

BORROWER CHECKLIST

Dear Prospective Borrower: Below are the items that will need to be submitted <u>with the loan application</u>. In addition, we have provided a list of items that will need to be submitted after the application has been approved and before the loan can close. *Please note that additional items may be requested.*

Re	equired Underwriting Information (to be returned with application)
	Audited financial statements (balance sheet and income statement) for the last two fiscal year-ends (internally
	prepared statements are ok if audited statements are not available)
	Year-to-Date financial statement (balance sheet and income statement)
	Current year's budget and next year's budget (if available)
	Copy of most recent Bank or Brokerage statements
	Collection Policy
	Assessment Delinquency Report (showing 30, 60 & 90+ days due)
	Reserve Study (if available)
	Owners Listing (listing name, unit number, ownership type (investor, etc.) & mailing address)
	Project bids/proposals/contracts
	Board member listing
	Lawsuit information
	Governing documents
	☐ Certificate of Incorporation, Articles of Incorporation or Articles of Organization
	Declaration/ Master Deed and All Amendments
	Bylaws and All Amendments
Re	equired Closing Information (to be provided before the loan closes)
	Opinion letter (provided by the association's attorney)
	Certificate of good standing or legal existence
	Board minutes approving loan / assessment increase or special assessment
	Membership meeting minutes approving loan / assessment increase or special assessment (if applicable)
	Insurance listing First National Bank of Kemp as certificate holder
	Flood insurance (if applicable)
	Board resolutions to authorize signers on the deposit account (if applicable)
	ACH form for loan payments (we will provide form for completion)
	Final Budget showing assessment levels to meet loan covenants
	Updated Assessment Delinquency Report within 45 days of closing
П	Copies of 2 forms of ID for the primary signer on all the loan documents



ASSOCIATION LOAN APPLICATION

ASSOCIATION INFORM	IATION							
ASSOCIATION NAME ("Applicant")		PHONE			FAX			
STREET ADDRESS		CITY			STATE	ZIP		
MAILING ADDRESS (If different than above)								
LOAN REQUEST								
AMOUNT REQUESTED (Minimum of \$100,0	00)	PURPOSE OF L	OAN (At	ttach list of p	roject costs or contrac	tor estimates)	
NON-REVOLVING LINE REQUESTED		guidelines - please consult with your banker)				REST RATE REQUESTED		
3 months 6 months 9 m	onths 12 months	Years: Fixed Variabl					Variable	
Current Regular Assessmen		Preferred monthly payment due date:						
☐ Increase Regular Assessme ☐ New Special Assessment	ent	Loan payment to be automatically deducted from account number:						
	Other (Describe):							
	DOLIND							
ASSOCIATION BACKG						1 . ~~		
NUMBER OF UNITS (Min. of 25 units)	NUMBER OF BUILDINGS	AGE OR YEAR BU		UILT	ASSOCIATION TYPE Condominium		☐ PUD	
FLOOR TYPES & RANGE OF SQUARE FOO	PROJECT AMENITIES (Please list parking, pool, etc.)							
PRICE RANGE OF UNITS (Current estimated	% OWNER OCCUPIED							
CURRENT MONTHLY REGULAR ASSESSM	CURRENT MONTHLY SPECIAL ASSESSMENT PER UNIT (\$)							
TOTAL DELINQUENT ASSESSMENTS (\$)	TOTAL DELINQUENT ASSESSMENTS (% of units)							
			I.					
LIST CURRENT BOARD MEMBERS (Attach additional sheet if necessary)								
Name	Title		Phone		EXECUTE LOAN DOCUMENTS			
							Yes	☐ No
							Yes	☐ No
							Yes	□ No
							Yes	☐ No
							Yes	☐ No
							Yes	☐ No
							Yes	☐ No
							Yes	☐ No





PLEASE PROVIDE THE FOLLOWING INFORMATION							
MANAGEMENT COMPANY NAME OR ON-SITE MANAGER							
MAILING ADDRESS	CI	TY		STATE	ZIP		
PRIMARY CONTACT	•		PHONE	FAX	•		
LAW FIRM NAME							
ADDRESS	CI	TY		STATE	ZIP		
ATTORNEY NAME			PHONE	FAX			
CPA FIRM NAME							
ADDRESS	CI	TY		STATE	ZIP		
CPA NAME			PHONE	FAX			
RESERVE STUDY FIRM NAME							
ADDRESS	CI	TY		STATE	ZIP		
PRIMARY CONTACT			PHONE	FAX			
INSURANCE COMPANY POLICY ISSUER NAME							
ADDRESS	Cr	TY		STATE	ZIP		
INSURANCE AGENT/BROKER NAME			PHONE	FAX			
CONSTRUCTION MANAGEMENT COMPANY NAME (If applicable)							
ADDRESS	CI	TY		STATE	ZIP		
CONSTRUCTION SUPERVISOR NAME			PHONE	FAX			
LICENSE NUMBER							
LIST BANK/INVESTMENT ACCOUNTS (Attach additional sheet if necessary)							
Attach the most recent Bank or Brokerage statements							
Name of Institution	Type of Ac	ccount	Account Number	Cu	irrent Balance		





	sted on the Loan Application Checklist or any otl current or next fiscal year) which would be usefu					
The undersigned homeowners association ("Applicant") hereby certifies that the information contained in this application and any attachments hereto is complete, true, and correct, and is provided for the exclusive purpose of obtaining the Loan Request on behalf of the Applicant from First National Bank of Kemp ("Bank"). Applicant agrees that Bank will be notified of any material change in the information provided in this application, and Bank is hereby authorized to make whatever inquiries it deems necessary and reasonable in conjunction with verifying the information provided in this application.						
condition, including but not limited, all finance	ormation provided in this application or any atta- ial statements, and other information concerning ies, or to other credit reporters, or creditors, at	ng applicant's creditworthiness, credit record				
AGREED AND ACCEPTED:						
The undersigned Applicant hereby agrees and accepts the terms and conditions of this application this Day of, 20						
PRINT NAME OF ASSOCIATON						
PRINTED NAME	TITLE	SIGNATURE				
		X				
PRINTED NAME	TITLE	SIGNATURE				
		X				
t e e e e e e e e e e e e e e e e e e e	•	•				



