

Commercial Mortgage Yes

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

Borrower	_____
Application Date	_____
Originator	_____
Application Date	_____

Loan Information

Loan Name/Description _____

Recourse Preference Recou Non-Recou Negotiable

Loan Purpose Purchase Refinance Construction

If Purchase, Purch \$ _____ Closing Date _____

If Refinance, Loan I \$ _____ Interest Rate _____ % Type: Fixed _____ Variable _____

Cost of Recent Imp \$ _____ Improvements Documented? Yes _____ No _____ Unknown _____

If Constr, Constr Cc \$ _____ Completion Date _____

Borrower Information

Borrower Name _____

Borrower Type Individ Cor Trust Ltd or Gen P Other _____

Primary Contact _____ Contact Email _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____

Net Worth \$ _____ FICO Score _____ Bankruptcy: Y N ?

Property Information

Property Name _____ No. of Bldgs _____

Property Subtype: Nursing Home _____ Congregate Care _____ Assisted Living _____ Other _____

Land Area _____ Property Management Contract in place? Y N ?

Last Appraised Val \$ _____ Last Sale Price \$ _____

Last Appraisal Date _____ Date of Last Sale _____

Property Attributes Adjacent to Sewage/Waste Treatment facility: Y N ? Unlicensed Beds _____ %

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

Surrounding Land l 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: Y N ? T-111 Exterior: Y N ?

Est. Market Vacanc _____ % Gross Building Area _____ SF Net Rental Area _____ SF

Commercial Mortgage Yes Income & Expenses

Building Name _____

Item	2003	2004	2005	YTD No of Months	Trailing 12 Months	Adjustments	Final	Notes
Private Pay								
Medicare/Medicaid								
Nursing/Medical Income								
Meals Income								
Other Income								
Vacancy & Coll. Loss								
Active 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								
Operating Expenses								
Net Operating Income								
Cap Ex. (Repl. Reserves)								
Extraordinary Capital Exp.								
Total Capital Items								
Net Cash Flow								