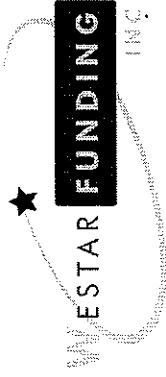


Thank you for your interest in Westar Funding, Inc. In order to submit the loan request for your borrower's Investor property refinance, the following items are needed:

- Completed Loan Submission Form (Attached)
- Borrower's Personal Financial Statement (Attached)
- Credit Report (Experian Only)
- Copy of borrower's last 3 years personal federal tax returns
- Rent Roll (Attached)
- Copy of borrower's last 3 years corporate federal tax returns for the operating company (if applicable)
- YTD income & expense report for subject property (Attached)
- Resume (Attached)
- Pictures of the subject property



LOAN SUBMISSION FORM

Should you have any questions, please contact Westar Funding Inc. at 1-425-778-7222

BROKER INFORMATION			
Company Name	Contact		
Street Address	City	State	Zip
Business Phone	Cell Phone		
Date Loan Submitted		E-mail Address	

PROPERTY INFORMATION			
Subject Property Address			
Property Type:	City	State	Zip
<input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Mixed Use <input type="checkbox"/> Automobile Dealerships <input type="checkbox"/> Restaurant <input type="checkbox"/> Funeral Home <input type="checkbox"/> Assisted Living <input type="checkbox"/> Day Care <input type="checkbox"/> School <input type="checkbox"/> Tire & Brake Center <input type="checkbox"/> Other (please specify): _____			
Estimated Property Value \$	<input type="checkbox"/> Broker Estimate <input type="checkbox"/> Borrower Estimate <input type="checkbox"/> Appraisal <input type="checkbox"/> Sales Price		
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Investor <input type="checkbox"/> Partial Owner Occupancy _____% Total # of Units _____			
Bldg. Sq. Ft. _____		# of Buildings _____	
		# of Units Occupied _____	
		Year Built: _____	

TRANSACTION INFORMATION	
	<u>Purchase</u>
Escrow Closing Date:	Original Purchase Date:
Purchase Price: \$	Original Purchase Price: \$
Down Payment: \$	1 st Mortgage: \$
Seller Financing: \$	2 nd Mortgage: \$
Terms of Seller Financing, if applicable:	Other: (tax liens etc.) \$
	Cash Out: \$
	<u>Refinance</u>

BORROWER INFORMATION

Borrower Name	Co-Borrower Name
Borrowing Entity	<input type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP/LLP <input type="checkbox"/> Other (please specify):
Name in which title is to be held:	
In order to expedite the process of this loan request, Westar Funding, Inc. would like to communicate directly with the borrower.	
Years of Business Experience:	Is this acceptable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Years of Investor Experience:	

LOAN QUOTE SUMMARY

Loan Amount Requested: \$

Rate:

1 Year Adjustable 3 Year Adjustable 5 Year Adjustable
 Quarterly Adjustable 10 Year Fixed

After fixed period loan will convert to one of the following:

1, 3 and 5 year adjustable rates are tied to the Libor Swaps + margin, adjusting every one, three or five years. The 10 year fixed will adjust every 5 years after the initial fixed period.

Property Type:

Multi-Purpose Limited-Use Semi-Generic

Term Requested:

25/25 20/20 15/15

Purpose of Loan:

Purchase Refinance Refinance / Cash Out SBA 504

Requested Loan Origination Fee:

.00 .50 .75 1.00 1.50 2.00

Additional Fees / Costs Requested: \$

Requested Rebate:

.00 .50 .75 1.00 1.50 2.00
(Available on Owner Occupied Loans only)

Prepayment Penalty Options:

Prepayment Penalty Options:

Declining 5%, 4%, 3%, 2%, 1%
 Flat 5% for the first 5 years
 Declining 7%, 6%, 5%, 4%, 3%, 2%, 1%
 Flat 5% for years 1-6 and declining 4%, 3%, 2%, 1% for years 7-10
 Declining 10%, 9%, 8%, 7%, 6%, 5%, 4%, 3%, 2%, 1%
 Flat 10% for the first 10 years

NOTE: Certain prepayment penalty options may result in an increase or decrease to the start rate. Please contact REM for more details.

BROKER COMMENTS



**Historical Income &
Expense
(Profit & Loss)**

Property Address: _____

City, State, Zip _____

Number of Commercial Units	Net Rental Square Feet:
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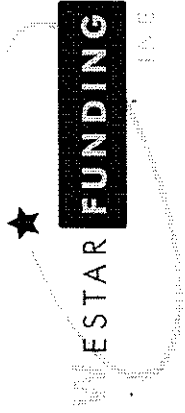
Number of Residential Units	Current Occupancy Rate:
-----------------------------	-------------------------

	YEAR 2008	YEAR 2009	YEAR 2010	YTD Thru _____
Income				
Gross Rental Income				
Net Rental Income (Equals Gross income less loss collection and vacancy reserve)				
Operating Expenses (1)				
Management Fees				
Repairs and Maintenance				
Real Estate Taxes				
Utilities				
Insurance				
Replacement Reserves				
Total Expenses				
Net Operating Income				
Capital Improvements (2)				

(1) Please do not include mortgage payments or income taxes as operating expenses.

(2) Verifiable Capital Improvements should be removed from repairs and maintenance to assure debt is not counted twice.

By: _____ Date _____



PERSONAL FINANCIAL

STATEMENT

Name	Date of Birth	Social Security #	Driver's License # <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Address	Phone #	How long? <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____ per month <input type="checkbox"/> Other	Business Phone
Name and Address of Employer	Position	Length of Employment	Business Phone
Co-applicant / Spouse's Name	Date of Birth	Social Security #	Drivers License # <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
Address	Phone #	How long? <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____ per month <input type="checkbox"/> Other	Business Phone
Name and Address of Employer	Position	Length of Employment	Business Phone

If married, you may apply for a separate account. If you are married, complete all information for yourself and your spouse. You do not have to list spouse's separate property unless this is an application for a joint account. Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying your obligation.

Financial information as of _____

ASSETS	AMOUNT	LIABILITIES	AMOUNT	MONTHLY PAYMENT
Cash on Hand and in Banks		Income taxes payable		
Savings Accounts		Other taxes payable		
Securities owned (Schedule 1)		Revolving Credit (Schedule 4)		
IRA/Keogh/Pension		Installment contracts and notes payable to banks and others (Schedule 5)		
Notes Receivable including mortgages & Deeds of Trust Owned (Schedule 2)		Loans on Life Insurance		
Cash Surrender Value of Life Insurance		Mortgages or Liens on Real Estate (Schedule 3)		
Real Estate Market Value (Schedule 3)		Other Liabilities (Detail)		
Other investments (Partnerships, etc.)				
Automobiles				
Personal property				
Other Assets (Detail)		Total Liabilities / Payments		
TOTAL ASSETS		NET WORTH		
		TOTAL LIABILITIES & NET WORTH		

MANAGEMENT RESUME

Please fill in all spaces. If an item is not applicable, please indicate such. You may include additional relevant information on a separate exhibit. SIGN/DATE where indicated.

Personal information:

Name _____ SS# _____
Date of Birth _____ Place of Birth _____
Residence Telephone _____ Business Telephone _____
Residence Address _____
From _____ To Present Date _____
Previous Address _____
From _____ To _____
Spouse's Name _____ SS# _____

Are you employed by the U.S. Government? Yes No Agency/Position _____

Are you a U.S. citizen? Yes No If no, give Alien Registration Number _____

Education:

High School/College/Technical Name/Location	Dates Attended	Major	Degree/Certificate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military Service Background:

Branch of Service _____ Dates of Service _____

Work Experience: List chronologically, starting with present employment.

Company Name/Location _____

From _____ To _____

Duties _____

Company Name/Location _____

From _____ To _____

Duties _____

Company Name/Location _____

From _____ To _____

Duties _____