



**Premier Small
Business Solutions, LLC**
Commercial Mortgage Application
Property Type: **HEALTH CARE**

Borrower	_____
Application Date	_____
Originator	_____
Application Date	_____

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: 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 Value \$ _____ 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 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: Y N ? T-111 Exterior: Y N ?

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. / Months____	Trailing 12 Months	Adjustments	Final	Notes
Private Pay								
Medicare/Medicaid								
Nursing/Medical								
Meals Income								
Other Income								
Vacancy & Coll. Loss								
Effective Gross								
Real Estate Taxes								
Property Insurance								
Utilities								
Repairs and								
Management Fees								
Payroll and Benefits								
Advertising and								
Professional Fees								
General and								
Room Exp.-House								
Meal Expense								
Other Expenses								
Ground Rent								
Total Operating								
Net Operating								
Cap Ex. (Repl.								
Extraordinary Capital								
Total Capital Items								
Net Cash Flow								