

NOTE: PLEASE COMPLETE THIS FORM AND RETURN IT TO aTRUST CORPORATION

PROPERTY ACQUISITION QUESTIONNAIRE

NAME: _____ TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: _____ HOME PHONE: _____

FAX: _____ Email: _____

CELL: _____ WEB: _____

SIGNATURE: _____ DATE: _____

Note: I understand that by providing the information herein and signing this form that I am consenting to receive communications sent via mail, facsimile, e-mail, and via telephone, by, or on behalf of aTRUST CORPORATION. This consent will be in effect until such time as I revoke permission for anyone from aTRUST CORPORATION to communicate with me.

I/we are interested in:

<input type="checkbox"/> APARTMENT BLDG	<input type="checkbox"/> SHOPPING CENTERS	<input type="checkbox"/> OFFICE BLDGS	<input type="checkbox"/> SFD
<input type="checkbox"/> UP TO 50 UNITS	<input type="checkbox"/> UP TO 50,000 SF	<input type="checkbox"/> NURSING HOMES	<input type="checkbox"/> Industr
<input type="checkbox"/> 51 TO 200 UNITS	<input type="checkbox"/> 50,001 TO 100,000 SF	<input type="checkbox"/> PERSONAL CARE	<input type="checkbox"/> MH PARKS
<input type="checkbox"/> OVER 200 UNITS	<input type="checkbox"/> OVER 100,000 SF	<input type="checkbox"/> HOTELS/MOTELS	<input type="checkbox"/> WAREHSE
<input type="checkbox"/> ALL SIZES	<input type="checkbox"/> ALL SIZES	<input type="checkbox"/> LAND	<input type="checkbox"/> STORAGE
<input type="checkbox"/> OTHER: _____			

Quality Preferred: "A" "B" "C" Any Condition

Cash Flow: Breakeven Positive Negative (Rehabs)

Leverage: 0% 10% 20% 30% down All Cash

I and/or my investment group can make a minimum CASH investment of \$ _____ in any one property. (Financial information will be required at a later date.)

I/we hope to make an acquisition within the next _____ months. I/we have been seeking an acquisition for _____ months.

I/we presently own _____ number of apartment units and/or _____ square feet of _____ space and/or _____ properties.

My/our interest in receiving future submissions is as:

<input type="checkbox"/> INDIVIDUAL/INVESTMENT GRP	<input type="checkbox"/> PRINCIPAL	<input type="checkbox"/> SINGLE USER
<input type="checkbox"/> CO-OP BROKER	<input type="checkbox"/> JV PARTNER	<input type="checkbox"/> MULTI USER

My principal occupation is: _____

Other requirements (geographic preference, cap rate, cash on cash return, etc.) or comments:
