



COMMERCIAL CONSTRUCTION QUESTIONNAIRE

APPLICANT #1's INFORMATION				APPLICANT #2's INFORMATION					
Applicant's Name:				Applicant's Name:					
Address:				Address:					
Phone :		Fax:		Phone :		Fax:			
Email:				Email:					
Contact Name:				Contact Name:					
Type of Ownership/Company:				Type of Ownership/Company:					
Is this the sole asset of the borrowing entity? If no, what other assets are there?		<input type="checkbox"/>	<input type="checkbox"/>	Is this the sole asset of the borrowing entity? If no, what other assets are there?		<input type="checkbox"/>	<input type="checkbox"/>		
Net Worth:		Liquidity:		Net Worth:		Liquidity:			
# of Commercial Construction Projects Completed:				# of Commercial Construction Projects Completed:					
LOAN REQUEST INFORMATION									
Amount Requested:									
Term:		Amortization:		Acquired Land?:	Yes <input type="checkbox"/>	Purchase Date:		Price:	
Interest Rate:		Cash Invested:			No <input type="checkbox"/>	Contract Date:		Price:	
Current Value of Property:									
Use of Funds:									
Reason for Financing:									
PROPERTY INFORMATION									
Property Name and Address:									
Estimated Absorption: 2008:		2009:				2010:			
Total Square Footage Proposed:				Estimated Value:					
Current Balance of Existing Debt:				Total Land Area:					
Current Lender				Balance of 2nd & 3rd Mortgages:					
Current Interest Rate:				Current Payment:					
Current Loan Maturity Date:				Current Amortization:					
Name of Largest Tenant:				Average Length of Leases (In Months):					
Average Market Rents/Sq. Foot:				Number of Parking Spaces Proposed:					
Estimated Market Occupancy:				Estimated Market Expense/Sq. ft.:					
Will it be Professionally Managed?				By Whom:					
Select all that apply:		<input type="checkbox"/> Master-Metered		<input type="checkbox"/> Sub-Metered		<input type="checkbox"/> Ground Lease			
		<input type="checkbox"/> Anchored		<input type="checkbox"/> National Tenants		<input type="checkbox"/> Local Tenants			
PROPOSED PROPERTY TYPE									
Type	# of Units	# Pre-Leased/ Pre-Sold	Subtype	Type	# of Units	# Pre-Leased/ Pre-Sold	Subtype		
<i>Multifamily</i>			Select One	<i>Healthcare</i>			Select One		
<i>Office</i>			Select One	<i>Gas Station</i>			Select One		
<i>Retail</i>			Select One	<i>Golf Course</i>			Select One		
<i>Industrial</i>			Select One	<i>Church</i>			Select One		
<i>Hospitality</i>			Select One	<i>Other</i>					

CONSTRUCTION INFORMATION

Type of Improvements:	<input type="checkbox"/>	New Building	Description of Work:			
	<input type="checkbox"/>	Addition				
	<input type="checkbox"/>	Remodel				
	<input type="checkbox"/>	Change of Use				
	<input type="checkbox"/>	Demolition of a Building				
	<input type="checkbox"/>	Other				
Builder Description	<input type="checkbox"/>	Commercial General Contractor	Contractor License #:			
	<input type="checkbox"/>	Residential General Contractor	Contractor License #:			
	<input type="checkbox"/>	Owner/Builder	Contractor License #:			
	<input type="checkbox"/>	Commercial Remodeler	Contractor License #:			
Builder's Name:			Any Losses in Past 5 Yrs?:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount: \$	
Total # of Structures Built:	2004	2005	2006	2007		
Construction Soft Costs:			Start Date of Project			
Construction Hard Costs:			Estimated Length of Project			
Land Costs:			If Construction has begun, indicate percentage completed:			
Total Costs:			# of Structures:	Units Per Structure:	Distance Between Structures:	
Total Cash Into Project:						
Total Equity In Project:			Start Date(s) of Each Structure:			
For Commercial Remodels and Tenant Finishes			EQUIPMENT			
Is the remodel/tenant finish for existing tenant or new? New <input type="checkbox"/> Existing <input type="checkbox"/>		Manufacturer:				
If for a new tenant, is this the first tenant to occupy this space?		Total Equipment Cost:				
Are there any exterior elevation changes associated with the work?						
TO SUBMIT YOUR REQUEST			FOR A PRELIMINARY REVIEW, PLEASE SEND THE FOLLOWING ITEMS			
Please type the answers to the requested information and submit this Questionnaire via email at: andrew@westcapitalfunding.com Please also forward the requested documents on the checklist provided via email to: andrew@westcapitalfunding.com Name of Person Submitting Request: <input style="width: 100%;" type="text"/> Company of Person Submitting Request: <input style="width: 100%;" type="text"/> Phone # of Person Submitting Request: <input style="width: 100%;" type="text"/> Email of Person Submitting Request: <input style="width: 100%;" type="text"/>			<input type="checkbox"/>	Brief Project Description (Executive Summary, Business Plan and/or Project Pro Forma)		
			<input type="checkbox"/>	Property Location Maps and Site Maps		
			<input type="checkbox"/>	Color Photographs of Property		
			<input type="checkbox"/>	Construction Plans and Specs		
			<input type="checkbox"/>	Construction Budget Breakdown (Soft and Hard Cost Breakdown)		
			<input type="checkbox"/>	Pro Forma Operation Statement for Lease Up and Stabilization		
			<input type="checkbox"/>	Cash Flow Pro Forma		
			<input type="checkbox"/>	General Contractor's Resume		
			<input type="checkbox"/>	Resume of Owner(s)/ Applicant(s) and Management		
			<input type="checkbox"/>	Recent Financial Statement of Owner(s), Partner(s), Applicant(s), Investor(s)		
			<input type="checkbox"/>	Purchase Agreement (if applicable) and Escrow Instructions for Land		
<input type="checkbox"/>	Appraisal and/or Feasibility Study					
<input type="checkbox"/>	Exit Strategy					