



Commercial Modification Application

Main Contact Person

Full Name _____

Title _____

Work _____ Cell _____

Email: _____ Fax _____

Best Way to Contact You: (circle one) Work Cell Email

Property Address

Property Address:

City _____ State/Zip _____

What type of property is this? (circle one) Land (Entitled/Un-entitled) Retail Hotel

Multi-Unit Multi-Family Mixed Use Other _____

Are any of the commercial liens delinquent? Yes / No

Has 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

1st Lien Amount _____ Monthly Payment _____ Noteholder _____

2nd Lien Amount _____ Monthly Payment _____ Noteholder _____

3rd Lien Amount _____ Monthly Payment _____ Noteholder _____

Is this property cross-collateralized with any other properties? Yes / No

How is this property held? Individual Partnership LLC Corporation Other _____

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 NO Date: _____

Have you had a 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? (circle 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

Referring Affiliate: Richard A. Nelson Phone Number: 800.587.3002/760.727.3002

Email Address: rnelson@accorganization Fax Number: 760.727.2646