

VCC Account Executive:		Dave Ryan				[Date:			
BROKERINFORMATION										
Company Name:				Contact	: Name:					
Phone:				Fax:	Fax:					
Alternate Phone:				Email:						
Address:				City:				State:	Zip:	
BORROWER(S) INFORMATION										
Borrower:				Mid FIC	O:					
Co-Borrower:				Mid FIC	O:					
Borrower(s) will be: Individual(s) Corporation (C Corp.) LLC LP/LLP S Corp. Other:										
Name of Borrowing Entity [Name(s) in which title will be held] :										
PROPERTYINFORMATION										
Address:				City:				State:	Zip:	
Property Type:		Class I:	maily5+ Units	□ Mixed-Use	□ 1-4 Inv	estor				
		Class II: Office Retail Warehouse Self-Storage								
		☐ Mobile Home Park ☐ Automotive Service (w/out Gas Station)								
		If refi, when was property acquired?								
Number of Units:		Occupancy %:	Ov	wner Occupied	? □ Yes	□ No	**If Yes,	Owner Occup	ancy %:	
PROJECTED TRANSACTION										
Loan Purpose: Rate/Term Refinance Cash-Out Refinance										
If a Refinance, does the borrower own the property free and clear? ☐ Yes ☐ No **If No, amount owed: \$										
Desired Fixed Period: 3-Year Amortization: 30 – Year										
Requested Loan Amount: \$			Estimated Prop. Value/Price: \$						LTV %:	
Desired Rate %:		Comments:	•			•				
ADDITIONAL DOCUMENTS ATTACHED										
Borrower Data: (*required to receive a quote)			Transactional Forms:				Property Data:			
□ 1003*			ACH Debit Authorization				□ Rent Roll/Leases			
□ Credit Report*			 Purchase Agreement 				□ Operating Statements			
Loan Purpose:										
Requested Loan Amount: \$ Desired Rate %: Comments: ADDITIONAL DOCUMENTS ATTAC Borrower Data: (*required to receive a quote) 1003* Credit Report*			Estimated Prop. Value/Price: \$ H E D Transactional Forms: ACH Debit Authorization			:\$	Property Data: Rent Roll/Leases			