



ROYAL CAPITAL GROUP

Premier Commercial Financing Solutions

Principle Name:			Principle Tel:			Fax:		
Other:				E-mail Address:				
Broker Info:			Submission Date:			Broker Costs:		

Loan Summary

Borrower: _____ SS#: _____ Credit Score: _____.

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Residential Address: _____

Property Location: _____

Property Type: _____ # of Units: _____ Sq. Ft: _____

Property Description: _____ Owner Occupied: _____
Investment: _____

Purchase: _____ Refinance: _____ Purchase Price: _____ If Refinance: _____

Purchase Date: _____

Estimated Value: _____ Loan Amount: _____

Loan-to-Value: _____ Existing Mortgages: _____

Description of improvements: _____

% of Occupancy: _____

Monthly Rental Income:

List of all rented units: (Please use rent roll form or request one and we will provide you with one)

Total Monthly Rent: _____

Annual Expenses:

R.E Taxes: _____

Insurance: _____

Electric/Gas: _____

Water/Sewer: _____

Mgmt Expense: _____

Replacement

Res. _____

Other: _____

Total Expenses: _____

Total Annual Income:

Total Annual Income: _____

Gross Rental Income: _____

Less Vacancy Rate (5%): _____

Common Area Income: _____

Other: _____

Total Income: _____

Net Income _____.