

COMMUNITY ASSOCIATION DATA SHEET

Condominium Association

HOA

Cooperative

BORROWER: _____ TAX ID: _____

PROPERTY ADDRESS: _____ TELEPHONE: _____

FAX: _____

PRESIDENT'S NAME: _____ EMAIL: _____

COMMUNITY WEBSITE: _____

MANAGEMENT COMPANY: _____

CONTACT PERSON: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

EMAIL: _____

MANAGEMENT COMPANY WEBSITE: _____

WHICH MAILING ADDRESS SHOULD WE USE FOR STATEMENTS, ETC.? BORROWER MANAGEMENT COMPANY

Purpose of Loan: _____

Loan Amount Requested: \$ _____ Line of Credit Requested? Yes No

Do you have an existing loan? If so, please provide details: _____

Term for Line Facility: 3 months 6 months 12 months 18 months

Term for End Loan: 3 years 5 years 7 years 10 years 15 years Other _____

Estimated Project Commencement Date _____ Estimated Projected Completion Time _____

ASSOCIATION DATA

of Units _____
 # of Buildings _____
 Year Built/Turned Over _____
 # Owned by Association _____
 # Pending Foreclosures _____
 # of Rentals _____

COMPOSITION OF ASSOCIATION

Units by type Average Sales Price
 ___ Bedroom \$ _____
 ___ Bedroom \$ _____
 ___ Bedroom \$ _____
 ___ Bedroom \$ _____
 ___ Bedroom \$ _____

ATTORNEY NAME: _____ TELEPHONE: _____

ADDRESS: _____ FAX: _____

EMAIL: _____

Have you consulted with your attorney concerning this loan request? If not, we recommend that you do so in order to avoid unnecessary funding delays.

CONTRACTOR: _____ ACCOUNTANT: _____

In order to process your application, the following documents are required at the time the application is submitted:

- | | |
|--|---|
| <ul style="list-style-type: none"> Current Budget 2 Years: Year-End Financial Statements, Certified to Bank* Interim Statement, Certified to Bank* 2 Years: Tax Returns, Certified to Bank* Association Minutes (last 6 months) Reserve Studies, or its Equivalent Project Budget or Cost Estimates Current Aged Delinquency Report Separate Billing Report for Special Assessment, if applicable | <ul style="list-style-type: none"> Information for any Existing Special Assessments Names of Association Officers/Directors Unit Owner Roster with Billing Address Recorded Association Documents/Association Formation Documents, including Articles of Incorporation, By-laws, and any Amendments Certificates of Insurance: <ul style="list-style-type: none"> Hazard (including windstorm and flood, if applicable) Liability Officers and Directors |
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* CPA audited preferred

PLEASE RETAIN THIS IMPORTANT DISCLOSURE INFORMATION FOR YOUR RECORDS

NOTICE OF RIGHT TO REQUEST SPECIFIC REASON FOR CREDIT DENIALS: If your application for business credit is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Popular Association Banking at 7900 Miami Lakes Drive West, Miami Lakes, FL 33016, phone 800.233.7164 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); [for New York state on the basis of sexual orientation, military status, disability or familial status], because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning Popular Bank is the Bureau of Consumer Financial Protection, 1700 G Street NW, Washington, DC 20006.

Popular Association Banking is a division of Popular Bank. Popular Bank is a Member of the FDIC.

Popular Association Banking • 7900 Miami Lakes Drive West, Miami Lakes, FL 33016 • P: 800.233.7164 • F: 305.821.7284



www.AssociationBankers.com

UNDERSTANDING THE NEEDS OF
Community Associations