

Application Forms

Health Care

A L F Nursing Homes

Hospital

Dentist

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 Prtnrshp 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

Real Business Loans, LLC 4100 SW 194 Terr. Miramar, FL 33029
 Tel. 954-433-1648 Fax: 954-441-3359
 RealBusinessLoans.com

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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2																
3																
4																
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Health Care property Purchase or Refinance
Commercial Loans

Check List of required information to complete business loan proposal.

Project Name _____

Borrower Name _____

Borrower Address _____

Phone _____ Cell _____ Fax _____

Date Received _____

Personal information

- _____ Signed 1003, officers owning more than 20% of the company
- _____ Copy of, S.S.,D.L., Resident Card or Citizen proof.
- _____ Credit report authorization by borrower's.
- _____ Personal financial statement dated within 30 days (no 1003)
- _____ Current year personal bank Accounts.
- _____ Last three years of personal income tax.
- _____ Assets documents support.
- _____ Current personal financial statement (30 days) for each partner stockholder and or officer owning more than 20% of the company.
- _____ Last 3 years personal income tax, on all 20% + owners
- _____ Three last months personal bank statements.
- _____ Financial statement of any affiliate business owned, operated, or 50% or more controlled by principals of this business.

Business & property information

- _____ Copy of corporate charter, articles & by law, assumed name.
- _____ Copy of business license.
- _____ Description / History of the company.
- _____ Resumes on key management.
- _____ Last three years business Income Tax
- _____ Current year of business profit and loss, dated within 30 days.
- _____ Current financial statement.
- _____ Current year business bank statements.
- _____ Schedule of account receivables, balancing to current statement.
- _____ Schedule of accounts payable, balancing to current statement.
- _____ Copy of deed, trust, or warranty deed.(refinancing)
- _____ Copy of the note.(refinancing)
- _____ Copy of the buy or sell agreement.(purchase)
- _____ Insurance, tax, and association information.
- _____ Appraisal of Real Estate, (older)
- _____ Purpose and benefit of the loan, and use of the loan proceeds.
- _____ Actual photo's of the property.
- _____ Actual operation program (refinancing)
- _____ Development project (purchase)
- _____ One year financial projection.

Customer Signature

Rep. Signature