

**HEALTH CARE  
Additional Information  
Commercial Loan Application**

Please submit this with Pre-Qualification Application

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

Borrower contact: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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

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

**Property Information**

Property/ Project Name: \_\_\_\_\_

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

Last Appraisal Value \$ \_\_\_\_\_ Last Date Appraised \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

**Property Subtype:**

Nursing Home \_\_\_\_\_ Congregate Care \_\_\_\_\_ Assisted Living \_\_\_\_\_ Other \_\_\_\_\_

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

**Property Attributes:**

Cafeterias \_\_\_\_\_ Pools \_\_\_\_\_ Laundry Rooms \_\_\_\_\_ Clubhouse \_\_\_\_\_ Exercise Rooms \_\_\_\_\_ Recreation Areas

Nursing Stations \_\_\_\_\_ Security Gates \_\_\_\_\_ Unlicensed Beds \_\_\_\_\_ %

Sewage/Waste Treatment facility? Yes \_\_\_\_\_ No \_\_\_\_\_

Miles to Hospital Center \_\_\_\_\_ Level A Deficiencies in the past 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

**Surrounding Property Land Use: Describe**

- 1/ Similar Residential: \_\_\_\_\_
- 2/ Higher Scale Residential: \_\_\_\_\_
- 3/ Lower Scale Residential: \_\_\_\_\_
- 4/ Medical Office: \_\_\_\_\_
- 2/ Lower Scale Retail: \_\_\_\_\_
- 3/ Industrial Park: \_\_\_\_\_
- 7/ Retail: \_\_\_\_\_
- 7/ Class A-B-C Office: \_\_\_\_\_
- 8/ Residential: \_\_\_\_\_
- 9/ Commercial: \_\_\_\_\_
- 10/ Mixed-Use \_\_\_\_\_
- 11/ Other: \_\_\_\_\_

**Building Information**

Building address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Number of Retail Stores \_\_\_\_\_ Year Built \_\_\_\_\_ Last Year Renovated \_\_\_\_\_

Overall Appearance: Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Ceiling Fans \_\_\_\_\_ Microwave \_\_\_\_\_

Number of Covered Parking Spaces \_\_\_\_\_ Uncovered \_\_\_\_\_ Sprinkler System \_\_\_\_\_ % HVAC \_\_\_\_\_ %

Structure Type: Block \_\_\_\_\_ Frame \_\_\_\_\_ Frame & Brick \_\_\_\_\_ Corner-Property Yes \_\_\_\_\_ No \_\_\_\_\_ Fireplace \_\_\_\_\_

Air Conditioning \_\_\_\_\_ Estimated Market Value \$ \_\_\_\_\_ Gross Building Square Feet \_\_\_\_\_

Flat Roof ? Yes \_\_\_\_\_ No \_\_\_\_\_ Estimated Market Vacancy \_\_\_\_\_ % Number of Guest Rooms \_\_\_\_\_ Number of Elevators \_\_\_\_\_

Exterior Materials T-111 \_\_\_\_\_ Brick \_\_\_\_\_ Stucco \_\_\_\_\_ Block \_\_\_\_\_ Net Rental Area \_\_\_\_\_ Square Feet