

# COMMUNITY FEDERAL SAVINGS BANK

## REFINANCE

1. **Property Address:** \_\_\_\_\_

**Cross Street(s):** \_\_\_\_\_ **a/k/a Address:** \_\_\_\_\_

2. **Borrower(s):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

3. **Mortgage Amount Requested:** \$ \_\_\_\_\_

4. **Mortgage Balance:** \$ \_\_\_\_\_ **Est. Value:** \$ \_\_\_\_\_

**Current Mortgage and address:** \_\_\_\_\_

5. **Cashout:** Yes \_\_\_\_\_ No \_\_\_\_\_

6. **Terms requested:** \_\_\_\_\_

7. **Property Type:** Multi-Family / Mixed-Use / Commercial / Other: \_\_\_\_\_

8. **Description of Property:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_ **Plot Size:** \_\_\_\_\_

**Total Square Footage of Building:** \_\_\_\_\_

9. **Type of Apartments/Units in subject property:**

Apartments/Units: \_\_\_\_\_ Store(s): \_\_\_\_\_ Office(s): \_\_\_\_\_ Other: \_\_\_\_\_

Number of Buildings: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Garage(s): \_\_\_\_\_

Parking Spaces: \_\_\_\_\_ Basement: \_\_\_\_\_ Laundry Room: \_\_\_\_\_

Finished/Unfinished

10. **% of income from Commercial Units:** \_\_\_\_\_

11. **Leases?** Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

**Rent Controlled Apts./Units?** Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

**Owner Occupied Apts./Units?** Yes \_\_\_\_\_ No \_\_\_\_\_ How Many? \_\_\_\_\_

12. **RENT ROLL = (Please see Attached)**

Please list each Apt. Number the individual Tenant (if applicable), Square Footage (if applicable), Number of Bedrooms, Apt. Status, Lease Expiration Date and Amount of Monthly Rent Paid.

**This information is required in order to submit your inquiry to the Bank for review.**

Please complete the attached Rent Roll and Operating Statement in their entirety. The Bank will not proceed if this information is not provided.

*Please fax to (718) 847-6444*