



INCOME PROPERTY DOCUMENTATION MENU

(Commercial, Multi-Family & Mixed Use Properties)

THE FOLLOWING (15) ITEMS ARE REQUIRED FOR COMMITMENT CONSIDERATION

1.	COMMERCIAL REAL ESTATE LOAN MORTGAGE APPLICATION (ENCLOSED PAGE 1 OF 2)
2.	COMMERCIAL REAL ESTATE MORTGAGE APPLICATION QUESTIONNAIRE (ENCLOSED PAGE 2 OF 2)
3.	DEMOGRAPHIC INFORMATION ADDENDUM- (ENCLOSED, IF APPLICABLE)
4.	PERSONAL FINANCIAL STATEMENT (ENCLOSED - 3 PAGES)
5.	OFFICE OF FOREIGN ASSETS CONTROL (OFAC) FORM (ENCLOSED)
6.	COMMERCIAL RENT ROLL (ENCLOSED)
7.	RESIDENTIAL MONTHLY SCHEDULE OF INCOME/CERTIFIED RENT ROLL (ENCLOSED)
8.	GLOBAL CASH FLOW ANALYSIS (ENCLOSED)
9.	INCOME AND EXPENSE STATEMENT FOR PRIOR 3 YEARS (ENCLOSED)
10.	BIOGRAPHICAL BACKGROUND (ENCLOSED)
11.	BORROWER'S AUTHORIZATION TO RELEASE INFORMATION FORM (ENCLOSED)
12.	CURRENT REGISTRATION YEAR CERTIFIED DHCR APARTMENT SUMMARY
13.	COPIES OF ALL COMMERCIAL LEASES (IF APPLICABLE)
14.	COPY OF THE CONTRACT OF SALE (IF APPLICABLE)
15.	ONE PERCENT (1%) GOOD FAITH DEPOSIT (IF APPLICABLE)

THE FOLLOWING ITEMS ARE REQUIRED UPON SUBMISSION OF AN ACCEPTED COMMITMENT LETTER

16.	CORPORATE, PARTNERSHIP, LLC AND/OR INDIVIDUAL TAX RETURNS FOR 3 YEARS
17.	PARTENERSHIP AGREEMENT AND/OR CERTIFICATE OF INCORPORATION PLUS ALL AMENDMENTS
18.	LLC ARTICLES OF ORGANIZATION AND OPERATING AGREEMENT
19.	SIGNED VERIFICATION OF MORTGAGE FORM (ENCLOSED)
20.	COPY OF THE CERTIFICATE OF OCCUPANCY, DEED AND SURVEY
21.	COPY OF MOST RECENT REAL ESTATE TAXBILL FOR PROPERTIES OUTSIDE FIVE BOROUGHES
22.	SIGNED 4506T (1 TO 4 FAMILY)
23.	TENANT'S ESTOPPEL CERTIFICATE -Required for Commercial tenants only (ENCLOSED)
24.	ASSIGNMENT OF LEASE SCHEDULE A -Required for Commercial tenants only (ENCLOSED)
25.	COPIES OF INVESTMENT/BANKING STATEMENTS FOR ALL MEMBERS
26.	TITLE REPORT (DIRECTLY TO THE BANK'S ATTORNEY)
27.	AUTOMATIC PAYMENT PROGRAM ("APP")
28.	NEW ACCOUNT OPENING FORMS
29.	COPY OF OFFERING PLANS AND ALL AMENDMENTS TO THE PLAN, IF A COOPERATIVE

THANK YOU FOR CHOOSING FLUSHING BANK

COMMERCIAL REAL ESTATE LOAN MORTGAGE APPLICATION

"It is a crime to intentionally falsify information on this application"

DATE: _____

1st Mortgage
 2nd Mortgage
 LOC
 Purchase
 Rate/Term Refinance
 Cash Out Refinance

Purpose of Cash Out:

Home Improvement (details of improvements to be): _____
 Purchase of another property (please provide the address): _____
 Investments _____ Other _____

Applicant/Borrowing Entity: _____ Joint Credit Yes No

Applicant (s) Phone #: _____ Email: _____ Date of birth: _____

S.S. No. /Tax I.D. No.: _____ Title/Entity to be held in: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Name of Contact: _____ Phone #: _____ Email: _____

Principal(s): _____

Property Address: _____ City: _____ State: _____ Zip: _____

Apartment(s): ____ # of Rooms: ____ Commercial Unit(s): ____ Parking Space(s): ____ other: ____

Property Type: _____ Owner Occupied: _____ Investment: _____

Requested Loan Amount: _____ Product: _____ Interest Rate: _____

Term: _____ Amortization: _____

Purchase Price : _____ Date Acquired: _____ Original Cost: _____

Present 1st Mortgage held by: _____ Current Principal Balance: _____

Maturity Date: _____ Interest Rate: _____ Origination Date: _____ Original Amortization: _____

Present 2nd Mortgage held by: _____ Current Principal Balance: _____

Maturity Date: _____ Interest Rate: _____ Origination Date: _____ Original Amortization: _____

By signing below, you authorize Flushing Bank to obtain credit reports on all individuals with a 10% or more ownership interest through Equifax P.O. Box 740241, Atlanta, GA 30374, Experian, P.O. Box 949, Allen, TX 75013 or Trans Union, P.O. Box 390, Springfield, PA 19094. The undersigned furnishes the above information to induce the Flushing Bank to make a loan to be secured by the Owner's Bond and First Mortgage on the real estate described above. If the loan is approved by the Bank and accepted, the owner or applicant agrees to pay all costs in connection therewith. It is understood that the owner or applicant incurs no obligation if the Bank declines the loan. If your application for business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact the Commercial Real Estate Lending Dept. at 718-961-5400 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act

Applicant Signature: X _____ Co- Applicant Signature: X _____

Print Name: _____ Print Name: _____

Broker Co. _____ Broker Name: _____

Broker Phone # _____ Broker Email: _____

Applicant's Attorney: _____ Phone # _____ Email: _____

Managing Agent: _____ Phone # _____ Email: _____

COMMERCIAL REAL ESTATE LOAN MORTGAGE APPLICATION QUESTIONNAIRE

Contingent Liabilities:

	Yes	Amount	No
1. Are you a guarantor, co-maker or endorser for any Debt of an individual, LLC, Corporation or Partnership?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
2. Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
3. Are there any suits or legal actions pending against you?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
4. Are you contingently liable on any lease or contract?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
5. Are any of your tax obligations past due?	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
6. What would be your total estimate tax liability if you were to sell your major assets? If yes for any of the above (1 to 6 questions), give details: _____	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>
7. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? If yes, what year(s): _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
8. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? If Yes, Please provide details: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
9. Have you drawn a Will? If yes, please furnish the name of the executor(s) and year Will was drawn: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
10. Number of dependents (excluding self) and relationship to applicant: _____			
11. Have you ever had a financial plan prepared for you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
12. Did you include two years federal and state tax return?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
13. Do (either of) you have a line of credit or unused credit facility at any other institution(s)? If Yes, Please indicate where, how much, and name of banker: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
14. Do you anticipate any substantial inheritances? If Yes, Please Explain: _____	<input type="checkbox"/> Yes		<input type="checkbox"/> No
15. Are you an Executive Officer, Director, or Principal Shareholder of Flushing Financial Corporation, a Bank Holding Company of which Flushing Bank is a Subsidiary, (or to a related interest of such person) and of any other subsidiary of Flushing Bank Holding Company?	<input type="checkbox"/> Yes		<input type="checkbox"/> No

Declarations:

	Borrower		Co-Borrower	
1. Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a Permanent Resident Alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information Contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an up dated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

The following information is to the best of my knowledge true and complete.

Applicant/Guarantor Signature _____ Date: _____

Co-Applicant Signature _____ Date: _____

Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

Demographic Information of Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations requires us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application.

Instructions: You may select one or more "Hispanic or Latino" origins and one or more designations for "Race". If you do not wish to provide some or all of this information, select the applicable check box.

Ethnicity

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino- *Enter origin:* _____
Examples: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.
- Not Hispanic or Latino
 I do not wish to provide this information

Sex

- Female
 Male
 I do not wish to provide this information

Race

- American Indian or Alaska Native-*Enter name of enrolled or principal tribe:* _____
- Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian- *Enter race:* _____
Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.
- Black or African American
- Native Hawaiian or Other Pacific Islander
 Native Hawaiian
 Guamanian or Chamorro Samoan
 Other Pacific Islander- *Enter race:* _____
Examples: Fijian, Tongan, etc.
- White
 I do not wish to provide this information

To be completed by Financial Institution (for application taken in Person):

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname? No Yes
 Was the sex of the Borrower collected on the basis of visual observation or surname? No Yes
 Was the race of the Borrower collected on the basis of visual observation or surname? No Yes

The Demographic Information was provided through:

- Face-to-Face Interview (includes Electronic Media w/Video Component)
 Telephone Interview
 Fax or Mail
 Email or Internet

Demographic Information Addendum. This section asks about your ethnicity, sex, and race.

Demographic Information of Co-Borrower

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, federal law requires that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. **The law provides that we may not discriminate** on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, federal regulations requires us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application.

Instructions: You may select one or more "Hispanic or Latino" origins and one or more designations for "Race". If you do not wish to provide some or all of this information, select the applicable check box.

Ethnicity

- Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic or Latino- *Enter origin:* _____

Examples: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.

- Not Hispanic or Latino
 I do not wish to provide this information

Sex

- Female
 Male
 I do not wish to provide this information

Race

- American Indian or Alaska Native-*Enter name of enrolled or principal tribe:* _____
 Asian

- Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian- *Enter race:* _____

Examples: Hmong, Laotian, Thai, Pakistani, Cambodian, etc.

- Black or African American
 Native Hawaiian or Other Pacific Islander

- Native Hawaiian
 Guamanian or Chamorro Samoan
 Other Pacific Islander- *Enter race:* _____

Examples: Fijian, Tongan, etc.

- White
 I do not wish to provide this information

To be completed by Financial Institution (for application taken in Person):

- Was the ethnicity of the Borrower collected on the basis of visual observation or surname? No Yes
 Was the sex of the Borrower collected on the basis of visual observation or surname? No Yes
 Was the race of the Borrower collected on the basis of visual observation or surname? No Yes

The Demographic Information was provided through:

- Face-to-Face Interview (includes Electronic Media w/Video Component)
 Telephone Interview
 Fax or Mail
 Email or Internet

PERSONAL FINANCIAL STATEMENT AS OF _____

Personal Information					
APPLICANT (NAME)			CO-APPLICANT (NAME)		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	No. of Years with Employer:	Title/Position	Business Phone No.	No. of Years with Employer:	Title/Position
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Name, Phone No. of your Accountant			Name, Phone No. of your Accountant		
Name, Phone No. of your Attorney			Name, Phone No. of your Attorney		
Name, Phone No. of your Investment Advisor/Broker			Name, Phone No. of your Investment Advisor/Broker		
Name, Phone No. of your Insurance Advisor			Name, Phone No. of your Insurance Advisor		

Cash Income & Expenditures Statement For Year Ended

Omit cents)

Annual Income	Amount(\$)	Annual Expenditures	Amount(\$)
Salary (applicant)		Federal Income and Other Taxes	
Salary (co-applicant)		State Income and Other Taxes	
Bonuses & Commissions (applicant)		Rental Payments, Co-op or Condo Maintenance	
Bonuses & Commissions (co-applicant)		Mortgage Payments Residential	
Rental Income		Mortgage Payments Investments	
Interest Income		Property Taxes Residential	
Dividend Income		Property Taxes Investments	
Capital Gains		Interest & Principal Payments on Loans	
Partnership Income		Insurance	
Other Investment Income		Investments (including tax shelters)	
Other Income (List)**		Alimony/Child Support	
		Tuition	
		Other Living Expense	
		Medical Expenses	
		Other Expense (List)	
Total Income	\$ 0.00	Total Expenditures	\$ 0.00

Apply significant changes expected in the next 12 months? NO YES, (If yes, attach information.) ** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Assets	Amount(\$)	Liabilities	Amount(\$)
Liquid Assets in this Bank (including checking, Savings, MMA, CDs etc....)		Notes Payable to this bank	
		Secured	
		Unsecured	
Readily Market Securities (Schedule A)		Accounts payable (including credit cards)	
Non-Readily Marketable Securities		Margin Accounts	
Accounts and Notes Receivable		Notes Due: Partnership (Schedule D)	
New Cash Surrender Value of Life Insurance		Taxes Payable	
Residential Real Estate		Mortgage Debt (Schedule C)	
Real Estate Investments		Life Insurance Loans (Schedule B)	
Partnerships/PC Interests (Schedule E)		Other Liabilities (List :)	
IRA, Keogh, Profit-Sharing & Other Vested			
Deferred income (number of years deferred)			
Personal Property (including automobiles)			
Other Assets (List)			
		Total Liabilities	\$ 0.00
Total Assets	\$ 0.00	Net Worth	\$ 0.00

Schedule A- All Securities (Including non-money market mutual funds)

No. of Shares (stocks) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledge:	
						Yes	No

Readily Marketable Securities (including U. S. Government and Municipals)*

						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Non –Readily Marketable Securities (Closely held, thinly traded or restricted stock)

						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B Insurance

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender	Amount Borrowed	Ownership
Disability Insurance			Applicant		Co-Applicant	
Monthly Distribution if Disabled						
Number of Years Covered						

Schedule C - Partnerships (less than majority ownership for real estate partnerships)*

Type of Investment	Date of initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on partnerships: Notes, Cash Call	Final Contribution Date
Investments (including Tax Shelters):						

*Note: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in case of partnership investments or S-Corporations, schedule K-1s.

Schedule D- Notes Payable

Due to	Type of Facility	Amount of Line	Secured		Collateral	Interest Rate	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

The following information is to the best of my knowledge true and complete.

Signature: _____ Date: _____

Note: for Real Estate Owned, please complete the Real Estate Schedule Global Cash Flow Analysis

OFFICE OF FOREIGN ASSETS CONTROL (OFAC) FORM

The following Borrowing entity is a Partnership/LLC Corporation Limited Partnership Other

Name of Borrowing Entity: _____

Mailing Address: _____

Tax ID: _____

The following is a complete list of all partners, principals, or corporate officers, including social security numbers with percentage owned indicated). This does not apply to Cooperative Corporation.

Name	Social Security #	Home Address	Phone #	% Owned	Title

Does this corporation, its shareholder’s partnerships, its respective partners, or members, own any other property that is mortgaged by Flushing Bank, (FB)? No Yes If “yes”, list the names of the principals, shareholders, or partners, address of each property, current balance, mortgage number, and percentage owned.

Name	Property Address	Mortgage Amount	Mortgage Number	% Owned

If additional space is required, kindly complete this page again and "save as" page 2. Be sure to sign and date each page when required.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT- to help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account or apply for a loan, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I hereby certify that the information above represents a complete list of all partners and principals, and that the information indicated is true and correct.

Certified By: _____

Date _____

(Please sign name above)

Commercial Rent Roll

Property Address: _____

As of _____

COMMERCIAL													
	TENANT	UNIT REF #	SQ/FT	% OCCUP.	MONTHLY RENT	ANNUAL RENT	RENT PSF	LEASE START	LEASE END	ANNUAL REIMBURSEMENTS			
										CAM	TAXES	INS	OTHER
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
	# of Units:		0.00	0.00	\$ 0.00	\$ 0.00	\$ 0.00			\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

I here attest that the above stated rent roll is true and accurate to the best of my

knowledge **X**

Signature of the Borrower/Guarantor

Date: _____

Title: _____

Print Name: _____

INCOME AND EXPENSE STATEMENT

PROPERTY ADDRESS: _____

	ACTUAL 2014	ACTUAL 2015	ACTUAL 2016	PROFORMA
INCOME:				
Apartments				
Stores				
Offices				
Parking				
Other				
TOTAL INCOME	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
EXPENSES:				
Real Estate Taxes				
Water & Sewer				
Insurance				
Utilities				
Fuel (Gas/Oil)				
Payroll/Labor				
Repairs/Maintenance				
Int/Exterior Decorating				
Replacement & Reserve				
Accounting/legal				
Supplies				
Management				
Miscellaneous				
Other:				
If other expenses, use additional page				
TOTAL EXPENSE	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
NET OPERATING INCOME (BEFORE DEBT SERVICE)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

If additional space is required to itemize other expenses, kindly complete the form again and save as page 2+ as needed. Be sure to sign each page where required. I hereby certify that the above information to the best of my knowledge is true and complete.

Signature: _____ Date: _____

Biographical Background

Principal: _____

Subject Property: _____

**Description of
Primary Business/
Background:** _____

**Describe
Real Estate Experience:** _____

**Describe Current
Real Estate Portfolio:** _____

**Other Pertinent
Information:** _____

Please Complete Appropriate Section if Additional Space Required.

BORROWER'S AUTHORIZATION TO RELEASE INFORMATION FORM

I (We) hereby authorize Flushing Bank to verify my (our) past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my (our) loan application.

I (We) further authorize Flushing Bank to order a consumer credit report, and verify other credit information, including but not limited to any past or present mortgages, and any landlord references.

It is understood that a photocopy of this authorization may be used by Flushing Bank in lieu of the actual signed authorization form and I (we) request that the photocopy be accepted as original signed authorization.

The information that Flushing Bank obtains is only to be used in the processing of my (our) application for a loan.

Borrower (Print Name)

Co-borrower (Print Name)

Borrower Signature Date

Co-Borrower Signature Date

Address

Address

City, State, Zip Code

City, State, Zip Code

Social Security Number

Social Security Number

Date of Birth

Date of Birth

REQUEST FOR VERIFICATION OF MORTGAGE

DATE: _____

NAME OF MORTGAGEE: _____

ADDRESS OF MORTGAGEE: _____

RE: Premises: _____

Mortgage Number: _____

I hereby authorize the furnishing of this information: _____
Borrower Signature

To Whom It May Concern:

An application for extension of credit has been made to us by the by the above captioned borrower and we are anxious to verify the mortgage account held by your institution. Kindly complete this form and return it to the undersigned as soon as possible.

Your cooperation is greatly appreciated.

Sincerely,

Flushing Bank Commercial Real Estate

Opening Date: _____

Original Amount: \$ _____

Present Balance: \$ _____

Monthly Payment: \$ _____

Does it include taxes? Yes No

Payment Record Excellent Good
 Fair Poor

of payments delinquent in the past 12 months: _____

Loan is paid thru: _____

Current Status: _____

Completed By: _____

Title: _____

TENANT'S ESTOPPEL CERTIFICATE

PREMISES: _____

LANDLORD: _____

TENANT: _____

LEASE COMMENCEMENT DATE: _____ **TERMINATION DATE:** _____

The undersigned, being the Tenant under a certain lease dated _____ hereby certifies, warrants and represents to *Flushing Bank, FB* that:

- a. The above lease (the "Lease") is in full force and effect in accordance with its respective terms, and has not been modified, amended, changed in any manner, renewed or extended. The term of the Lease commenced on _____;
- b. To the best of Tenant's knowledge, there is no outstanding and uncured claim of default under the Lease on the part of either party thereto and Landlord has not served any written notice of default on Tenant;
- c. The Tenant has not asserted any defense, setoff or counterclaim with regard to its tenancy or its Lease; and no action proceeding or arbitration is pending with the tenant in respect of its tenancy or its Lease;
- d. No rent or additional rent under the Lease has been prepaid for more than one month, and there are no arrears in the payment of rents or additional rent for more than one month;
- e. The Premises are being used as a _____ and for no other purpose;
- f. There are no written or oral promises, understandings or commitments between Landlord and Tenant other than those contained in the Lease;
- g. As of the date hereof, monthly rent under the Lease in the sum of \$ _____ has been paid through _____. All taxes, charges and additional rent which the Tenant is required to pay under the Lease through the date hereof have been paid and Tenant has not received any notice or demand from the Landlord for any payments which have not been paid;
- h. To the best of Tenant's knowledge, the use, maintenance or operation of the Premises complies with, and will at all times comply with, all applicable federal; state, county or local statutes, laws, rules and regulations of any governmental authorities relating to environmental health or safety matters. Tenant does not now and does not plan to use the Premises for any activities which, directly or indirectly, involve the use) generation, treatment, storage, transportation or disposal of any petroleum product or any toxic hazardous chemical, material, substance, pollutant or waste; and
- i. The undersigned has deposited the sum of \$ _____ with the Landlord as and for security for the payment of rent and compliance with the terms of Lease as provided therein;
- j. Tenant acknowledges that Landlord is refinancing the mortgage loan encumbering the Premises and that the information set forth in this Certificate will be relied upon by the parties to said refinancing.

In witness whereof, the undersigned has executed or has caused this Certificate to be executed by its duly authorized representative this _____ Day of 20 ,

TENANT _____
Signature of Tenant

Title _____

STATE OF NEW YORK)
COUNTY OF NEW YORK) SS.

On the _____ day of _____, 20 , before me, the undersigned, a Notary Public in and for the State of New York, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to one the individual whose name is subscribed to the within instrument and acknowledged to me that he execute the same in his capacity, and that by his signature-on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

X _____
Notary Public

ASSIGNMENT OF LEASE SCHEDULE A

LESSOR: _____

ADDRESS: _____

LESSEE: _____

ADDRESS: _____

ADDRESS OF THE PROPERTY AND UNIT NO.: _____

TERM OF LEASE: _____

COMMENCEMENT DATE: _____

TERMINATION DATE: _____

PRESENT ANNUAL RENTAL: _____

TENANTS ADDITIONAL CHARGES: _____

LEASE IS SUBORDINATE TO MORTGAGE AS PROVIDED FOR PURSUANT TO PARAGRAPH OF LEASE

LEASE PROVIDES THAT THERE (IS) (IS NOT) AN OPTION TO RENEW

OPTION ANNUAL RENTAL: _____

TERM : _____

COMMENCEMENT DATE: _____

TERMINATION DATE: _____

Reviewed by: _____

AUTOMATIC PAYMENT PROGRAM (“APP”)

Do you want to save time and postage every month?

Explore Flushing Bank's Free Automatic Payment Program (APP).

HOW DOES THE PROGRAM WORK?

Once you sign up with APP, we will automatically deduct your mortgage payment from your checking or savings account each month. We will send notification to your bank to transfer the exact amount of your mortgage payment on the date you choose in the form below, from your checking or savings account to us. You will receive information about the transaction each month on your regular bank statement.

WHAT ARE THE ADVANTAGES?

Convenience. You will no longer have to write a check each month for your mortgage payment. No Checks. No stamps. No envelopes. No trips to the mail box. APP will save you time and money.

Security. You'll have peace of mind knowing that your monthly mortgage payment was made automatically and on time. You won't have to worry about forgetting to mail your check.

APP IS FREE AND EASY

There is absolutely no charge for our APP service. We offer it to our Customers because it assures prompt and accurate mortgage payments. It is simply more convenient for you and us.

CAN I STILL MAKE ADDITIONAL PRINCIPAL PAYMENTS OR ESCROW DEPOSITS?

Yes! If you want to make additional payments, either designate below the amount of the principal curtailment to be withdrawn in addition to your monthly payment, or simply mail a check for the desired amount the first week of the month. Additional escrow can be mailed anytime. Please include your mortgage account number and the words “additional principal” or “escrow deposit” on the face of your check.

HOW CAN I BEGIN THIS CONVENIENT SERVICE?

It's very simple. Just fill out the authorization agreement and return it to us. **Please enclose a voided blank check or savings account deposit slip with the authorization agreement. Simply write “void” across the face of your check or a savings deposit slip from a current savings account.** The authorization agreement and your voided check or savings deposit slip will give us the accurate information we need to begin your APP service and start saving you time and postage.

We will notify you in writing which month's payment will begin your APP service. Usually, processing takes about 45 days. However, please continue to make your normal mortgage payments, UNTIL YOU ARE NOTIFIED BY FLUSHING BANK WITH A CONFIRMATION LETTER.

If you have any questions, please call us toll free at 1-888-809-8921. One of our Customer Service Representatives will be happy to answer your questions or provide you with more information.

CAN I CANCEL THE APP SERVICE?

The APP service may be canceled by sending us a written notice 30 days prior to your next due date, to the address listed below.

WHAT HAPPENS IF I CHANGE MY BANK?

If you move your checking or savings account from your current bank to another one, you need to complete a new authorization agreement and mail it to us along with a “voided” blank check or savings account deposit slip, prior to the 10th of the month. You can request an additional form by calling our Customer Service Department toll free at 1-888-809-8921. When we receive the new form and your “voided” check or savings account deposit slip, please allow 2 to 3 weeks for the change to take place. We will notify you when the APP service will begin on your new account.

**PLEASE RETAIN THIS PAGE FOR YOUR RECORDS
AUTHORIZATION AGREEMENT FOR MONTHLY AUTOMATIC PAYMENT
FLUSHING BANK, 1 CORPORATE DR. SUITE 360 LAKE ZURICH, IL 60047-8945**

I (we) hereby authorize Flushing Bank, and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called THE LENDER) to initiate mortgage payment debit entries (which may vary from the amount indicated below with future changes in escrow, principal and interest components, as applicable) to my (our) Checking or Savings Account indicated below and the depository named below to debit the same to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send THE LENDER the total monthly payment due, plus any late charge(s) or other fees due under my mortgage. I (we) authorize THE LENDER to electronically credit my (our) account if necessary, to correct erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with federal law.

This authorization is to remain in full force and effect until THE LENDER has received written notification from me (us) of its termination in such time and in such manner as to afford THE LENDER a reasonable opportunity to act upon it. THE LENDER may terminate this agreement at any time, with written notice sent to me.

PLEASE CONTINUE TO MAIL YOUR PAYMENTS UNTIL WE NOTIFY YOU OF YOUR DRAFT DATE

AUTOMATIC PAYMENT PROGRAM ("APP")

Mortgage Loan Number: _____

I (we) hereby authorize Flushing Bank, and its successors, assigns, authorized agents or any entity servicing my loan on their behalf (hereinafter called THE LENDER) to initiate mortgage payment debit entries (which may vary from the amount indicated below with future changes in escrow, principal and interest components, as applicable) to my (our) Checking or Savings Account indicated below and the depository named below to debit the same to such account. I (we) understand that if any debit entries under this authorization are returned for insufficient funds or otherwise dishonored, I (we) will promptly send THE LENDER the total monthly payment due, plus any late charge(s) or other fees due under my mortgage. I (we) authorize THE LENDER to electronically credit my (our) account if necessary, to correct erroneous debits. I (we) agree that ACH transactions I (we) authorize comply with federal law.

DEPOSITORY INSTITUTION INFORMATION:

NAME: _____

CITY: _____

STATE: _____

ZIP CODE: _____

ACCOUNT NUMBER: _____

ABA ROUTING NUMBER:

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ACCOUNT TYPE: CHECKING: or SAVINGS:

DATE: _____

NAME(S) ON BANK ACCOUNT: _____

SIGNATURE: (ACCOUNT HOLDER): _____

SIGNATURE (CO-HOLDER): _____

DATE OF WITHDRAWAL: PLEASE CHOOSE THE NUMBER OF DAYS AFTER YOUR PAYMENT DUE DATE (INDICATED ON YOUR MORTGAGE NOTE) THAT YOU WOULD LIKE THE PAYMENT TO BE DRAFTED.

0 1 2 3 4 5

DAYS AFTER PAYMENT DUE DATE.

BORROWER INFORMATION:

DAY PHONE: _____

EVENING PHONE: _____

PAYMENT INFORMATION:

MONTHLY PAYMENT AMOUNT: \$ _____

ADDITIONAL PRINCIPAL IF ANY: \$ _____

This authorization is to remain in full force and effect until THE LENDER has received written notification from me (us) of its termination in such time and in such manner as to afford THE LENDER a reasonable opportunity to act upon it. THE LENDER may terminate this agreement at any time, with written notice sent to me.

PLEASE CONTINUE TO MAIL YOUR PAYMENTS UNTIL WE NOTIFY YOU OF YOUR DRAFT DATE

[PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP HERE]

Please enclose a voided blank check or savings account deposit slip with the authorization agreement. Simply write "void" across the face of your check or a savings deposit slip from a current savings account.

PLEASE RETURN THIS FORM TO THE FOLLOWING ADDRESS OR FAX NUMBER FOR PROCESSING:

**FLUSHING BANK
 ATTENTION: DRAFTING
 1 CORPORATE DRIVE, SUITE 360
 LAKE ZURICH, IL 60047-8945**

FAX NUMBER: (847) 550-7425