

PREQUALIFICATION WORKSHEET

Important Applicant Information: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

1. COMPLETE THE INFORMATION BELOW

Name of cooperative / community association: _____

Contact person: _____

Address: _____

City: _____ State / Zip: _____

Phone: _____ Fax: _____ email: _____

Please provide information about the cooperative / community association:

Number of units: _____ Average monthly assessment: _____

Date association formed: _____ Balance in reserve accounts: _____

Use of financing proceeds: _____ Average selling price of a unit: _____

Number of units rented / sublet: _____

Total balance of 30+ days past due assessments: _____

Amount of financing requested: _____

2. ATTACH IMPORTANT DOCUMENTS

Please include a copy of the current budget and last year's financial statements.

3. RETURN COMPLETED PACKAGE

Fax your information to (703) 647-3495

Or, mail to: ATTN: Jared Tunnell
 NCB
 2011 Crystal Drive, Suite 800
 Arlington, Virginia 22202

