

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