



CAMBRIDGE

Senior Housing & Healthcare Capital

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HUD Senior Housing / Healthcare *Signature Matrix*TM HUD Pre-Application Conference Information Checklist

PART ONE – PROPERTY DESCRIPTION			
Name of Facility			
City / State			
Type of Facility: (Check Appropriate Box)	<input type="checkbox"/>	Congregate Care	<input type="checkbox"/>
	<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>
	<input type="checkbox"/>	Alcohol / Drug / Psych / Rehab Hospital	
Occupancy	% Occupied for Current Period:		% Occupied for 2018:
	% Occupied for 2017:		% Occupied for 2016:
Past Litigation: (If Applicable)	Please provide details of all past related litigation, bankruptcy proceedings, foreclosures or deed in lieu transactions that may appear in a credit report. Attach pages as required.		
Owners:	Name:		Telephone:
	Company:		E-Mail:
	Name:		Telephone:
	Company:		E-Mail:

Part Two – Mandatory – Required for HUD Pre-Application Conference Checklist: Please provide of “open” box is not checked.			
Item	Attached	Sent Previously	Open
Phase I Environmental Report			
New Feasibility Study			
Names, Social Security Numbers And Resumes Of All Officers, Directors, And Stockholders			
Operating Budgets			
Building And Site Photographs – Submit On CD			
ALTA Survey Or Site Plan			
Completed Salary Breakdown Form			
Copy Of Operating License			
Current Medicaid Rate Letter			
Current Medicare Rate Sheet			
Private Pay Rate Schedule			
Most Recent State Health Inspection Report			
Current Patient Roster Including Bed Holds			
Recent Appraisal			
Facility Brochure			
Description Of Any Capital Improvement Made To Facility Over Last Three Years			
Current Year-To-Date Financial Statement			

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