

Borrower	_____
Application Date	_____
Originator	_____

Commercial Mortgage Application  
 Property Type: **HEALTH CARE**

**Loan Information**

Loan Name/Description \_\_\_\_\_

Recourse Preference      Recourse      Non-Recourse      Negotiable

Loan Purpose              Purchase      Refinance      Construction

If Purchase, Purch Price    \$ \_\_\_\_\_      Closing Date \_\_\_\_\_

If Refinance, Loan Balance    \$ \_\_\_\_\_      Interest Rate \_\_\_\_\_%      Type: Fixed\_\_\_ Variable\_\_\_

Cost of Recent Improvements \$ \_\_\_\_\_      Improvements Documented?    Yes\_\_\_ No\_\_\_ Unknown\_\_\_

If Constr, Constr Cost+Land    \$ \_\_\_\_\_      Completion Date \_\_\_\_\_

**Borrower Information**

Borrower Name \_\_\_\_\_

Borrower Type              Individual      Corp      LLC      Trust      Ltd or Gen Ptnrshp      Other\_\_\_\_\_

Primary Contact \_\_\_\_\_      Contact Email \_\_\_\_\_

Address \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Phone                      (    ) \_\_\_\_\_      Fax (    ) \_\_\_\_\_

Net Worth                  \$ \_\_\_\_\_      FICO Score \_\_\_\_\_      Bankruptcy?    Yes\_\_\_ No\_\_\_

**Property Information**

Property Name \_\_\_\_\_      No. of Bldgs \_\_\_\_\_

Property Subtype:      Nursing Home\_\_\_ Congregate Care\_\_\_ Assisted Living\_\_\_ Other\_\_\_\_\_

Land Area \_\_\_\_\_      Property Management Contract in place?    Yes\_\_\_ No\_\_\_

Last Appraised Value      \$ \_\_\_\_\_      Last Sale Price \$ \_\_\_\_\_

Last Appraisal Date \_\_\_\_\_      Date of Last Sale \_\_\_\_\_

Property Attributes      Adjacent to Sewage/Waste Treatment facility?    Yes\_\_\_ No\_\_\_      Unlicensed Beds \_\_\_\_\_ %

Cafeterias\_\_\_ Laundry Rms\_\_\_ Pools\_\_\_ Clubhses\_\_\_ Rec. Areas\_\_\_ Exercise Rooms\_\_\_ Nursing Stations\_\_\_ Security Gates\_\_\_

Surrounding Land Use      Light Industrial\_\_\_ Heavy Industrial\_\_\_ Industrial Park\_\_\_ Office\_\_\_ Residential\_\_\_ Other\_\_\_\_\_

Distance from Hospital \_\_\_\_\_ miles      Level A Deficiencies in the past 2 years?    Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

**Building Information**

Building Address \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

Number of Stories\_\_\_ Year Built\_\_\_ Year Renovated\_\_\_      Overall Appearance: Avg\_\_\_ Above\_\_\_ Below\_\_\_

Air Conditioning\_\_\_%      Sprinklered\_\_\_%      Flat Roof?    Yes\_\_\_ No\_\_\_      T-111 Exterior?    Yes\_\_\_ No\_\_\_

Est. Market Vacancy %      \_\_\_\_\_%      Gross Building Area \_\_\_\_\_ SF      Net Rental Area \_\_\_\_\_ SF

## Rent Roll

Building Name \_\_\_\_\_ Rent Roll Date \_\_\_\_\_

No.	Unit Type: Assisted Living, Independent Living, Skilled Nursing, Intermediate Care, Sub-Acute Care	No. of Occupied Beds	No. of Vacant Beds	Total Occupied Area (SF)	Total Vacant Area (SF)	Avg. Monthly Rent per Bed	Est. Market Rent per Bed	% of Month to Month	Utilities/Services Included in Rent							
									Utilities	Storage	Parking	Meals	Trans	Landsc	Hskeep	
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## Income & Expenses

Building Name \_\_\_\_\_

Item	3rd Preceding Year	2nd Preceding Year	Preceding Year	YTD No of Months____	Trailing 12 Months	Notes
Private Pay						
Medicare/Medicaid						
Nursing/Medical Income						
Meals Income						
Other Income						
Vacancy & Coll. Loss						
<b>Effective Gross Income</b>						
Real Estate Taxes						
Property Insurance						
Utilities						
Repairs and Maintenance						
Management Fees						
Payroll and Benefits						
Advertising and Marketing						
Professional Fees						
General and Administrative						
Room Exp.-House Keeping						
Meal Expense						
Other Expenses						
Ground Rent						
<b>Total Operating Expenses</b>						
<b>Net Operating Income</b>						
Cap Ex. (Repl. Reserves)						
Extraordinary Capital Exp.						
<b>Total Capital Items</b>						
<b>Net Cash Flow</b>						