the past):	
Company Name	Mailing Address	Amount of	Contact	Telephone	
	(City/Zip Code)	Bond/Bond	Person	Number	
		Number			
			1		
9 Public Liabilit	y No	Ex	piration Date	e:	
<i>5.</i> 1 doi:0 s/do:110	J				
10. Company:	- All Sarry	Telep	hone No	Area Code)	
			()	Area Code)	
		N.T.			
	Compensation Policy	No.:			
Expiration Da		- APPUTE			
retephone No	(Area Code)				
					1
		its suits or claims p	ending again	ist you or any principa	n in ye
organization?					
		- Marin III	4.000		

13. Has any princ	ipal, partner, or owne	er of the applicant e	ever been cor	nvicted of a crime (fel	ony or
)? Yes N				
If yes, please	specify the individua	l, his/her convictio	n, and the da	te and court of the co	nvictio
				· · · · · · · · · · · · · · · · · · ·	

14. List all rehabilitation projects (residential or residential/commercial) your organization has completed in the last (5) years: (use sheet attached or provide list with information included)

PLEASE ATTACH A COPY OF THE FOLLOWING:

If you are a corporation: Secretary of State	State Certificate of Incorporation – Filing receipt from the
If you are an individual doing busir	ness under another name: Business Certificate from County Clerk
If you are doing business as a partn	ership: A partnership certificate from county clerk
last year)	palance sheet and cash flow statement or income tax return (within
By my signature affixed below I attest to the best of my knowledge and beli-	et that the information contained on this form is accurate and truthful ef.
Signature of person completing this f	orm:
Business title and date:	

Company and Name of Principal/President

Rehabilitation Projects Completed in Last 5 Years

	 	 1	T	
Number of Dwelling Units				
Occupied or Number of Vacant Dwelling Units				
Scope of Work				
Contract Amount				
Person(s) To Contract Contact Amount Telephone Number(s)				
Name & Address of Owners				
Completion Date				
Start Date				
Address of Project				

LENDER'S

Guidelines for Construction Scope

- 1. Kitchen cabinets and vanities, where provided, should be made from wood (No flakeboard, pressboard, etc.).
- 2. In addition to the requirement of tile around bathtub, Lender requires tile at least wet wall (area behind sink and toilet) and along the side of the toilet bowl. Preferably, we like to see complete 4 ft. wainscot.
- 3. Window installations must be brick to brick and must include wood sills (or better).
- 4. Hardwood floors are required throughout apartments except kitchen and bath (#2 oak strip, at a minimum).
- 5. Vinyl tile is required in kitchen.
- 6. Vinyl tile (at a minimum) in upper public hallways, quarry tile (or similar) on the ground floor or existing tile preserved, through-out.
- 7. Roof: All existing roofing material must be stripped and removed.
- 8. Central heating is required in rental properties, preferably with separate hot water heater.
- All mechanical systems are expected to be replaced, including underground piping up to property line. New water and electric street services.
- 10. Security gates or fixed grills at all ground floor windows and security gates at those windows facing fire escapes.
- 11. Overhead light fixtures, except fire egress, to have full, sash-height child guards.
- 12. R-30 roof insulation with exterior wall insulation.
- 13. Steam cleaning of all facades that have street exposure.

Building Reserve Fund is established for each financed rehabilitated apartment building to provide a source of funds for capital improvements to the building during the term of lender's permanent mortgage loan. It is expected that the Fund will result in better housing for a building's residents, an important investment for the building's owner and a more secure mortgage loan for lender. Customarily, the Fund will accumulate during the early years of a lender mortgage and be tapped more frequently during the latter years.

- 1. **The Fund.** Each Borrower, during the term of Lender's permanent loan, is required to make monthly payments to the Fund. A borrower's annual payment to the Fund equals approximately 3% of the rehabilitated building's first year rent roll. The Fund's moneys are deposited by Lender in an interest-bearing account.
- 2. Capital Improvements. The Building Reserve Fund provides moneys for capital improvements, generally falling within two categories.
 - a. Systems replacement: Replacement of all or a portion of a major building system such as plumbing, wiring, boiler-burner, elevator, roof and windows. We would not expect these items to require upgrading during the beginning years of Lender's mortgage since they were the focus of attention during the building's rehabilitation.
 - b. Apartment upgrading: Often, the economic constraints of a building make it impossible to fund the complete upgrading of all apartments during the rehabilitation period. Such upgrading might involve the installation of gypsum board for ceilings and walls, where needed, floor replacement in kitchen or bathroom, additional kitchen cabinets or replacement of bathroom fixtures.
 - If borrower wishes to undertake a program of apartment upgrading which includes the above type of items, moneys from the Building Reserve Fund could be tapped for such a purpose.
- 3. What the Fund Does Not Cover. The Building Reserve Fund may not be used for ordinary maintenance, repair or replacement items. For example, such items as cyclical painting, elevator maintenance, ordinary repairs to the building's operating systems, replacement of an apartment's stove or refrigerator are examples of the type of work which Lender considers to be within an owner's ordinary maintenance responsibilities and outside the scope of the Fund.
- 4. **Application for the Moneys.** If a building owner wishes to undertake a capital improvement, the owner should inform Lender of the improvement <u>before</u> the work is performed in order to receive Lender's approval both for the work item and the amount which will be withdrawn from the Building Reserve Fund upon the satisfactory completion of the work.

When Lender decides that a capital improvement to the building is necessary, it may require the improvement to be made and paid with moneys from the Fund.