



barrett capital corporation

CREDIT APPLICATION - ENERGY EFFICIENCY PROJECTS

Email to: bkorn@barrettcapital.com

Questions: Barry Korn 917-434-3000

Building Information:

Date: _____

Building Type: Residential Commercial Industrial Retail Hospitality Mixed Use

Legal Name of Owner: _____

Ownership Structure: _____ Federal Tax Identification #: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Building Demographics: (Date Built, Square Footage, Number of Floors, Number of Units, Size Range of Units (s/f; #of offices or rooms), % Commercial, Tax Abatements)

The Request:

Project/Conversion Amount: \$ _____ Term of Financing: _____

Please explain project in detail and allocation of funds: _____

[Please forward copies of contractor's bid/proposal, engineer's report and, savings analysis of the project]

Plan to repay the loan: _____

Current Mortgage: Balance: _____ Int. Rate: _____ Maturity Date: _____

Financial Information to be submitted with the application:

- a. Rent Roll & Operating Expenses, past 2 full years + current year to date
- b. DHCR Report, if applicable (For Rent Stabilized Housing)
- c. Financial Statement-Property, past 2 fiscal years plus current year to date
- d. Tax Returns-Property for the past 2 years
- e. Current Year to Date Financials on Property
- f. Accounts receivables aging on Property (30-60-90 days)
- g. Financial Statement-Guarantor(s) as applicable
- h. Tax Returns-Guarantor for past 2 years
- i. Vacant units
- j. Foreclosures/Legal actions
- k. Investor/Bank Owned Units (Co-ops and Condos)



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Contact Information:

Prime Contact Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____
E-mail: _____ Web Site: _____

Financial Contact's Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____
E-mail: _____ Web Site: _____

Management Company: _____
Property Manager Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____
E-mail: _____ Web Site: _____

CPA: _____
Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Mobile: _____
E-mail: _____ Web Site: _____

Attorney: _____
Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web Site: _____

Bank (Operating Account): _____
Contact: _____ Account #: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web Site: _____

Insurance Co./Broker: _____
Firm: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
E-mail: _____ Web Site: _____