



COMPLETE BOTH FORMS & EMAIL
TO INFO@THEGALINNFUND.COM
OR FAX TO 914.428.3298

Referring Source

NAME _____ COMPANY _____
PHONE _____ FAX _____ EMAIL _____

Loan Information

LOAN AMOUNT REQUESTED \$ _____
USE OF PROCEEDS _____
GIVE DETAILS _____

Property Information

PROPERTY TYPE MIXED USE APARTMENT COMMERCIAL OTHER _____
PROPERTY ADDRESS _____
PURCHASE PRICE (IF A PURCHASE) \$ _____
DATE OF PURCHASE (IF A REFINANCE) _____ PURCHASE PRICE \$ _____
AMOUNT OF IMPROVEMENT \$ _____
HOW IS THE PROPERTY HELD _____
ESTIMATED MARKET VALUE \$ _____

Borrower Information

CREDIT SCORE _____ PERSONAL TAX RETURNS YES NO CORPORATE TAX RETURNS YES NO
DOES BORROWER OWN OTHER REAL ESTATE YES NO (IF YES, PLEASE SUPPLY A **SCHEDULE OF REAL ESTATE**)
IF BORROWER OCCUPIES ANY PART OF THE PROPERTY, PLEASE GIVE DETAILS _____



COMPLETE BOTH FORMS & EMAIL
TO INFO@THEGALINNFUND.COM
OR FAX TO 914.428.3298

NAME (FOR REFERENCE) _____

Executive Summary

USE THIS SPACE TO PROVIDE A BRIEF SUMMARY OF THE TRANSACTION. PLEASE IDENTIFY ANY ISSUES/CONCERNS YOU HAVE.

Refinances (only)

WE WILL BE PAYING OFF A MORTGAGE YES NO

IF YES PLEASE IDENTIFY ALL MORTGAGES...

Mortgages

TOTAL UNPAID BALANCE OF ALL MORTGAGES \$ _____

	1ST MORTGAGE	2ND MORTGAGE	3RD MORTGAGE
DATE PLACED	_____	_____	_____
MORTGAGE HOLDER	_____	_____	_____
ORIGINAL AMOUNT	\$ _____	\$ _____	\$ _____
MATURITY	_____	_____	_____
INTEREST RATE	_____	_____	_____
UNPAID BALANCE	\$ _____	\$ _____	\$ _____
AMOUNT PAST DUE (IF ANY)	\$ _____	\$ _____	\$ _____

FOR AN INVESTMENT PROPERTY PLEASE PROVIDE
RENT ROLL AND OPERATING STATEMENT

IF THE BORROWER HAS HIS/HER BUSINESS LOCATED AT THE
PREMISES PLEASE PROVIDE TWO YEAR TAX RETURNS.

FOR CURRENT YEAR A P&L WILL SUFFICE.

**399 KNOLLWOOD ROAD
WHITE PLAINS NY 10603
914.428.2730
THEGALINNFUND.COM**