

RETAIL PURCHASE AND REFINANCE QUESTIONNAIRE

| APPLICANT'S INFORMATION | | | | LOAN REQUEST INFORMATION | | | |
|---|--|------------|--|---|--|---------------|--|
| Applicant's Name: | | | | Amount Requested: | | | |
| Address: | | | | Term: | | Amortization: | |
| | | | | Interest Rate: | | Cash Down: | |
| Phone : | | Fax: | | Current Value of Property: | | | |
| Email: | | | | Use of Funds: | | | |
| Contact Name: | | | | | | | |
| Type of Ownership/Company: | | | | | | | |
| Is this the sole asset of the borrowing entity? | <input type="checkbox"/> <input type="checkbox"/> | | | Reason for Financing: | | | |
| Net Worth: | | Liquidity: | | | | | |
| Number of Retail Spaces currently owned: | | | | | | | |
| PROPERTY INFORMATION | | | | | | | |
| Property Name and Address: | | | | | | | |
| Type of Property: | | | | # of Units | | | |
| # of Months Owned: | | | | Year Built: | | | |
| Current Occupancy: | | | | Est. of Value: | | | |
| Occupancy for: YTD 2005: | YTD 2006: | | | YTD 2007: | | | |
| Original Purchase Price: | | | | Cash Invested Since Purchase: | | | |
| Current Balance of Existing Debt: | | | | Balance of 2nd & 3rd Mortgages: | | | |
| Current Lender | | | | Gross Sq. Ft & Total Land Area: | | | |
| Current Interest Rate: | | | | Current Payment: | | | |
| Current Loan Maturity Date: | | | | Current Amortization: | | | |
| 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 | | | | | | |
| Name of Largest Tenant: | | | | | | | |
| Prior Years of Gross Sales: | | | | Sq. Footage Occupied: | | | |
| Average Market Rents/Sq. Foot: | | | | Number of Parking Spaces: | | | |
| Estimated Market Occupancy: | | | | Estimated Market Expense/Sq. ft.: | | | |
| 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 | | | | <input type="checkbox"/> Brief Property Description | | | |
| | | | | <input type="checkbox"/> Property Location Maps and Site Maps | | | |
| Please also forward the requested documents on the checklist provided via email to: andrew@westcapitalfunding.com | | | | <input type="checkbox"/> Color Photographs, in and around the Property | | | |
| | | | | <input type="checkbox"/> Current Rent Roll showing Square Footage, Tenant Names, Lease Amounts, CAM's Percentage Rents, Beginning and Expiration date of the leases and any comments if necessary | | | |
| Name of Person Submitting Request: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | <input type="checkbox"/> Three most recent and YTD certified annual operating statements | | | |
| Phone # of Person Submitting Request: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | <input type="checkbox"/> Resume of Owner(s)/ Applicant(s) and Management | | | |
| Email of Person Submitting Request: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | | | | <input type="checkbox"/> Recent Financial Statement of Owner(s), Tenants, General Partner(s), Applicant(s) | | | |
| | | | | <input type="checkbox"/> Purchase Agreement (if applicable) | | | |