

HEALTHCARE PURCHASE & REFINANCE QUESTIONNAIRE

APPLICANT'S INFORMATION				LOAN REQUEST INFORMATION			
Applicant's Name:				Amount Requested:			
Address:				Term:		Amortization:	
Phone :		Fax:		Interest Rate:		Cash Down:	
Email:				Current Value of Property:			
Contact Name:				Use of Funds:			
Type of Ownership/Company:							
Is this the sole asset of the borrowing entity? If no, what other assets are there?		<input type="checkbox"/> <input type="checkbox"/>		Reason for Financing:			
Net Worth:		Liquidity:					
# of Healthcare Facilities currently owned:							
PROPERTY INFORMATION							
Property Name and Address:							
Type of Property:						# of Units/Beds:	
# of Months Owned:						Year Built:	
Current Occupancy:						Estimate Value:	
Occupancy for: YTD 2005:		YTD 2006:				YTD 2007:	
Original Purchase Price:				Cash Invested Since Purchase:			
Current Balance of Existing Debt:				Balance of 2nd & 3rd Mortgages:			
Current Lender				Gross Sq. Ft & Total Land Area:			
Current Interest Rate:				Current Payment:			
Current Loan Maturity Date:				Current Amortization:			
Is the Operations Leased?				To Whom:			
Select all that apply:		Master-Metered <input type="checkbox"/>		Sub-Metered <input type="checkbox"/>		Ground Lease <input type="checkbox"/>	
REVENUE SOURCES	Revenue Source	Prior Full Year # of Days	Current Full Year # of Days	Average Per Diem Rate			
	Medicaid						
	Medicare						
	Med-Cal						
	Private						
	Semi-Private						
	Insurance						
	Other						
TO SUBMIT YOUR REQUEST				FOR A PRELIMINARY REVIEW, PLEASE SEND THE FOLLOWING ITEMS			
Please type the answers to the requested information and submit this Questionnaire via email at: andrew@westcapitalfunding.com Please also forward the requested documents on the checklist provided via email to: andrew@westcapitalfunding.com Name of Person Submitting Request: Phone # of Person Submitting Request: Email of Person Submitting Request:			<input type="checkbox"/>	Brief Property Description			
			<input type="checkbox"/>	Property Location Maps and Site Maps			
			<input type="checkbox"/>	Color Photographs, in and around the Property			
			<input type="checkbox"/>	Current Rent Roll / Census			
			<input type="checkbox"/>	Three most recent and YTD certified annual operating statements			
			<input type="checkbox"/>	Current & 3 prior yrs of 3rd party reimbursement rates + rate increases & effective dates			
			<input type="checkbox"/>	Resume of Owner(s)/ Applicant(s) and Management			
			<input type="checkbox"/>	Recent Financial Statement of Owner(s), General Partner(s), Applicant(s)			
			<input type="checkbox"/>	Purchase Agreement (if applicable)			