



International Commercial Capital Corp.

www.icccloans.com

(888) 942-6807



Please fill out this form or provide alternative documentation to receive:

_____ Market Evaluation for financing options: (Short & long term fixed, low & high leverage scenarios).

_____ Broker Opinion of Value (Comparable Market Analysis, CMA)

_____ 1031 Exchange Opportunities

_____ I would like to have discreet marketing and receive offers.

CONTACT (Owner): _____ E-MAIL: _____

PHONE: _____ FAX: _____

COMPANY _____

PROJECT NAME: _____

PROPERTY ADDRESS _____

CITY, STATE, ZIP CODE _____

OWNERSHIP ENTITY: _____

PRINCIPALS: _____

*LISTING PRICE \$ _____

PROPOSED FINANCING (1ST TD) \$ _____

SECONDARY FINANCING (2ND TD) \$ _____

TOTAL FINANCING \$ _____

CASH DOWN PAYMENT \$ _____

We will provide a broker opinion of value based upon a competitive market analysis including current financing options.

# UNITS	APARTMENT UNIT MIX:	LOW	HIGH	MKT RENT	UNIT SIZE
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	
_____	_____ BED / _____ BATH	\$ _____	\$ _____	\$ _____	

_____ (Total # Units)

Comments:: _____

	CURRENT	MARKET	***Annual Operating Expenses
*Total Scheduled Monthly Rents:	\$	\$	Taxes \$ _____
Laundry Income:	\$	\$	Other Taxes \$ _____
Other: _____	\$	\$	Insurance \$ _____
Other: _____	\$	\$	Gas \$ _____
Other: _____	\$	\$	Electric \$ _____
TOTAL MONTHLY INCOME:	\$	\$	Water & Sewer \$ _____
TOTAL GROSS POTENTIAL INCOME:	\$	\$	Trash \$ _____

* Total current base rents including management (100% total potential income).

Repairs / Maint	\$ _____
Gardening	\$ _____
Administration	\$ _____
Mgt-Off Site (Professional Mgt)	\$ _____
Mgt-On Site (Resident Mgr)	\$ _____
Payroll & Salaries:	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
Replacements	\$ _____
Total:	\$ _____

UNITS VACANT _____
 YEAR BUILT: _____

UTILITY METERS (Individual or Master Metered)
 GAS _____
 ELECTRIC _____

COMMENTS:

***Please attach current rent roll & prior 2 to 3 years operating history (income & expense) statement if available.

COMMENTS: _____

OPTIONAL PROPERTY INFORMATION FOR COMPLETE INVESTMENT SUMMARY

LAUNDRY ROOM: _____	# PARKING SPACES: _____
RENT CONTROL: _____	TYPE of PARKING _____
LOT SIZE: _____	ZONING: _____
# STORIES: _____	ELEVATOR: _____
# BUILDINGS: _____	# of POOL's: _____
TOTAL NRA: _____	TOTAL GBA: _____

AMENITIES / LOCATION COMMENTS

EXISTING FINANCING

Loan Amount (Balance): \$ _____ Monthly Payment: \$ _____
 # Years Remaining (Term): _____ Assumable: _____ Lender Name: _____

Comments: _____

Please provide a copy of your note and deed of trust including prepayment penalty clause.