



Community Association Premium Finance Program

Condominium Association

 HOA

 Cooperative

Association Information	
Borrower:	Tax ID#
Property Address:	Telephone No:
	Fax No:
Management Company Name:	Telephone No:
Contact Person & Phone (if different from Property Manager):	
Year Turned over by Developer: _____ # Of Units: _____ Average Unit Value \$ _____ Annual Revenues \$ _____ Total Current Delinquencies \$ _____ <p align="center">Please provide copy of current budget</p>	
Loan Details	
Loan Amount Requested: \$	
Do you want to finance documentary stamps? (Applies to Florida only)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the association making a down payment on the premium?	If yes, indicate the amount: \$
Term Requested <input type="checkbox"/> 9 months <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months	
COPY OF INSURANCE COMPANY QUOTE WITH PREMIUM BREAKDOWN MUST BE PROVIDED WITH APPLICATION	
Please PRINT the names and title of two signors for the loan agreement	
Name 1:	Title 1:
Name 2:	Title 2:
Deposit Relationship	
Type of Account:	
Expected Deposit Balance \$	
Please PRINT the names and titles of authorized signors	
Name 1:	Title 1:
Name 2:	Title 2:
Name 3:	Title 3:
Name 4:	Title 4:
<p>The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is:</p> <p align="center"> OFFICE OF THE COMPTROLLER OF THE CURRENCY Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 </p>	
<p>NOTICE OF RIGHT TO REQUEST REASON FOR CREDIT DENIALS: If your application for business credit is denied, you have the right to a written statement of specific reasons for the denial. To obtain the statement, please contact City National Bank of Florida, Attn: Loan Department 25 West Flagler Street, Miami, FL 33130, Phone: 305-577-7339 Fax: 305-577-7485, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.</p>	