

## Real Estate Funding Request

Date of Request:								
City / State / Project:								
Facility(ies):	FAC ID:		Type:		FAC ID:		Type:	
	FAC ID:		Type:		FAC ID:		Type:	
	FAC ID:		Type:		FAC ID:		Type:	
Requestor:								
Line(s) of Business:								
New Lease No.:								
Previous Lease No.:								
Lessor:								
Lease Effective Date:								
Lease Term:								
New Rental Amount								
Rental Pmt Freq:								
Date Range:								
Rental Amt & Freq:		Annual		Quarterly		Monthly		
Date Range:								
Rental Amt. & Freq.:		Annual		Quarterly		Monthly		
Date Range:								
Rental Amt. & Freq.:		Annual		Quarterly		Monthly		
Tenant Improvement								
Amt & Freq:		Annual		Quarterly		Monthly		
Tax Payment Amt & Freq:		Annual		Quarterly		Monthly		
Misc Adjustments:								

*If this is a multi-use facility please provide the following information:*

LOB:		RENTAL SHARE:		LOB:		RENTAL SHARE:	
LOB:		RENTAL SHARE:		LOB:		RENTAL SHARE:	
LOB:		RENTAL SHARE:		LOB:		RENTAL SHARE:	