



# AZTEC FINANCIAL SERVICES

PH: 813-261-5125 FAX: 813-814-1266

Contract Number
Application Date
Aztec Originator
Other

## COMMERCIAL MORTGAGE APPLICATION

Property Type: Health Care

### Borrower Information

Borrower's Legal Name \_\_\_\_\_ Date \_\_\_\_\_

Borrower Type  Corp  Individual  Trust  LLC  Proprietorship  Partnership  Non-Prof  Other \_\_\_\_\_

Contact Name \_\_\_\_\_ Tax EIN # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone & Ext. \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Contact Email \_\_\_\_\_ Contact Web Site \_\_\_\_\_

Net Worth \$ \_\_\_\_\_ Personal FICO (Credit) Score \_\_\_\_\_ Previous Bankruptcy (Circle) Y N If Yes, Year? \_\_\_\_\_

### Loan Information

Loan Name/Description \_\_\_\_\_

Recourse Preference  Recourse  Non-Recourse  Negotiable Contractor Name (if applicable)? \_\_\_\_\_

Loan Purpose  Purchase  Refinance  Construction Date Permits Pulled (if applicable)? \_\_\_\_\_

If Purchase, Purch Price \$ \_\_\_\_\_ Closing Date \_\_\_\_\_

If Refinance, Loan Balance \$ \_\_\_\_\_ Previous Interest Rate \_\_\_\_\_% Type: Fixed \_\_\_\_\_ Variable \_\_\_\_\_

Cost of Recent Improvements \$ \_\_\_\_\_ Improvements Documented Yes \_\_\_ No \_\_\_ Unknown \_\_\_\_\_

If Constr, Constr Cost+Land \$ \_\_\_\_\_ Completion Date \_\_\_\_\_

### Property Information

Property Name \_\_\_\_\_ No. of Bldgs \_\_\_\_\_

Property Subtype: Nursing Home \_\_\_\_\_ Congregate Care \_\_\_\_\_ Assisted Living \_\_\_\_\_ Other \_\_\_\_\_

Land Area \_\_\_\_\_ Property Management Contract in place? Y N ?

Last Appraised Value \$ \_\_\_\_\_ Last Sale Price \$ \_\_\_\_\_

Last Appraisal Date \_\_\_\_\_ Date of Last Sale \_\_\_\_\_

Property Attributes: Adjacent to Sewage/Waste Treatment Facility: Y N ? Unlicensed Beds \_\_\_\_\_%

Cafeterias \_\_\_ Laundry Rms \_\_\_ Pools \_\_\_ Clubhouses \_\_\_ Rec. Areas \_\_\_ Exercise Rooms \_\_\_ Nursing Stations \_\_\_ Security Gates \_\_\_

Surrounding Land Use Light Industrial \_\_\_ Heavy Industrial \_\_\_ Industrial Park \_\_\_ Office \_\_\_ Residential \_\_\_ Other \_\_\_\_\_

Distance from Hospital \_\_\_\_\_ miles Level A Deficiencies in the past 2 years? Yes \_\_\_ No \_\_\_ Don't Know \_\_\_

### Building Information

Building Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Number of Stories \_\_\_\_\_ Year Built \_\_\_\_\_ Year Renovated \_\_\_\_\_ Overall Appearance: Avg \_\_\_ Above \_\_\_ Below \_\_\_

Air Conditioning \_\_\_\_\_% Sprinkler System \_\_\_\_\_% Flat Roof: Y N ? T-111 Exterior: Y N ?

Est. Market Vacancy Percentage \_\_\_\_\_% Gross Building Area \_\_\_\_\_SF Net Rental Area \_\_\_\_\_SF

Digital Photographs Inside and Outside of Building Provided Y N Please Include Photos Or Send Via E-mail

<b>Owner(s) Information</b>	
Attach Second Sheet If Necessary	
<b>Owner Name:</b>	<b>Owner Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Social Security Number :</b>	<b>Social Security Number :</b>
<b>% of Ownership:</b>	<b>% of Ownership:</b>
<b>Annual Compensation: \$</b>	<b>Annual Compensation: \$</b>

<b>Officer &amp; Director Information (If Not Listed Above)</b>	
<b>Owner Name:</b>	<b>Owner Name:</b>
<b>Home Address:</b>	<b>Home Address:</b>
<b>Social Security Number :</b>	<b>Social Security Number :</b>
<b>% of Ownership:</b>	<b>% of Ownership:</b>
<b>Annual Compensation: \$</b>	<b>Annual Compensation: \$</b>

<b>General Information</b>	
<b>Number Of Employees At Time Of Application:</b>	<b>Number Of Employees Expected After This Loan:</b>
<b>Accountant's Name &amp; Phone:</b>	<b>Attorney's Name &amp; Phone:</b>
<b>Insurance Agent's Name &amp; Phone:</b>	<b>Other Insurance (Life/Hazard) Agent's Name &amp; Phone:</b>
<b>Bank Contact: Phone:</b>	<b>Mortgage Contact: Phone:</b>
<b>Address:</b>	<b>Address:</b>
<b>Account #: Fax #:</b>	<b>Account #: Fax #:</b>

**DECLARATION**

The above information, together with any accompanying financial statements, schedules or other materials, is submitted for the purpose of obtaining credit and is warranted to be true, correct and complete. The undersigned hereby warrants that any individual identified above who is either a principal, personal guarantor or a sole proprietor of the credit applicant, recognizes that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, has provided his/her written authorization for inquiry as to their credit worthiness, including but not limited to obtaining a consumer credit report, and shall hold Aztec Financial Services LLC (AFS) and its assignees harmless for same. AFS is hereby authorized to investigate (directly or through an agent or nominee) your/their credit and financial standing. You understand that such investigation may include seeking information as to the background, credit and financial responsibility of your officers and principals (or any of them). The applicant further agrees to notify AFS promptly of any material change in any such information they may provide in conjunction with this application.

**If Applicant(s) are to Personally Guarantee – Guarantor(s) Must Provide Signature(s) To Enable Credit Investigation.**

**Federal Equal Credit Opportunity Act (FECOA)**

In the event that your application for business credit is denied, you have the right to a written statement of the reason of denial. To obtain that statement please contact us within 60 days from the date that you are notified of our decision. We will send you a written statement of the reasons for the denial within 30 days of your request for the statement. NOTICE: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applications on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, Equal Credit Opportunity Washington, DC 20580.

Applicant	Signature	Title	Date

**FAX TO AZTEC AT: 813 - 814 - 1266**

**AZTEC FINANCIAL SERVICES LLC**

PH: 813-261-5125 OR 877-298-3219

550 N. Reo St. Suite 300, Tampa, FL 33609

www.aztecfs.com

credit@aztecfs.com

# AZTEC FINANCIAL SERVICES LLC -- HEALTH CARE

## Rent Roll

**Building Name** \_\_\_\_\_ **Rent Roll Date** \_\_\_\_\_

No.	Unit Type: Sub Acute Care Assisted Living, Intermediate Care, Skilled Nursing, Independent Living	No. of Occupied Beds	No. of Vacant Beds	Total Occupied Area (SF)	Total Vacant Area (SF)	Avg. Monthly Rent per Bed	Est. Market Rent per Bed	% of Month to Month	Utilities/Services Included in Rent							
									Utilities	Storage	Parking	Meals	Trans	Landsc	Hskeep	
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# AZTEC FINANCIAL SERVICES LLC -- HEALTH CARE

## Income & Expenses

Building Name \_\_\_\_\_

Description	3rd Preceding Year _____	2nd Preceding Year _____	Preceding Year _____	YTD No of Months _____	Trailing 12 Months	Adjustments	Final	Notes
Private Pay								
Medicare/Medicaid								
Nursing/Medical Income								
Meals Income								
Other Income								
Vacancy & Coll. Loss								
Effective Gross Income								
Real Estate Taxes								
Property Insurance								
Utilities								
Repairs and Maintenance								
Management Fees								
Payroll and Benefits								
Advertising and Marketing								
Professional Fees								
General and Administrative								
Room Exp.-House Keeping								
Meal Expense								
Other Expenses								
Ground Rent								
Total Operating Expenses								
Net Operating Income								
Cap Ex. (Repl. Reserves)								
Extraordinary Capital Exp.								
Total Capital Items								
Net Cash Flow								