



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

HOTEL / HOSPITALITY ANALYSIS FORM

Contact: _____ E-mail: _____
 Phone: _____ Fax: _____
 Broker Contact: _____
 Company: _____
 Phone: _____ Fax: _____
 Project Name: _____
 Property Address: _____
 City, State, Zip Code: _____
 Borrowing Entity: _____
 Loan Program: _____

Purchase Price / * Estimated Value _____
 Requested Financing _____
 Secondary Financing _____
 Total Financing _____
 Cash Down Payment _____
 Source of cash down payment _____

TRANSACTION SUMMARY

Purpose of Transaction: _____

 Property Location / Market: _____

PROPERTY DESCRIPTION

Description of Improvements: _____

| | Current | Stabilized | | AMENITIES |
|-------------------------------|---------|------------|------------------------|-----------|
| Number Of Rooms: | _____ | _____ | Restaurant: | _____ |
| Occupancy: | _____ | _____ | Restaurant, Bar, Club: | _____ |
| Occupied Rooms: | _____ | _____ | House Pool / Jacuzzi: | _____ |
| Average Daily Rate: | _____ | _____ | Gym & Spa: | _____ |
| | | | Tennis Court: | _____ |
| Year Built / Year Renoviated: | _____ | _____ | Golf Course: | _____ |
| Gross Building Area (Sq Ft): | _____ | _____ | Cable TV: | _____ |
| Hotel Type: | _____ | _____ | Internet Connection: | _____ |
| Type of Facilities Offered: | _____ | _____ | Scenic View: | _____ |
| Hotel Class: | _____ | _____ | Other Amenities: | _____ |
| Hotel Chain / Franchise: | _____ | _____ | Other Amenities: | _____ |

| Income Revenue | Current | Stabilized |
|--|---------|------------|
| Rooms | _____ | _____ |
| Food | _____ | _____ |
| Beverage | _____ | _____ |
| Telephone | _____ | _____ |
| Other Income | _____ | _____ |
| Total Revenue | _____ | _____ |
| Department Expenses | | |
| Rooms | _____ | _____ |
| Food & Beverage | _____ | _____ |
| Telephone | _____ | _____ |
| Other Income | _____ | _____ |
| Total Expenses | _____ | _____ |
| Department Income | _____ | _____ |
| Undistributed Operating Expenses (UDOE) | | |
| Administrative & General | _____ | _____ |
| Management Fee | _____ | _____ |
| Marketing | _____ | _____ |
| Property Operations & Maintenance | _____ | _____ |
| Energy | _____ | _____ |
| Total UDOE | _____ | _____ |
| Income Before Fixed Charges | _____ | _____ |
| Fixed Charges | | |
| Property Tax | _____ | _____ |
| Insurance | _____ | _____ |
| Reserves (FF& E's) | _____ | _____ |
| Total Fixed Charges | _____ | _____ |
| Net Operating Income (NOI) | _____ | _____ |

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| COMMENTS |
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| Submission Checklist for financing: |
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1. Completed Loan Quote form or alternative documentation.
 2. Copy of prior 2 to 3 years operating history.
 3. Copy of current year to date (YTD) income and expenses.
 4. Copy of financial statement and real estate schedule for borrowers.
 5. Copy of credit report or signed credit authorization for borrowers.
 6. Copy of management resume for borrower / operators for Hotel business.
 7. Copy of cost breakdown for any proposed renovation, rehab, capital improvements or replacements.
- You may send any alternative documentation if available for response.