



CAMBRIDGE

Realty Capital Companies

125 SOUTH WACKER DRIVE | SUITE 1800 | CHICAGO, IL 60606 | M 312-357-1601 | F 312-357-1611
WWW.CAMBRIDGECAP.COM

Senior Housing / Healthcare Signature Matrix™

-- Privacy Statement --

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Part I – Property Description

Name of Facility:		
Location – City & State:		
Type of Facility: <i>(Check Appropriate Box)</i>	<input type="checkbox"/> Congregate Care	
	<input type="checkbox"/> Assisted Living / Board & Care	
	<input type="checkbox"/> Nursing Home	
	<input type="checkbox"/> Alcohol & Drug Center / Psych / Rehab Hospital	
	<input type="checkbox"/> Acute Care Center	
Capital Requirement: \$		
Indicate Type of Capitalization <i>(Check Appropriate Box)</i>	<input type="checkbox"/> Permanent Mortgage	
	<input type="checkbox"/> Bridge Loan	
	<input type="checkbox"/> Acquisition	
	<input type="checkbox"/> Joint Venture	
	<input type="checkbox"/> Equity	
	<input type="checkbox"/> Construction	
<input type="checkbox"/> Expansion / Rehabilitation		
Facility Description:	Number of Beds / Units:	
	Year(s) Built:	
	Facility Size in Square Feet:	
	Land Area in Square Feet:	
	Type of Sprinkler System:	
Occupancy:	% Occupied for the current period:	
	% Occupied for 2009:	
	% Occupied for 2008:	
	% Occupied for 2007:	
Past Litigation <i>(if applicable)</i> :	Please provide details of all past related litigation, bankruptcy, foreclosures or deed in lieu transactions that may show up in a credit report. Also provide information regarding any Federal Debt Default/Tax Lien, etc. Attach pages as required.	
Owners: <i>(attach resumes or company history(ies))</i>	Name:	Telephone:
	Company:	E-Mail:
	Name:	Telephone:
	Company:	E-Mail:

Continued...

Part II: Mandatory Checklist for Existing Property Only:

Please indicate if document requested is attached, or was previously submitted.

Item:	Attached	Previously Submitted	Open
Current Rent Roll – for congregate care and assisted living only. Attach listing that includes tenant name, type of unit occupied and amount of monthly rent. List any additional services provided and indicate fees for such services.			
Current Operating Statement – Year-to-date for current calendar year			
Historical Operating Statements – Financial statements for previous three calendar years			
Copy of Current State License			
Copy of Current Lease – If property is leased, please provide copy of the lease and all related documents			
Purchase Option – If property has purchase option, please provide a copy with all related documents			
Signed Letter of Intent or Purchase Contract – MANDATORY for all acquisition transactions			
Mortgage – For refinancing, please provide copy of existing mortgage and note. If more than one property, please provide documents for each individual facility.			
Certificate Of Professional Liability Insurance.			
24 Months Claim History Of Professional Liability Insurance.			
Lawsuits Outstanding, If Any.			
Professional Liability Insurance Premium – date of last renewal, change in premium at last renewal, and expected premium on next renewal.			
Star Rating – for Florida properties only.			

Part III: Construction Projects And For Existing Properties.

Item:	Attached	Previously Submitted	Open
Pro forma Statement – Income and expense projections			
Costs – Provide a breakdown of anticipated costs			
Plans – Provide plans and specifications			
Financial Statements – Please provide up-to-date corporate financial statement. Must include balance sheet and individual personal financial statements for principals of close held companies.			
Appraisal – Provide a copy of most recent appraisal. Does not have to be new.			
Brochure – Provide a brochure on the facility as well as an overview of your company and the number of facilities owned or managed, if possible.			
Feasibility Study – For <i>new construction</i> please provide a copy of the feasibility study.			
Photographs – Provide as many color pictures as you can of the exterior of the facility. MUST be on CD.			
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