



CAMBRIDGE

Realty Capital Companies

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SIGNATURE MATRIX™ – WHOLE LOAN

— Privacy Statement —

We at Cambridge Realty Capital Companies ("Cambridge" or "we") understand the sensitivity of your personal and corporate financial information. Our business depends on your trust. Thus, we take steps to ensure the privacy and security of your personal and corporate financial information. Information is not released to anyone except Cambridge employees who have a need to know in order to perform their functions, to our client's personnel or to others as needed to fulfill our or your business operations and financial requests. Cambridge uses reasonable efforts to establish and maintain administrative, technical and physical safeguards to protect the security, confidentiality and integrity of all personal and corporate financial and other information.

Part I – Property Description	
Name of Facility:	
City & State:	
Type of Facility: (Check One)	<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
Description of Facility:	Number of Beds/Units:
	Facility Size in Square Feet:
	Year Built:
	Land Area in Square Feet:
Occupancy:	% Occupied for current period:
	% Occupied for 2009:
	% Occupied for 2008:
	% Occupied for 2007:
Past Litigation: (If Applicable)	Please provide details of all past related litigation, bankruptcy, foreclosures or deed in lieu transactions that may show up in a credit report. Attach pages as required.
Owners:	Name: _____ Telephone: _____
	Company: _____ E-Mail: _____
	Name: _____ Telephone: _____
	Company: _____ E-Mail: _____

Part II – This Signature Matrix™ Form Completed By:	
First & Last Name:	
Your Title:	
Name of Company:	
Street Address:	

City / State / Zip:	
Telephone Number:	
Fax Number:	
E-Mail Address:	
Web Site URL:	

Part III – Information on Mortgage Loan / Asset		
A copy of current mortgage and note is required		
A copy of payment history is required		
Please include copies of all relevant correspondence and file data		
Original unpaid Principal Balance:	\$	
Origination Date:		
Current unpaid Principal Balance:	\$	As of date:
Maturity Date:		
Current Interest Rate:		
P & I Payment:		
Litigation?	Circle: YES or NO If Yes, provide details of all past related litigation, bankruptcy, foreclosures or deed in lieu transactions that may show up in a credit report. Attach pages as required.	
Maturity Date (2 nd):		
Appraised Value:		
Date of Appraisal:		

Part IV – Checklist – For Existing Property Only			
Item:	Attached	Sent Previously	Open
Current Rent Roll – Provide listing that includes tenant name, type of unit occupied and amount of monthly rent. If the facility is congregate care or assisted living, list any additional services provided and indicate fees for such services. Attach pages as required.			
Current Operating Statement – Year-to-date for current calendar year			
Historical Operating Statements – financial statements for previous three calendar years. Income statements and balance sheets.			
Copy of Current State License			
Copy of Lease – If property is leased, provide copy of the lease and all related documents			
Purchase Option – If property has purchase option, please provide a copy along with all related documents.			
Appraisal – Provide a copy of the most recent appraisal			
Brochure – Provide a brochure on the facility as well as an overview of your company and the number of facilities owned or managed, if available.			
Feasibility Study – Provide a copy of the property’s feasibility study, if available.			
Photographs – Please provide as many color pictures as you can of the exterior of the facility. MUST be on CD.			
Please provide information regarding any Federal Debt Defaults/Tax Liens, Etc.			

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