



COMMUNITY ASSOCIATION LOAN APPLICATION

Loan Purpose and Final Requested Terms

Purpose of Loan:		Loan Amount: \$
Term(s) Requested	Credit Line (# of months)	Plan for Repayment of Loan: <input type="checkbox"/> Special Assessment - Currently Approved <input type="checkbox"/> Special Assessment - To Be Approved <input type="checkbox"/> General Budget Increase <input type="checkbox"/> Other (Specify):
	Term Period (# of years)	

Association Contact Information (Please ensure current information is provided)

Legal Name:	Contact Person:
Physical Address:	Email:
City, State & Zip:	Phone:
Tax ID #:	Web Site:

Association Overview

Total Number of Units:	Number of Rented Units:	Date Declared:	Average Market Price of Units:
		<input type="checkbox"/> New Construction <input type="checkbox"/> Conversion	
Monthly Per Unit Assessment Range:	Total Annual Assessment Income:	Assessment Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	Current Special Assessment Range Per Unit:
Number of Residential Units:	Number of Commercial Units:		
Special Assessment Payment Schedule:			
Association Structure: <input type="checkbox"/> Master <input type="checkbox"/> Sub <input type="checkbox"/> Stand Alone	Number of Multiple Unit Owners:	How many units does each multiple unit owners own:	
Is the Association involved in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: (excluding collection actions)			
Describe Amenities:			

Current Board Members

Name:	Title:	Telephone Number:	Email Address:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Management Company

Name:		Manager's Name:	
Mailing Address:		City, State & Zip:	
Phone:		Email:	
Number of Properties Managed:	In Business since (Yr):	Members of what trade Associations:	How long has the association been with this company?:

Association CPA

Company Name:	
Contact's Name:	
Mailing Address:	
City, State & Zip:	
Phone:	Email:

Association Insurance Firm

Company Name:	
Contact's Name:	
Mailing Address:	
City, State & Zip:	
Phone:	Email:

Association Attorney

Company Name:	
Contact's Name:	
Mailing Address:	
City, State & Zip:	
Phone:	Email:

Architect / Engineer Overseeing Project

Company Name:	
Contact's Name:	
Mailing Address:	
City, State & Zip:	
Phone:	Email:

Applicants hereby certify that all of the statements above and on any other documents to the Bank to consider this extension of credit are true and complete as of the date given. Applicants hereby authorize Bank to verify all of the above information given, to obtain a credit report or any other verification of credit references, and to make such other investigations as the Bank deems appropriate. Applicants agree to notify the Bank promptly of any adverse change in their financial condition. Applicants also certify that all loan proceeds will be exclusively for business related purposes and that the Board of Directors of inquiring association has fully authorized Applicant to submit this application and all related information to the Bank.

Name of Authorized Signer	Authorized Signature	Title	Date
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Please send this application and all of the items indicated on Exhibit A digitally to:

Julie M. Brutch, EVP • jbrutch@meadowsbank.com • 702-471-2037

For Internal Underwriting Use Only (Application Receipt Confirmation)

Application Received Date:	<input type="text"/>	Is the Application complete:	<input type="text"/>
Application re-sent for missing information:	<input type="text"/>	Complete application received:	<input type="text"/>
Received by:	<input type="text"/>	Date:	<input type="text"/>



EXHIBIT A - ASSOCIATION LOAN

Provide the items checked as "Required"
 Include information on Assessments: Regular, Special and Supplemental.

Required		Received	Date Received
<input type="checkbox"/>	Delinquency Report (Detailed and Aged) with Foreclosure and Bank Owned Units Indicated.	<input type="checkbox"/>	
<input type="checkbox"/>	(a) Current Year's Budget with YTD Income /Expense Actual Results. (b) Balance sheet dated to match the YTD Income/Expense Report. (c) Copies of All Deposit Account Statements matching the balance sheet date	a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	
<input type="checkbox"/>	Coming Year's Budget even if in draft form.	<input type="checkbox"/>	
<input type="checkbox"/>	Complete financial Statement set (Income Statement & Balance Sheet) for the years: _____	<input type="checkbox"/>	
<input type="checkbox"/>	Reserve Study if available. Study is required for loans over \$1.0 million and must be dated within 3 years of application date.	<input type="checkbox"/>	
<input type="checkbox"/>	Project Budget and/or Cost Estimates.	<input type="checkbox"/>	
<input type="checkbox"/>	Contractor Bids for Proposed Repairs.	<input type="checkbox"/>	
<input type="checkbox"/>	Engineer's Report (if applicable).	<input type="checkbox"/>	
<input type="checkbox"/>	Collection Policy.	<input type="checkbox"/>	
<input type="checkbox"/>	Meeting Minutes Evidencing Approval of the Project and the Corresponding Financing.	<input type="checkbox"/>	
<input type="checkbox"/>	Unit Owner Roster showing unit number and Billing Address.	<input type="checkbox"/>	
<input type="checkbox"/>	Articles of Incorporation.	<input type="checkbox"/>	
<input type="checkbox"/>	Association Declaration, By-Laws, any Amendments and other Governing Documents.	<input type="checkbox"/>	
<input type="checkbox"/>	Board Member roster showing all of the following information: Name, Officer Title, Term Expiration, mailing address, phone, e-mail address	<input type="checkbox"/>	
	Certificates of Insurance: <input type="checkbox"/> 1 - Hazard <input type="checkbox"/> 4 - Officers and Directors <input type="checkbox"/> 7 - Flood <input type="checkbox"/> 2 - Building Coverage <input type="checkbox"/> 5 - Manager's Fidelity <input type="checkbox"/> 8 - Earthquake <input type="checkbox"/> 3 - Liability <input type="checkbox"/> 6 - Umbrella <input type="checkbox"/> 9 - Any State Program	1 <input type="checkbox"/> 6 <input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 4 <input type="checkbox"/> 9 <input type="checkbox"/> 5 <input type="checkbox"/>	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	
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