

# Client Pre-qualification Form



**COMMERCIAL LENDING GROUP**

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Today's Date:

New  Revised

Full Name:

Address:

City and State

Zip/Postal Code:

Email Address:

Home Phone:

Cell Phone:

Property Address and Description:

Number of Units:

Monthly Gross Rents:

Lease Type:

## Refinance Only

Loan Balance:

Current Rate:

Amoritization:

Term

Annual Payment:

Purchase Date:

Any Additional Comments:

## Expenses Annually

Property Taxes:

Insurance:

Electric:

Maintenance:

Management:

Water:

Gas:

Trash:

Miscellaneous:

Landscaping:

## Purchase Only

Purchase Price:

Down Payment:

## Short / Long Term Assets and Liabilities

### Liquid Assets-Cash, Stocks,401K,Etc

Cash

Stocks/Bonds/401K

Other

### Non-Liquid Assets-Real Estate,Car,Etc

Real Estate

Car/Boat/Etc..

Other

### Short-Term Liabilities-Revolving Accounts

Short-Term Total

### Long-Term Liabilities-Mortgages

Long-Term Total

### Total Net Worth

Total Net Worth