



Phone 636-449-8490
Fax 314-558-0725

Name of Borrower _____

Amount of loan Requested _____

Loan Purpose Purchase/Rehab Refinance Business Loan

How will you pay off this loan? _____

Complete Property Address _____

Type of Property _____

Refinance/Business Loan	
Date Purchased	\$
Purchase Price	\$
Improvements	\$
Value Today	\$

Purchase Transactions			
Contract Price			\$
Improvements	Present Condition	Description	
Exterior	(good, fair, poor)		
Roof			\$
Foundation			\$
Gutters/fascia			\$
Siding/Paint			\$
Porch/deck			\$
Landscaping/fencing			\$
Driveway/sidewalks			\$
Garage/exterior doors			\$
other			\$
other			\$
Interior			
Windows			\$
Mold			\$
Flooring (all rooms)			\$
Drywall			\$
Trim/ceilings/Wall			\$
Paint			\$
Bathrooms			\$
Lighting			\$
Kitchen Cabinets, countertops			\$
Kitchen Appliances			\$
Basement			\$
Other			\$
Other			\$
Mechanicals			
Plumbing			\$
Electrical			\$
Heating/Cooling			\$
Sewer/Septic			\$
Other			\$
Carrying Costs			
Interest			\$
Taxes			\$
Insurance			\$
other			\$
sales commissions			\$
Total Costs			\$
Market Value after Improvements			\$
Expected Profit			\$