

Assisted Living Questionnaire

Borrower Information:

Borrower: _____ Number: _____
Email: _____ DOB: _____

Facility Overview Information:

Address: _____
SqFt: _____ Year built: _____ # of Stories: _____ # of Beds: _____
Type of facility: *(memory care, general ALF, etc)* _____

Operational Readiness Information:

What services will be offered? *(e.g., medication management, meals, transportation)* _____

Staffing plan: Number of caregivers, nurses, admin? _____

What is your plan for regulatory compliance and licensing? _____

Do you or your team have prior experience in senior care or healthcare? YES NO

Have you operated any other facilities before? YES NO

How will you attract & retain residents? _____

Refinance Information:

When does the loan come due? _____

Any lates or missed payments? _____

If Working Capital is needed, what for? _____

Total cost/improvements that has been made into the property since purchased: _____

Purchase Information:

When is the specific close of escrow per the contract? _____

What are the lease terms including expiration? _____

How much cash do you have for down payment and closing cost? _____

Is a Seller 2nd involved and if so, how much? _____