



CAMBRIDGE

Senior Housing & Healthcare Capital

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Senior Housing / Healthcare *Signature Matrix*TM

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Part I – Property Description

Name of Facility:					
Location – City & State:					
Type of Facility: <i>(Check Appropriate Box)</i>	Congregate Care				
	Assisted Living / Board & Care				
	Nursing Home				
	Alcohol & Drug Center / Psych / Rehab Hospital				
	Acute Care Center				
Capital Requirement: \$					
Indicate Type of Capitalization: <i>(Check Appropriate Box)</i>	Permanent Mortgage				
	Bridge Loan				
	Acquisition				
	Joint Venture				
	Equity				
	Construction				
Facility Description & Profile:	Expansion / Rehabilitation				
	Do Any of the Beds / Units Serve A Special Use Population (i.e. individuals who are mentally ill, individuals recovering from alcohol or drug dependency, individuals recovering from eating disorders, hospice, ventilator patients, traumatic head injury patients, etc.)? If yes, please answer below question; if no, please simply continue filling out.				
	Please confirm that one or more full bathrooms is provided for every four residents of a board and care home or assisted living facility, and bathroom access from any bedroom or sleeping area does not pass through a public corridor or area.				
	Please describe the percentage of residents that would be considered special use population, as described above, as well as a detailed description of the services that are provided to these residents.				
	Number of Beds / Units:				
	Year(s) Built:				
	Has the facility been expanded within the past 3 years?				
	Facility Size in Square Feet:				
	Land Area in Square Feet:				
	Type of Sprinkler System:				
Occupancy:	% Occupied for the current period:				
	% Occupied for 2018:				
	% Occupied for 2017:				
	% Occupied for 2016:				
Past Litigation & Bankruptcy:	Entity / Individual: (Please check off applicable boxes)	Bankruptcy	Litigation	Federal / State Debt Default Or Tax Lien	None
	Borrower				
	Borrower's Principal(s)				
	Attach any documentation related to the above. Please provide for all principals.				
Owners: <i>(attach resumes or company history(ies))</i>	Name:				Telephone:
	Company:				E-Mail:
	Name:				Telephone:
	Company:				E-Mail:

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 – Trailing 12 months on a month-by-month basis. *updated T12 will be required every month of the underwriting process until closing			
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
Management/Operating Company Background			
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 shared electronically.			
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I, _____, certify that all information provided in response to Parts I-III outlined above is true and correct.

Signature

Date