



International Commercial Capital Corporation
Income Property / Healthcare Financing Specialists
 www.iccclans.com

ASSISTED LIVING ANALYSIS FORM

Contact: _____ E-MAIL _____
 Phone:: _____ FAX: _____
 Contact Person (Broker): _____ E-MAIL _____
 Broker Company: _____
 Broker Phone:: _____ FAX: _____
 Project Name: _____
 Property Address: _____
 City, State, Zip Code: _____
 Borrowing Entity: _____
 Requested Loan Program: _____
 Purchase Price / *Estimated Value: _____
 Requested Loan Amount: _____
 Secondary Financing: _____
 Total Financing: _____
 Cash Down Payment: _____
 Source of down payment: _____
 *Original Purchase Price (refinance only): _____
 *Original acquisition date (refinance only): _____
 *Existing loan / lender (refinance only): _____

TRANSACTION SUMMARY

Purpose of Transaction: _____

 Description of Improvements: _____

TOTAL MONTHLY RENTS	<input type="text"/>	Total Annual Potential Income	<input type="text"/>	
Ancillary Income	<input type="text"/>	Less Vacancy Allowance	<input type="text"/>	% _____
Vending / Food	<input type="text"/>	Less Operating Expenses	<input type="text"/>	% _____
Other Income	<input type="text"/>	Net Operating Income	<input type="text"/>	
Total Mo Gross Potential Income	<input type="text"/>			

Units (Rooms / Beds): _____
 # Residents: _____
 Total SF (GBA) _____
 Total Vacant Units / Beds: _____
 Occupancy % _____
 # of Stories: _____
 Year Built: _____
 Elevator: _____
 # Parking Spaces _____
 Lot Size: _____
 Fully Sprinklered: _____
 SSI (Subsidy) / % residents _____
 % Private pay residents: _____
 Ambulatory Care _____
 Alzheimer Care _____
 Dementia Care _____

AMENITIES (YES, NO or NUMBER or DESCRIPTION)

Lobby _____
 Common Living Room _____
 Common Dining Room _____
 Kitchen _____
 Dining Room _____
 Laundry Room _____
 Exercise Room _____
 Beauty Salon _____
 Reception Office _____
 Directors Office _____
 Lounge _____
 Formal Dining Room _____
 Employee Locker / Rest Room _____
 Common Rest Room _____

Operating Expenses

General & Administrative _____
 Management _____
 Advertising & Marketing _____
 Accommodations/Housekeeping _____
 Utilities _____
 Maintenance / Repairs _____
 Activities / Transportation _____
 Dietary Food & Payroll _____
 Real Estate Taxes _____
 Licenses _____
 Insurance _____
 Other _____
 Miscellaneous _____
 Reserves (FF & E's) _____
 Total Expenses _____

SUBMISSION CHECKLIST:

1. Complete Loan Quote form or provide alternative documentation.
2. Copy of current rent roll.
3. Copy of prior 2 -3 years operating history.
4. Copy of current Year to date operating history.
5. Photos including front, back, street scenes.
6. Copy of credit report or signed credit authorization.
7. Copy of demographics for location / neighborhood.
8. Resume on management / operators (experience).
9. Current financial statement for borrowers (individuals).
10. Copy of prior two years corporate tax returns.
11. Copy of prior two years personal tax returns.

COMMENTS:

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