

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

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						
Effective Gross Income						
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						
Total Operating Expenses						
Net Operating Income						
Cap Ex. (Repl. Reserves)						
Extraordinary Capital Exp.						
Total Capital Items						
Net Cash Flow						