



# CAMBRIDGE

*Senior Housing & Healthcare Capital*

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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)	Congregate Care	
	Assisted Living / Board & Care	
	Nursing Home	
	Alcohol & Drug Center / Psych / Rehab Hospital	
	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 2018:	
	% Occupied for 2017:	
	% Occupied for 2016:	
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:	

<b>Part III – Information on Mortgage Loan / Asset:</b>		
<b>A copy of current mortgage and note is required</b>		
<b>A copy of payment history is required</b>		
<b>Please include copies of all relevant correspondence and file data</b>		
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 <sup>nd</sup> ):		
Appraised Value:		
Date of Appraisal:		

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

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