



Underwriters Preferred Commercial Lending Trust

Form 1003(c)
Commercial Mortgage Application
Property Type: **HEALTH CARE**

Affiliate _____
Application Date _____
Affiliate ID _____

PAGES 2 & 3 MAY BE PROVIDED BY BORROWER
Fill out & email to app@upltrust.com or fax to (224) 955-2748

Loan Information

Loan Name/Description _____
Recourse Preference Recourse Non-Recourse Negotiable
Loan Purpose Purchase Refinance Construction
If Purchase, Purch Price \$ _____ Closing Date _____
If Refinance, Loan Balance \$ _____ Interest Rate _____% Type: Fixed___ Variable___
Cost of Recent Improvements \$ _____ Improvements Documented? Yes___ No___ Unknown___
If Constr, Constr Cost+Land \$ _____ Completion Date _____

Borrower Information

Borrower Name _____
Borrower Type Individual Corp LLC Trust Ltd or Gen Ptnrshp Other _____
Primary Contact _____ Contact Email _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Fax () _____
Net Worth \$ _____ FICO Score _____ Bankruptcy? Yes___ No___

Property Information

Property Name _____ No. of Bldgs _____
Property Subtype: Nursing Home___ Congregate Care___ Assisted Living___ Other___
Land Area _____ Property Management Contract in place? Yes___ No___
Last Appraised Value \$ _____ Last Sale Price \$ _____
Last Appraisal Date _____ Date of Last Sale _____
Property Attributes Adjacent to Sewage/Waste Treatment facility? Yes___ No___ Unlicensed Beds___ %
Cafeterias___ Laundry Rms___ Pools___ Clubhses___ 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___% Sprinklered___% Flat Roof? Yes___ No___ T-111 Exterior? Yes___ No___
Est. Market Vacancy % ___% Gross Building Area _____SF Net Rental Area _____SF

Income & Expenses

Building Name _____

Item	3rd Preceding Year	2nd Preceding Year	Preceding Year	YTD No of Months _____	Trailing 12 Months	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						