

## Commercial Loan Workout Application

Main Contact Person
Full Name
l itle
Work Cell Fax
Email: Fax
Best Way to Contact You: (circle one) Work Cell Email
Property Address:
Property Address:State/Zip
What type of property is this? Land (Entitled /Un-entitled ) Retail , Hotel , Industrial , Multi-Tenant , Single Tenant ,
Multi-Family (5+) , Mixed Use ,Other
Are any of the commercial liens delinquent mortgage payments? Yes / No
Have any of the lenders initiated foreclosure proceedings? Yes / No
Please fill in all information, which is applicable to your case. If you do not know exact figures, please estimate PROPERTY INFORMATION
Approx. Current Value: Purchase Price: Purchase Date:
Total Amount Encumbered on Property
Lien Breakdown
1 <sup>st</sup> Lien Amount Monthly Payment
Noteholder
2''º Lien Amount Monthly Payment
Noteholder

3 <sup>rd</sup> Lien AmountMonthly Payment
Noteholder
Is this property cross-collateralized with any other properties? Yes / No
Have you modified any mortgage in the last 12 months? YES or NO If yes, when was the effective date of the loan modification?
Have you refinanced the hardship property in the last 12 months? YES or NC Date:
Have you had forbearance with your current lender in the last 12 months? YES or NO
If yes, when was the effective date of the forbearance?
Have you filed Bankruptcy in the last 7 years? YES or NO If yes, what Chapter of Bankruptcy? (Check one) Chapter 7 or Chapter 13 If yes, is it open? YES or NO If discharged or dismissed what Date?
Is the property currently listed for sale? YES or NO
Declaration & Authorization  The individuals names below, as owners or proposed guarantors of Customer, authorize Blue Note Assets and assigns to conduct such investigations and inquires as to the Customer's and individual's credit, operations and collateral, as shall be deemed necessary or desirable by Blue Note Assets connection with the application and monitoring of the financial relationship.  Customer also agrees to advise persons of whom Blue Note Assets may make such inquiry to cooperate with and supply all requested information.
Company Name
Signed by (print or type)
Title
Signature
Date

**BLUE NOTE ASSETS**