



ASSOCIATION LOAN APPLICATION

ASSOCIATION INFORMATION			
ASSOCIATION NAME ("Applicant")		PHONE	FAX
STREET ADDRESS		CITY	STATE ZIP
MAILING ADDRESS (if different than above)			

LOAN REQUEST		
AMOUNT REQUESTED (Minimum of \$100,000)	PURPOSE OF LOAN (Attach list of project costs or contractor estimates)	
NON-REVOLVING LINE REQUESTED F 3 months F 6 months F 9 months F 12 months	TERM REQUESTED (Subject to underwriting guidelines - please consult with your banker) Years: _____	TERM INTEREST RATE REQUESTED F Fixed F Variable
SOURCE OF REPAYMENT F Current Regular Assessment F Increase Regular Assessment F New Special Assessment F Other (Describe): _____	PAYMENT INFORMATION Preferred monthly payment due date: _____ Loan payment to be automatically deducted from account number: _____ Bank: _____ Routing #: _____	

ASSOCIATION BACKGROUND			
NUMBER OF UNITS (Min. of 25 units)	NUMBER OF BUILDINGS	AGE OR YEAR BUILT	ASSOCIATION TYPE F Condominium F PUD
FLOOR TYPES & RANGE OF SQUARE FOOTAGE (Approximate)		PROJECT AMENITIES (Please list parking, pool, etc.)	
PRICE RANGE OF UNITS (Current estimate market value)		% OWNER OCCUPIED	
CURRENT MONTHLY REGULAR ASSESSMENT PER UNIT (\$)		CURRENT MONTHLY SPECIAL ASSESSMENT PER UNIT (\$)	
TOTAL DELINQUENT ASSESSMENTS (\$)		TOTAL DELINQUENT ASSESSMENTS (% of units)	

LIST CURRENT BOARD MEMBERS (Attach additional sheet if necessary)			
Name	Title	Phone	EXECUTE LOAN DOCUMENTS
			F Yes F No
			F Yes F No
			F Yes F No
			F Yes F No
			F Yes F No
			F Yes F No
			F Yes F No
			F Yes F No



PLEASE PROVIDE THE FOLLOWING INFORMATION

MANAGEMENT COMPANY NAME OR ON-SITE MANAGER			
MAILING ADDRESS	CITY	STATE	ZIP
PRIMARY CONTACT	PHONE	FAX	

LAW FIRM NAME			
ADDRESS	CITY	STATE	ZIP
ATTORNEY NAME	PHONE	FAX	

CPA FIRM NAME			
ADDRESS	CITY	STATE	ZIP
CPA NAME	PHONE	FAX	

RESERVE STUDY FIRM NAME			
ADDRESS	CITY	STATE	ZIP
PRIMARY CONTACT	PHONE	FAX	

INSURANCE COMPANY POLICY ISSUER NAME			
ADDRESS	CITY	STATE	ZIP
INSURANCE AGENT/BROKER NAME	PHONE	FAX	

CONSTRUCTION MANAGEMENT COMPANY NAME (If applicable)			
ADDRESS	CITY	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 Account	Account Number	Current Balance

Please list the details of any information requested on the Loan Application Checklist or any other special or notable circumstances (such as pending special assessments anticipated in the current or next fiscal year) which would be useful to the Bank in considering application:

[Empty box for providing details of special circumstances]

The undersigned homeowners association ("Applicant") hereby certifies that the information contained in this application and attachments hereto is complete, true, and correct, and is provided for the exclusive purpose of obtaining the Loan Request on behalf of 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.

Bank is hereby authorized to disclose any information provided in this application or any attachment hereto regarding applicant's financial condition, including but not limited to, all financial statements and other information concerning applicant's creditworthiness, credit record and credit standing, to any of applicant's relatives, or to other credit reporters, creditors, at any time prior to, during, or following the term of the credit.

AGREED AND ACCEPTED:

The undersigned Applicant hereby agrees and accepts the terms and conditions of application this _____ Day of _____, 20_____.

PRINT NAME OF ASSOCIATION

Table with 3 columns: PRINTED NAME, TITLE, SIGNATURE. Signature column contains 'X'.

Table with 3 columns: PRINTED NAME, TITLE, SIGNATURE. Signature column contains 'X'.