



CAMBRIDGE

Senior Housing & Healthcare Capital

1 NORTH LASALLE STREET | 137TH FLOOR | CHICAGO, IL 60602 | M 312-357-1601 | F 312-357-1611

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Senior Housing / Healthcare *Signature Matrix*TM

Part I – Property Description:

1. **Name of Facility:**
2. **Location / Address:**
3. **Type of Facility:**
 Congregate Care Assisted Living / Board & Care / Memory Care
 Nursing Home Acute Care Center
4. **Indicate Type of Capitalization:**
 Acquisition Joint Venture Equity Refinance
 Construction Expansion / Rehabilitation
5. **Capital Requirement: \$**
6. **Number of Beds / Units:**
7. **Year(s) Built:**
8. **Sprinkler System:** Entire Building Partial

Part II: Mandatory Checklist for Existing Property Only:

1. **Current Operating Statement** – Trailing 12 months on a month-by-month basis. (Preferably in Excel)
2. **Historical Operating Statements** – Financial statements for previous three years.
3. **Current Rent Roll** – (for congregate care and assisted living only)
4. **Occupancy Reports** - Trailing 12 months and previous 3 years.
5. **Mortgage** – For refinancing, please provide copy of existing loan agreement, mortgage agreement, and note.
If more than one property, please provide documents for each individual facility.
6. **Certificate of Professional Liability Insurance**
7. **Signed Letter of Intent or Purchase Contract** – MANDATORY for all acquisition transactions.
8. **Appraisal, if available**