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Warning: Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions.

INSTRUCTIONS:

The narrative is a document critical to the Lean Underwriting process. Each section of the narrative and all questions need to be completed and answered. If the lender’s underwriter disagrees and modifies any third-party report conclusions, sufficient detail to justify the changes must be provided. This narrative is to identify the strengths and weaknesses of the transactions and demonstrate how the weaknesses are mitigated by the underwriting.

- **Charts:** The charts contained in this document have been created with versatility in mind; however they will not be able to accommodate all situations. For this reason, you are allowed to alter the charts as the situation demands. Be sure to state how you have altered the charts along with your justification. Include all the information the form calls for. Charts that include blue text indicate names that should be modified by the lender as the situation dictates.
- **Applicability:** If a section is not applicable, state so in that section and provide a reason. **Do not delete a section heading that is not applicable.** The narrative will be checked to make certain all sections are provided. If a major section is not applicable, add “ – Not Applicable” to the heading and provide the reason. For instance:

Parent of the Operator – Not Applicable

This section is not applicable because there is no operator.

The rest of the subsections under the inapplicable section can then be deleted. This instruction page may also be deleted.

- **Format:** In addition to submitting the PDF version of the Lender Narrative to HUD, please also submit an electronic Word version.

Instead of pasting large portions of text from third-party reports into the narrative, it is preferred that the lender simply reference the page number and the report. The focus of this document is for lender conclusions, analyses, and summaries.

Italicized text found between these characters <<EXAMPLE>> is instructional in nature, and may be deleted from the lender’s final version. Please use the gray shaded areas (e.g.,) for your response. Double click on a check box and then change the default value to mark selection (e.g.,)

<<Insert Project Photo>>

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Executive Summary—241(a)

FHA number:	
Project name:	
Project location:	<<street address, city, county, and state>>
Lender's name:	
Lender's UW:	UW trainee:
Borrower:	
Is the Borrower A Non-Profit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Operator:	
Parent of operator:	
Management agent:	
General contractor:	
License holder:	<input type="checkbox"/> Borrower <input type="checkbox"/> Operator <input type="checkbox"/> Management agent
Residents will contract with:	<<Entity with whom residents will contract for services>>
Section 38 of the Regulatory Agreement shall apply to the following individuals and/or entities (list name(s)):	

Purpose of loan: <<description of purpose of loan (e.g., add an addition, complete repairs, etc.)>>

Type of Facility: As-Is

	Licensed	Operating	Licensed	Operating	
<input type="checkbox"/> Skilled Nursing (SNF):			beds		units
<input type="checkbox"/> Assisted Living (AL):			beds		units
<input type="checkbox"/> Memory Care (AL):			beds		units
<input type="checkbox"/> Board & Care (B&C):			beds		units
<input type="checkbox"/> Independent Living (IL):			beds		units
Total:					units

Type of Facility: As-Proposed

	Licensed	Operating	Licensed	Operating	
<input type="checkbox"/> Skilled Nursing (SNF):			beds		units
<input type="checkbox"/> Assisted Living (AL):			beds		units
<input type="checkbox"/> Board & Care (B&C):			beds		units
<input type="checkbox"/> Dementia Care:			beds		units
<input type="checkbox"/> Independent Living (IL):			beds		units
Total:					units

Current insured loan(s):

Original Section of the Act: _____

FHA number: _____

Original loan amount: _____

Proposed 241(a) loan terms

FHA number: _____

Proposed loan amount: _____

Current interest rate:	_____	Proposed interest rate:	_____
Maturity date:	_____	Proposed maturity date:	_____
Original terms (in months):	_____	Proposed term (in months):	_____
Principal & interest (monthly):	_____	Principal & interest (monthly):	_____
MIP (monthly):	_____	MIP (monthly):	_____
Total P+I+MIP (monthly):	_____	Total P+I+MIP (monthly):	_____
Debt service coverage:	_____		
Principal balance:	_____		
As of:	_____		
Replacement reserve balance:	_____		
As of:	_____		
Date Built	_____	TOTAL INSURED MORTGAGES:	_____

Mortgage Criteria:		Debt Service Coverage Ratio for Both Loans with Existing Achieved NOI:
<u>Criterion A</u> : Requested loan amount:	\$ _____	Debt Service Coverage Ratio for Both Loans with Existing Achieved NOI+Additional NOI:
<u>Criterion C</u> : Amount based on replacement cost:	\$ _____	Debt Service Coverage Ratio for Both Loans with Existing Achieved EGI – Proposed Expenses:
<u>Criterion D</u> : Amount based on loan-to-value:	\$ _____	
<u>Criterion E</u> : Amount based on debt service coverage:	\$ _____	
<u>Criterion I</u> : Amount based on total indebtedness:	\$ _____	
<u>Criterion L</u> : Amount based on deduction of grant(s), loan(s), LIHTCs, and gift(s) for mortgageable items:	\$ _____	

As-Is Sensitivity Analysis:

A 1.0 debt service coverage is still realized if:

- (a) Average rental drops \$ _____ per month.
- (b) Occupancy rate decreases _____ %.
- (c) Operating expenses increase _____ % per year.
- (d) Annual net operating income (NOI) decreases \$ _____ or _____ %.
- (e) Medicaid Rate decreases \$ _____ or _____ %.
- (f) Medicaid Census decreases _____ %.

As-Proposed Sensitivity Analysis:

A 1.0 debt service coverage is still realized if:

- (g) Average rental drops \$ _____ per month.
- (h) Occupancy rate decreases _____ %.
- (i) Operating expenses increase _____ % per year.

- (j) Annual net operating income (NOI) decreases \$ _____ or _____ %.
- (k) Medicaid Rate decreases \$ _____ or _____ %.
- (l) Medicaid Census decreases _____ %.

As-Is:

UW Gross income: \$ _____	UW occupancy rate: _____ %
UW Effective gross income: \$ _____	UW Expenses per bed/unit*: \$ _____
UW Expenses & repl. res.: \$ _____	UW Expense ratio: _____ %
UW Net operating income: \$ _____	

**Use per bed for SNF, or facilities with multiple care types (e.g., SNF/AL). Use per unit for ALF only.*

***UW EGI, Expenses and NOI should be consistent with the HUD-92264A-ORCF, Criterion E.*

As-Proposed Totals:

UW Gross income: \$ _____	UW occupancy rate: _____ %
UW Effective gross income: \$ _____	UW Expenses per bed/unit*: \$ _____
UW Expenses & repl. res.: \$ _____	UW Expense ratio: _____ %
UW Net operating income: \$ _____	

**Use per bed for SNF, or facilities with multiple care types (e.g., SNF/AL). Use per unit for ALF only.*

***UW EGI, Expenses and NOI should be consistent with the HUD-92264A-ORCF, Criterion E.*

Initial Operating Deficit:			
	No. Preleased units:		
	Absorption rate/no. units per month:		
	No. months to cover shortfalls:		
	Breakeven Occupancy %:		
Working Capital:	\$		
Cash Investment:	\$		
Debt Service Reserve Escrow:	\$		
	No. months of principal & interest payments:		
Offsite Escrow:	\$		
Minor Movable Equipment Escrow:	\$		
Demolition:	\$		
Other:	\$		
TOTAL Equity Without Land:	\$	% of total project cost:	%*
TOTAL Equity With Land:	\$	% of total project cost:	%*

*Total project cost is the total uses on the Form HUD-92264a-ORCF.

Land Equity (Calculation of Warranted Price of Land): <<Describe whether land is currently owned or will be acquired, purchase price, date of purchase, part of larger parcel or planned unit development, etc.>>

Front Money Escrow (Total Cash Requirement minus Escrows):

Cash requirement will be met by:

<<pre-pays, letter of credit, sponsor, etc.
Example: "Borrower's cash and letters of credit.">>

Based on a review of the principals <<identify principal(s)>> their net worth is estimated at \$; their liquidity meets/exceeds \$.

Construction contract:	\$	Offsites	\$	Demolition	\$
Total construction costs: <i>As reported on Form HUD-92328-ORCF, Line 53 plus Offsites and Demolition Costs</i>	\$				
Major Movable Equipment (added as part of 241a)	\$	Construction Period:	# of months:		
Architectural contract:	\$	<input type="checkbox"/> Multiple AIA Agreements			

	Year	FTE's As reported on Form HUD-91125-ORCF	Operating Revenues	SWB As reported on Form HUD-91125-ORCF
--	-------------	--	---------------------------	--

Operations – base year (year before construction)			\$	\$
Operations - post construction (first year of stabilized occupancy)			\$	\$

	Yes	No	Comments:
Secondary Financing:	<input type="checkbox"/>	<input type="checkbox"/>	<i>(If yes, provide details.)</i>
A/R Financing:	<input type="checkbox"/>	<input type="checkbox"/>	<i>(If yes, provide details.)</i>
Master Lease:	<input type="checkbox"/>	<input type="checkbox"/>	<i>(If yes, provide details.)</i>
Commercial Space	<input type="checkbox"/>	<input type="checkbox"/>	<i>(If yes, provide details.)</i>
Waivers: <i>(list, as applicable)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>(If yes, provide details.)</i>

Special or Atypical Underwriting Considerations

- There are NO special or atypical underwriting considerations.
- The following are unique characteristics, key deal points, special, or atypical underwriting considerations:

<< *Examples:*

- *Facility will be master leased*
- *Identity-of-interest issues*
- *Timing issues for closing or permits, land, licensing, etc.*
- *A combination of an addition and a renovation*
- *Repairs required by State regulatory authority*
- *Renovation not adding value to project*
- *Change in participants as part of the 241a*
- *Land is being added to the existing site*
- *Shared costs/expenses with other facilities*
- *The existing project is part of a building with shared walls/floors with non-HUD insured or other HUD-insured project and expenses were allocated in financial statements*

This section should not be a lengthy restatement of the rest of the narrative. It is merely to highlight key points.>>

Third-party reports provided:

- | | | | |
|--|----------------|--|---|
| <input type="checkbox"/> Market Study <i>(if required)</i> | Conclusion is: | <input type="checkbox"/> Accepted as is. | <input type="checkbox"/> Modified by underwriter. |
| <input type="checkbox"/> Appraisal | Conclusion is: | <input type="checkbox"/> Accepted as is. | <input type="checkbox"/> Modified by underwriter. |
| <input type="checkbox"/> Draft 4128 | Conclusion is: | <input type="checkbox"/> Accepted as is. | <input type="checkbox"/> Modified by underwriter. |
| <input type="checkbox"/> Architecture/Cost Review | Conclusion is: | <input type="checkbox"/> Accepted as is. | <input type="checkbox"/> Modified by underwriter. |

Labor Relations

Program Guidance: Handbook 4232.1, Section II Production, Chapter 2.8D.

Wage Decision:

Type: Residential (commercial) Building (commercial) N/A

Number: _____ No. of buildings: _____

Modification date: _____ No. of stories: _____

Modification number: _____ No. of units: _____

No. of self-contained units*: _____

**Self-contained means that the units contain both a kitchen/kitchenette and a bathroom. This criterion, in addition to the number of stories, affects whether the construction type will be "residential" or "building."*

Lenders Pre-Construction Conference Coordinator Information:

Name: _____

Email: _____

Phone: _____

Mailing address: _____

General Overview

<<Provide narrative of rationale for selection of Wage Decision specified.>>

Program Eligibility

Key Questions

	Yes	No
1. Does the facility charge "founder's fees," "life care fees," or other similar charges associated with "buy-in" facilities?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the facility, borrower, operator, or any of their affiliates' renamed or reformulated companies, or filed for or emerged from bankruptcy within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is less than continuous protective oversight provided at the facility?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any "minimum assistance" requirements necessary to qualify under the Section 232 mortgage insurance program that the facility does not plan to offer?	<input type="checkbox"/>	<input type="checkbox"/>
5. If an ALF, are there residents who do not meet the statutory definition of frail elderly (at least age 62 and in need of assistance with at least three (3)	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
Activities of Daily Living)?	<input type="checkbox"/> N/A		
6. Will the facility require more than four residents share a full bathroom (see 24 CFR 232.3)? <i>(Not applicable for SNFs.)</i>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
7. Are any residents required to access a qualifying bathroom by moving through a public corridor or area (see 24 CFR 232.3)? <i>(Not applicable for SNFs.)</i>	<input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there floodways or coastal high hazard areas located onsite*?		<input type="checkbox"/>	<input type="checkbox"/>
9. Does the project not meet program intent such as hospitals, clinics, diagnostic and treatment centers, group practice facilities, and halfway houses?		<input type="checkbox"/>	<input type="checkbox"/>
10. Is the project designated by the Centers for Medicare and Medicaid Services (CMS) as a Special Focus Facility or similar future designation?		<input type="checkbox"/>	<input type="checkbox"/>
11. Has construction or site work commenced without prior HUD approval?		<input type="checkbox"/>	<input type="checkbox"/>
12. Is the project a long-term acute care facility?		<input type="checkbox"/>	<input type="checkbox"/>
13. Does the project NOT meet REMIC eligibility requirements?		<input type="checkbox"/>	<input type="checkbox"/>

<<If you answered “yes” to any of the questions above, this facility is not eligible under this program. >>

*Exception: The floodway and coastal high hazard area prohibitions do not apply if only an incidental portion of the project is in the 100-year floodplain, or for critical actions, the 500-year floodplain, and certain conditions are met in accordance with 24 CFR 55.12(c)(7).

Facility Type

Select **ALL** that apply:

- Nursing Home**
- Consists of at least 20 beds.
 - Considered a “Skilled Nursing Facility” by Department of Health & Human Services.
- Intermediate Care Facility**
- Consists of at least 20 beds.
 - Considered an “Intermediate Care Facility” by Department of Health & Human Services.
- Board and Care**
- Consists of at least 20 accommodations.
 - Provides “Continuous Protective Oversight.”
 - Provides areas for central dining.
 - Offers three meals per day to each resident.
 - Resident must take at least one meal a day.
 - Regulated by the state in accordance with Section 1616(e) of the Social Security Act

(Keys Amendment)

- Assisted Living**
 - Consists of at least 20 units.
 - Provides “Continuous Protective Oversight.”
 - Provides areas for central dining.
 - Offers three meals per day to each resident.
 - Resident must take at least one meal a day.
 - Caters to frail elderly persons (62 years and older) who need assistance with 3 or more activities of daily living (ADLs).

- Other - Requires explanation.** <<describe here>>

<<NOTE: The above reflect HUD’s definitions of facility or care types. Those definitions may not align with state licensing definitions.>>

Independent Units: As-Is

Program Guidance: Handbook 4232.1, Section II Production, 2.5.F.

Select all applicable statements:

- There will be NO unlicensed/independent beds at the subject.
- There will be unlicensed/independent beds at the subject; however, the total does not exceed 25% of the total beds at the facility.

- a. Total beds: _____
- b. Unlicensed independent beds: _____
- c. Independent beds as % of total: _____ <<b / a>>

Independent Units: As-Proposed

Select all applicable statements:

- There will be NO unlicensed/independent beds at the subject.
- There will be unlicensed/independent beds at the subject; however, the total does not exceed 25% of the total beds at the facility.

- a. Total beds: _____
- b. Unlicensed independent beds: _____
- c. Independent beds as % of total: _____ <<b / a>>

Licensing/Certificate of Need/Keys Amendment

Number of Beds to be Licensed:

Lender has verified that the beds or units in operation are in compliance with the State licensing agency.

<<Provide affirmative statement along the lines of: “The facility is licensed by the State of {State}’s Department of Health and Welfare as a {Type of Facility} for {X} beds. The license is issued to {Name of Entity on License}. It is effective {date}, through {date}. The license covers {number of beds}.”>>

<<Provide affirmative statement along the lines of: “There is no Certificate of Need (CON) requirement in {State} for {Type of Facility}.” – OR – “A Certificate of Need (CON), dated {XXX} was issued by the State of {State} authorizing XX beds...”>>

<<(Applicable on projects with new construction or added units/beds.) If a new/updated CON is required by the local regulatory authorities, it is to be issued to the current license holder. Provide affirmative statement along the lines of: “There is no Certificate of Need (CON) requirement in {State} for {Type of Facility}.” – OR – “A Certificate of Need (CON), dated {XXX} was issued by the State of {State} authorizing the addition of XX beds...”>>

<<(Applicable to B&C’s.) Provide affirmative statement along the lines of: “The State of {State} has certified its compliance with Section 1616(e) of the Social Security Act (Keys Amendment). Discuss documentation provided in the application that shows that the state where the facility is located is in compliance with Section 1616(e) of the Social Security Act (Keys Amendment) AND that the facility itself is regulated by the state pursuant to Section 1616e. Note on this last point that the requirement is not only that the facility be regulated, but that it be regulated specifically pursuant to 1616e. >>

Identities-of-Interest

Key Questions

	Yes	No
1. Have you, as the lender, identified any identities of interest on your certification?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the borrower’s certification indicate any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do any of the certifications provided by principals of the borrower identify any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the operator’s certification (if applicable) indicate any identities of interest? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the Management Agent’s Certification (if applicable) indicate any identities of interest? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the General Contractor’s certification indicate any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the HUD Addendum to the AIA Agreement of the Design Architect identify any identities of interest?	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|---|--------------------------|--------------------------|
| 8. Does the lender know, or have any reason to believe, that any of the assertions in the other Consolidated Certifications submitted herewith, are inaccurate or incomplete? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion regarding the topic. As applicable, describe the risk and how it will be mitigated. For example: The borrower and operator are related parties – John Doe has ownership in both entities. No other identities of interest are disclosed.>>

Risk Factors

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is this a “special use facility”—one that serves a “niche” type of market (e.g., psychiatric facilities; drug, alcohol, or eating disorder recovery facilities; hospice facilities; or short-term rehabilitation facilities)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this an Intermediate Care Facility (ICF), Institution for Mental Diseases (IMD), or any other type of facility that caters to a significant population with mental illness (MI), developmental disabilities (DD) or individuals with intellectual disabilities (IID)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the project in a state with an Olmstead Plan, pending Olmstead cases, Olmstead settlement agreements, or is the project’s state active in initiatives to “right-size” nursing facilities or otherwise working to “rebalance” long-term supports and services toward home and community-based settings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the project rely on Medicaid Waivers or State Plan Options for a significant portion of its resident population, MI/DD residents, or for residents in the assisted living portion of a combined SNF/ALF Facility, subjecting it to HCBS Settings requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the owner or operator/management agent lack the relevant experience (with similar type of facility, regulatory environment, payor mix, etc.) to lease-up and operate the subject project? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the operator, parent company, affiliates or subsidiaries the subject of an ongoing investigation or judicial or administrative action involving any Federal, State, municipal and/or other regulatory authority, which could have a detrimental impact on the operator’s financial condition or may jeopardize the operator’s license and or its provider agreements? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

If you answer “yes” to question 1, the narrative discussion should include an analysis of the following: 1. The long-term viability of funding sources for this client group; 2. The facility’s ability to maintain stabilized occupancy over the long term, and/or the ability to fill the beds

occupied by residents with the special use diagnosis, should the funding source cease; this analysis should include a demonstration that a market exists for increasing reliance on a more “traditional” SNF resident; 3. The extent of the successful experience of the operator in dealing with the contemplated population; 4. How the principals of this facility address the higher risk associated with the targeted population (e.g. higher Professional Liability Insurance, etc.); 5. The facility’s capacity to continue servicing the debt in the event that market/provider payment changes dictate that alternative/modified uses of the subject portion of the facility be pursued; and 6. Risk Mitigation.

If you answer “yes” to question 3, the narrative discussion should include a discussion of any of the state’s efforts above that might have an impact on the subject facility and what efforts the owner and/or operator will take to respond to these impacts. Be sure to reference the state’s strategy for moving the following populations: the elderly from skilled nursing facilities, individuals with intellectual or developmental disabilities (ID/DD) from ICFs, the physically disabled, non-elderly from skilled nursing facilities or the mentally ill from psychiatric facilities or other facilities, as appropriate.

If you answer “yes to question 4, the narrative discussion should include a discussion of the facility’s compliance with the HCBS Settings requirements. The discussion might include State’s progress in implementing the HCBS Settings Rule, references to the Statewide Transition Plan, CMS responses to or approval of the Plan, State Regulatory language, or State Medicaid Agency input. If it appears that the facility will not, or will not be able, to comply with the Rule, the Lender should provide a Sensitivity Analysis showing the project’s ability to operate without these residents.

Other Risk Factors Identified by Lender

Additionally, the lender has identified the following risk factors:

<<Provide discussion on other risk factors identified by the lender and how they are mitigated.>>

Strengths

<<Provide discussion of the strengths of the transaction.>>

Underwriting Team

Lender

Name: _____

Underwriter: _____

Underwriter trainee: _____

Lender #: _____

Site inspection date: _____
Inspecting underwriter: _____

Lender's Underwriter

<<Brief description of qualifications. The inspecting underwriter must be underwriter of record that is assigned to the project. >>

Underwriter Trainee (if applicable)

<<Brief description of qualifications.>>

Inspecting Underwriter (if applicable)

<<Brief description of qualifications. The Lean-approved Section 232 Underwriter of record for the project, employed by the lender, must visit the site AND sign this narrative. In rare circumstances this may be infeasible, in which case either the Underwriter Trainee assigned to that particular project, or another Lean-approved underwriter in that firm, may conduct the inspection. If the lender has an employee who is a licensed appraiser (not a third-party contractor), ORCF will consider approving that individual to do a site inspection on a transaction-by-transaction basis. In any instance where, consistent with this policy, the inspection is conducted by an individual other than the underwriter of record, the underwriter of record must certify the site inspection. >>

Program Guidance: Handbook 4232.1, Section II Production, 2.5N

Lender's Loan Committee Process

Date of loan committee: _____

Loan committee process: _____

Loan committee conditions: _____

<<Provide brief narrative summary of loan committee, including: information provided; any pertinent requirements/conditions of the loan committee to gain the committee's recommendation.>>

Recommendation to HUD

<<Based on analysis and underwriting, XXXXX recommends that HUD issue a firm commitment to insure the proposed mortgage for the subject transaction, subject to the terms and conditions identified in this narrative and the accompanying application exhibits.>>

Third Party Reviewers

Key Questions – Architectural Reviewer

	Yes	No
1. Does the architectural reviewer have experience with construction within the healthcare field?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the architectural reviewer knowledgeable and experienced with local building standards and construction methods for the type of project proposed, including the Federal Fair Housing Accessibility Guidelines and the Uniform Federal Accessibility Standards?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the architectural reviewer a registered architect or engineer?	<input type="checkbox"/>	<input type="checkbox"/>

Key Questions – Cost Analyst

	Yes	No
1. Does the cost analyst have experience in the healthcare field?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the cost analyst knowledgeable and experienced with local building standards and construction costs for the type of project proposed?	<input type="checkbox"/>	<input type="checkbox"/>

Key Questions – Environmental Consultant(s)

	Yes	No
1. Does the environmental consultant(s) meet all the qualification requirements of Appendix X2 of ASTM E 1527-05?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the environmental consultant(s) meet the license/certification, educational, and experiential requirements of Section X.2.1.1(2)(i), (ii), or (iii) of Appendix X2 of ASTM E 1527-05?	<input type="checkbox"/>	<input type="checkbox"/>
3. Were any Phase II investigations performed by environmental investigator(s) specifically qualified to meet the responsibilities for the issue(s) of concern?	<input type="checkbox"/>	<input type="checkbox"/>

Key Questions – Market Analyst

	Yes	No
1. Does the market analyst have the knowledge and experience to complete the assignment competently?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the market analyst currently active in the market analysis of other healthcare properties?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the market analyst experienced in the market area that the subject property is located in or established expertise by a thorough investigation of the market?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the market analyst personally inspect the property, perform the market analysis, and prepare and sign the market study?	<input type="checkbox"/>	<input type="checkbox"/>

Key Questions - Appraiser

	Yes	No
1. Is the appraiser is a Certified General Appraiser under the appraiser certification requirements of the state where the subject property is located as of the effective date of the appraisal? (See note below this section.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the appraiser meet the requirements of the Competency Rule described in USPAP?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the appraiser sign the appraisal and the required certifications?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the appraiser currently active in the appraisal of other healthcare properties?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the appraiser experienced in the market area in which the subject property is located, or establish competency as per USPAP?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the appraiser meeting the above qualifications, personally inspect the property being appraised?	<input type="checkbox"/>	<input type="checkbox"/>
7. If more than one appraiser worked on the appraisal, did they all sign the report and certifications?	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: If you answer “no” to any of the questions above, the appraiser does not meet HUD requirements. The appraiser must be a Certified General Appraiser under the appraiser certification requirements of the state that the subject property is located, as of the effective date of the appraisal (temporary certifications are permissible) and must meet all requirements of the Competency Rule of the USPAP. Lender verification of an appraiser’s current standing can be done at <http://www.asc.gov>.

Property Description

Location/Proximity to Hospitals and Services

<<Brief narrative description about nearby hospitals and services. >>

Site

<<Brief narrative description about site—“as-is” and “as-proposed”—to include location, topography, size, frontage, access, etc. >>

Neighborhood

<<Brief narrative description about neighborhood area to include major cross streets and access routes; distance to services, hospitals, etc.; adjacent property uses; predominant character or neighborhood; etc.>>

Zoning

- Legal Conforming Legal Non-Conforming Other

<<Narrative description: identify local jurisdiction; zoning designation; results of Zoning Letter provided in application submission; and discuss any variances, conditional uses, non-conformance or other pertinent issues affecting zoning. If the building is not a legal conforming use, discuss the adequacy of the zoning ordinance insurance coverage and/or recommend a condition to mitigate this risk.>>

Utilities

<<Narrative description - Identify utilities in use at site. Discuss any limitations in service and any other issues that would affect the operation of the facility. Also clearly identify the utilities to be paid by the residents.>>

Emergency Call System

<< Identify whether emergency call system proposed is included in construction contract, major movable equipment and/or borrower other fees.>>

Security, Networking and Other Information Technology Systems

<< Identify whether these systems proposed are included in construction contract, major movable equipment and/or borrower other fees.>>

Scope of Construction

<<Narrative description of the planned improvements. The description should be sufficiently detailed to provide the HUD underwriter and the HUD review appraiser a reasonable understanding of the work involved to assess the impact on underwriting and value concerns.>>

Improvement Description

Building Description

<<Provide narrative description to include “as-is” and “as-proposed”: number of buildings; construction types; floor area; describe common areas; etc.>>

Landscaping

<<Provide narrative description about the proposed landscaping.>>

Parking

<<Provide narrative description about the proposed parking including the number of spaces, compliance with accessibility, adequacy of the parking, and any parking easements. Also, discuss any zoning or marketability issues.>>

Unit Mix & Features

<<Provide an “as-is” and “as-proposed” table or provide equivalent detail.>>

As-is:

(Double click inside the Excel Table to add information)

Line	Unit Qty	Bed Qty	Bdrms	Baths	Unit Sqft	Care Type
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
Totals:	-	-				

As-proposed:

(Double click inside the Excel Table to add information)

Line	Unit Qty	Bed Qty	Bdrms	Baths	Unit Sqft	Care Type
A						
B						
C						
D						
E						
F						
G						
H						
I						
J						
Totals:	-	-				

Living Unit Description

<<Provide narrative description of “as-is” and “as-proposed” units, including: appliances, flooring, included furnishings, hook-ups, patios, bathrooms, etc.>>

Obsolescence/Depreciation and Remaining Economic Life

<<There are three categories that need to be addressed. Each should be discussed in terms of the as-is and as-proposed improvements.>>

Functional Obsolescence

<<How the physical plant compares to an optimally configured project and how does that impact income potential? (Discuss for example, 3- and/or 4-bed wards; unusual design issues).>>

External Obsolescence

<<How do the market, economic environment, and location impact the income potential of the project? >>

Remaining Economic Life

<<The appraiser has estimated the economic life of the property at XX years. The appraiser has estimated the effective age of the property at XX years. Therefore, the remaining economic life is XX years. Explain the basis for this estimate. Discuss any physical depreciation associated with any improvements that are not new construction. >>

Services

<<Narrative description of “as-is” and “as-proposed” services provided. Identify which services are included in rent and which services are available for extra charges, as applicable.>>

Architectural Review

Date of report: _____

Review firm: _____

Reviewer: _____

Key Questions

	Yes	No
1. Are any drawings or specifications to be “deferred submissions?” If yes, explain below and include special condition requiring that they be submitted prior to initial closing.	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the architectural reviewer recommend any commitment conditions?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the plans and specification incomplete?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there an identity of interest between the design architect and any other project participant (i.e., borrower, principal of borrower, operator, and/or general contractor)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there architectural review comments that have <u>not</u> been incorporated	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
into the plans and specifications?		
6. Are there any architectural drawings and specifications that do <u>not</u> comply with local building code standards, minimum property standards, or any other HUD requirements?	<input type="checkbox"/>	<input type="checkbox"/>
7. After reviewing the plans, did the architectural reviewer confirm that the plans are <u>not</u> in conformance with FHAG and UFAS requirements?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the design architect different from the supervisory architect?	<input type="checkbox"/>	<input type="checkbox"/>
9. After reviewing the AIA agreement, did the architectural reviewer find the agreement was <u>not</u> complete?	<input type="checkbox"/>	<input type="checkbox"/>
10. After reviewing the Geotechnical Engineering Evaluation Report, did the architectural reviewer find the report <u>unacceptable</u> showing an <u>insufficient</u> number of borings provided?	<input type="checkbox"/>	<input type="checkbox"/>
11. After reviewing the soils report, did the architectural reviewer find the structural design <u>not</u> in compliance with the findings of the report?	<input type="checkbox"/>	<input type="checkbox"/>
12. After reviewing the survey, did the architectural reviewer find the survey <u>not</u> in compliance with HUD requirements?	<input type="checkbox"/>	<input type="checkbox"/>
13. Did the architectural reviewer find the construction progress schedule and construction period unacceptable?	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answer “yes” to any of the above questions, please address below. For example, Item 1 – Fire sprinkler system engineering will be completed by XXX, Item 3 – The completed plans and specifications will be submitted prior to closing. The architectural reviewer’s inspector has identified minor revisions to the plans and specifications that will be completed and submitted to HUD prior to closing. A list of the minor revisions includes XXX. The contractor has provided confirmation acknowledging the required revisions and confirms that they do not result in changes to the costs reflected on the HUD 92328-ORCF submitted with this application package. We (the lender) recommend a Special Condition to the Firm Commitment requiring that completed acceptable plans and specifications will be submitted prior to closing.

Item 4 – There is an identity of interest between the design architect and the borrower. The design architect is a principal of the borrower entity. Therefore, to meet HUD requirements, a separate AIA B108 is submitted with this package for an unrelated architect to provide the supervision services. Provide narrative describing the supervising architect’s name, experience, etc. >>

Architectural Overview

<<Provide narrative describing the architectural reviewers report and conclusions and if the lender’s underwriter concurs with the conclusions. Identify any modifications to the report conclusions and provide justification. Confirm if the review complies with the statement of work. Identify deliverables included in the application package. Include a narrative concerning key elements of the reviews, the appropriate HUD forms, and their correspondence with the design architect.>>

Construction Progress Schedule

<<Provide narrative discussion of the construction period as projected by the general contractor and project architect. Indicate if architectural reviewer agrees. Typically, an updated Construction Progress Schedule that accurately reflects the month and date of construction start and completion will be needed prior to closing.>>

Conclusion

<<Indicate if the review architect has appropriately addressed all architectural aspects of the development and the firm commitment application.>>

Cost Review

Date of report: _____
Review firm: _____
Cost analyst: _____

Key Questions

	Yes	No
1. Are there any variances in excess of 10% between the general contractor's form HUD-92328-ORCF line items and the cost analyst's form HUD-92326?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the total reflected on the cost analyst's form HUD-92326 more than 10% higher or lower than the total cost breakdown on form HUD-92328-ORCF?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will any one subcontractor, material supplier, or equipment lessor be awarded more than 50% of the construction contract?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will three or fewer subcontractors, material suppliers, or equipment lessors be awarded more than 75% of the construction contract in aggregate?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does or will the contractor have any identities of interest with any subcontractors, material suppliers, or equipment lessors?	<input type="checkbox"/>	<input type="checkbox"/>
6. Did the cost analyst find any evidence of front-loading in the contractor's cost estimate?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the builder's overhead more than 2% of the total land improvements, total structures and general requirements?	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the third-party cost reviewer find the form HUD-92328-ORCF unacceptable?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the form HUD-92328-ORCF, B108 and form HUD-92264a-ORCF inconsistent?	<input type="checkbox"/>	<input type="checkbox"/>
10. If a Cost Plus Construction contract is utilized, is a General Contractor's Cost omitted from the form HUD-92328-ORCF? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative explanation and justification regarding the topic.>>

Cost Overview

<<Confirm the cost reviewer performed the cost review pursuant to Section 232 standards. The deliverables in the application package include a narrative concerning the cost analysis, the appropriate HUD forms, and cost data. For example, “The cost analyst performed a comparison analysis and compared them to the contractor’s final schedules of values (forms HUD-92328-ORCF). The cost analyst ultimately concludes to the contractor’s schedule of values. The underwriter concurs.”>>

Construction Costs (Form HUD-92328-ORCF)

<<Discuss the cost analyst’s review of the final forms HUD-92328-ORCF supplied by the contractor and owner after completing an independent cost analysis. Confirm the analyst found no front-loading in the final costs reflected in the HUD-92328-ORCF submitted. Indicate the analyst completed the HUD 9236 in accordance with HUD guidelines and those forms are included in the appropriate section of the application package.

Provide a breakdown of the costs from the form HUD-92328-ORCF, Contractor’s and/or Borrower’s Cost Breakdown, included in the application package. The form totals \$XXX and is summarized as follows (complete the following table or provide equivalent detail):

Description	Cost
Structures	
Accessory structures	
Land improvements	
General requirements	
Builder’s overhead	
Builder’s profit	
Other fees	
Bond premium	
Total construction contract	

Construction Contract Type:

Cost Plus

Lump Sum

General Requirements

<<The contractor’s estimate of general requirements totals \$XXX. The cost analyst has determined that the proposed cost of the general requirements and the sub-items included in it are reasonable. The underwriter concurs.>>

Other Fees – General Contractor

The form HUD-92328-ORCF includes other fees to be paid the general contractor totaling \$. The other fees to be paid by the general contractor include the following:

Schedule of Other Fees included in Construction Contract
(Double click inside the Excel Table to add information)

Line	Description	Amount
A	Survey	
B	Cost Certification	
C	Municipal Inspections	
D	Special Engineering Tests/Fees	
E	Special Taxes	
F	Permits	
G		
H		
I		
J		
TOTAL		\$ -

<<The cost analyst has reviewed the schedule of other fees and determined the items and the total cost to be reasonable. The underwriter concurs.>>

Bond Premium/Assurance of Completion

<<Provide narrative discussion of either construction bond (bonding company, contractor’s bond capacity, etc.) or the Assurance of Completion escrow (15% or 25% of contract, cash or letter of credit, etc. Also, address whether the surety is listed on the Treasury Circular and is authorized to issue bonds in the state for the required amount.>>

Unusual Site Improvements

<<Describe unusual site improvements and applicable costs, if any.>>

Architect’s Fees

Program Guidance: In situations where there are multiple architects, submit each B108 as a separate exhibit in the firm application that corresponds to the below table (a, b, c, etc.).

Architect Name	Function (Design, Supervision, Other)	Amount of Fee	Percent of Total Architect’s Fees	Exhibit Number (a, b, c, etc.)

Confirm there is not an identity of interest between the borrower and the architect or if there is, discuss the separate supervising architect and his/her B108. Confirm if the cost analyst and underwriter find the architectural fees to be reasonable in total and for the cost of design/supervision.>>

Other Fees-Borrower

Schedule of Other Fees to be Paid by Borrower

(Double click inside the Excel Table to add information)

Line	Description	Amount
A	Survey - Land and Final "As Built"	
B	Building Permits	
C	Soils Report	
D	Traffic Study	
E	Impact Fees	
F	Hook-up Fees	
G	Emergency Call System	
H		
I		
J		
TOTAL		\$ -

<<The cost analyst has reviewed the schedule of other fees to be paid by the borrower and determined the items and the total cost to be reasonable. The underwriter concurs.>>

Off-Site and Demolition

<<Describe any off-site work to be accomplished and who will be performing the work. If the general contractor is responsible, describe the cost attributed to it and the cost reviewer’s conclusions about the work and the cost. If the city will be performing the work, describe any cost or hookup fee related.>>.

<<Describe any demolition that may apply; discuss costs and any other requirements or issues.>>

Proposed Major Movable Equipment as part of 241a

The borrower has provided a major movable list and budget totaling: \$ _____

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. The cost analyst found the list acceptable and the budget is reasonable. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The lender concurs with the analyst’s conclusion or has provided justification for any differences. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The underwriter notes that a copy of the major movable list is included as an | <input type="checkbox"/> | <input type="checkbox"/> |

Yes No

Exhibit to the Draft Firm Commitment submitted with this package matches the Form HUD-92264a-ORCF and Firm Commitment Draft.

<<For each “no” answer above, provide a narrative explanation and justification regarding the topic.>>

Conclusion

<<Provide lender’s conclusions and wrap up of the cost review. Reiterate if any of the cost analyst’s conclusions were modified and justified in the lender’s underwriting.>>

Replacement Reserves

Program Guidance: Handbook 4232.1, Section II Production, Chapter 2.8.

Underwritten Reserve for Replacement

Annual Replacement Reserve Deposit Summary		
	Annually	Per Unit
Existing deposit to the reserve for replacement	\$	\$
Additional reserve for replacement <u>proposed</u> :	\$	\$
Total	\$	\$

Initial Replacement Reserve Deposit Summary		
		Per Unit
Existing reserve for replacement balance	\$	\$
Additional initial deposit to reserve for replacement account	\$	\$
Total balance at initial closing	\$	\$

<<Provide narrative discussion regarding how the above amounts were determined.>>

Appraisal

Date of valuation: _____

Date of report: _____

Appraisal firm: _____

Appraiser: _____

License no./State: _____

The report was prepared to comply with the reporting requirement outlined under the USPAP as a self-contained report. The report also complies with the requirements of the Code of Professional Ethics of the Appraisal Institute and the Financial Institutions Reform, Recovery and Enforcement Act of 1989 (FIRREA), Title XI Regulations.

The report was prepared in accordance with the ORCF Appraisal Guidelines.

Key Questions

	Yes	No
1. Will there be a ground lease?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are any tax credits involved in this transaction?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do the underwriting assumptions include any real estate tax abatements or exemptions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any special escrows or reserves proposed for this transaction?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the underwriting include income from adult day care? <i>(Note: Non-resident adult day care space <u>may not</u> be located on a separate site. The adult day care space will not be considered commercial space; however, the space may not exceed 20% of the gross floor area of the facility and the income may not exceed 20% of gross income. Provide a Certificate of Need or operating license, if applicable.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any other issues that require special or a-typical underwriting considerations?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the submission date of the application (date the application enters the queue) exceed the 120-day timeframe from the effective date of the appraisal?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion regarding the topic. For example, Item 3, Real Estate Tax Abatement – The borrower will be receiving an abatement of real estate taxes for at least two years after opening the facility. The abatement is to be 70% of the taxes due. We have not assumed the abatement for valuation purposes. The underwriter has, however, excluded 70% of the underwritten taxes from the debt service calculation and from the initial operating deficit calculation.>>

Hypothetical Conditions and Extraordinary Assumptions

Hypothetical Conditions

<<Identify any conditions that are contrary to what exists but are supposed for the purpose of analysis. For example, “The appraisal assumes that the proposed/required repairs are completed. There are no other hypothetical conditions.”>>

Extraordinary Assumptions

<<Identify any assumptions specific to this assignment that if found to be false, could alter the appraiser’s opinions or conclusions. For example, “The appraisal assumes the subject project meets the state licensing requirements and that the facility is constructed as planned. There are no other extraordinary assumptions.>>

Jurisdictional Exceptions

<<These are rare and should be discussed with HUD before invoking. >>

Market Analysis

<<The Market Study may be an integral part of the appraisal and need not appear under separate cover. If under separate cover, the Market Study should have the same author as the appraisal, so the valuation is consistent with the market conclusions.>>

Date of analysis: _____
Market analysis firm: _____
Market analyst: _____

Key Questions

	Yes	No
1. Is the subject located in a declining market in terms of population, target population, real estate values, or employment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there any negative market influences that require special consideration?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a projected or current oversupply that could affect the subject?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion regarding the topic, describing the risk and how it is mitigated. For example, “Oversupply: The projected oversupply is specifically addressed in the Risk Factors section of this narrative.”>>

Market Overview

<<Provide an overview of the market analysis, including general growth and population information, barriers to entry, unique market influences, etc. Please be brief in this section and refrain from pasting large sections from the market study here.>>

Primary Market Area

<<Describe primary market area and method of selection (e.g., distance, zip codes, etc.). When making your conclusions about the size of the PMA, pay close attention to where the existing competitors are drawing their tenants from.>>

Target Population

<<Describe age, income, and type of resident (i.e., assisted living, independent, dementia, etc.) and acuity of care.>>

Demand

<<Describe age, income, and type of resident (i.e., assisted living, independent, dementia, etc.) and acuity of care of the target population. Describe target population demographics and demand factors.>>

Competitive Environment (Supply)

<<Describe and identify competing facilities, planned facilities, facilities under construction, and other supply factors that compete with the subject facility. Description of supply should include types of facilities, acuity, and occupancy. Discuss recent and/or historic absorption of competitive units. Discuss any perceived changes to competitive environment.>>

Conclusion

<<Provide conclusion of market analysis: summarize demand, market saturation, continued health of market, negative and positive factors impacting the continued demand for the subject's units/beds.>>

Income Capitalization Approach

Census Mix

An analysis of the subject and market comparable census mix is provided below.

Census Mix – Market Comparables
(% of beds not revenue)

(Double click inside the Excel Table to add information)

Care Type	Comparable Name	Occupancy	Survey Time Period	Private Pay	Medicare	Medicaid	Veterans Admin	HMO (Insurance)	Other	Total
Select	Subject (Currently Achieving)		Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Select			Select							0.0%
Averages		#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Appraisal (Market)		#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Lender's (DSC)		#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Ac is Conclusion		#DIV/0!		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

<<Indicate if the percentages quoted represent a single day survey, or are a year-over average. Provide narrative discussion of conclusion. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide the above analysis for each care type. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the Lender's option to support its conclusion, as appropriate.>>

Subject Occupancy History – As Is

A summary of the subject's occupancy is provided below.
 (Double click inside the Excel Table to add information)

CARE TYPE	Historical Occupancy	Year ending xx/xx/xx	Year ending xx/xx/xx	Year ending xx/xx/xx	T-12 specify dates	Appraisal (Market)	Lender (for DSCR)
Skilled Nursing	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Assisted Living /Board & Care	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Memory Care	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Independent Living	Potential Days						
	Actual Days						
	Occupancy	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Other	Potential Days						
	Actual Days						

<<Provide a brief narrative discussion the occupancy of conclusions. Address any significant shifts in occupancy. >>

Effective Gross Income

(Double click inside the Excel Table to add information)

Period	Appraisal (Market)			Lender (for DSCR)			As Is		
	Total \$	# of Days	Per Day	Total \$	# of Days	Per Day	Total \$	# of Days	Per Day
Income Source									
SN-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
SN-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
SN-Medicare (Part A)			#DIV/0!			#DIV/0!			#DIV/0!
SN-HMO/Ins/Medicare (Part C)			#DIV/0!			#DIV/0!			#DIV/0!
SN-Veterans Admin (VA)			#DIV/0!			#DIV/0!			#DIV/0!
SN-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
AL/B&C-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
AL/B&C-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
MC-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
MC-Medicaid			#DIV/0!			#DIV/0!			#DIV/0!
MC-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
IL-Private-pay			#DIV/0!			#DIV/0!			#DIV/0!
IL-Other Payors			#DIV/0!			#DIV/0!			#DIV/0!
Residential Revenue Achieved	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!
Medicare Part B									
e.g. Therapy									
e.g. Level of Care Fees									
e.g. Second Occupant Fees									
e.g. Commercial Space									
e.g. Day Care									
Effective Gross Income	\$0	0	#DIV/0!	\$0	0	#DIV/0!	\$0	0	#DIV/0!

<< Above you are asked to report the number of resident days, not occupied units. Although Assisted Living is typically reported on an occupied unit basis, we ask that you convert that number to resident days. Do not enter potential gross incomes here, but rather effective gross income, wherein vacancy has already been accounted for.>>

<<Provide narrative discussion and support for each other income category as appropriate. A few examples follow:

Additional Personal Care Fees

The project bases additional care fees on levels of care needed as determined by the initial assessment and subsequent assessments as needed. The appraiser concludes to a net amount of \$X annually based on his analysis of comparable data <<insert comparable data as appropriate. Identify any modification from the appraiser's concluded fees and provide justification.>>

Second Occupant Income

The appraiser has included a net annual projection of X second occupants at \$X per month. Competitive facilities in the market place report second occupant charges ranging between \$X and \$X with a range of X to X second occupants. Based on the market, the underwriter concurs with the appraiser's conclusion for a net annual income of \$X. Identify any modification from the appraiser's concluded fees and provide justification.

Miscellaneous Income <<delete paragraph if not applicable>>

In addition to room rents, additional care, and second occupant income, the project will receive miscellaneous income from <<list miscellaneous>>. The appraiser has included a net annual projection of \$X. Typically, miscellaneous income is between x and x percent of effective income. The appraiser's conclusion is x. The underwriter has concluded to a net \$X per annum (calculation shown). Identify any modification from the appraiser's concluded fees and provide justification.>>

Rents

The rent schedule is currently as follows:

<<Insert a summary chart of the rent schedule here that shows rents, number of units, and room/service types.>>

<<Discuss the subject rent schedule. For skilled nursing and other facilities, a daily rate may be more appropriate than a monthly conclusion. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type.>>

<<Instructions: Each type of care should have its own subsection below discussing the payor source identified in the rent schedule, as demonstrated below. You may delete the sections (Skilled Nursing, Assisted Living, and Independent Living) that do not apply to your subject.>>

SKILLED NURSING

Private Pay

The appraiser and underwriter analyzed the private pay rates at XXX comparable facilities. A summary of their analysis is provided below.

Rent Comparability Analysis

(Rent per resident day)

(Double click inside the Excel Table to add information)

Skilled Nursing - Private Pay	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes	Unadjusted Rate	Optional Notes
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)								
Rent Comp 1 - Name		e.g. superior						
Rent Comp 2 - Name		e.g. care extra						
Rent Comp 3 - Name		e.g. most similar						
Rent Comp 4 - Name								
Rent Comp 5 - Name								
Rent Comp 6 - Name								
Rent Comp 7 - Name								
Rent Comp 8 - Name								
Rent Comp 9 - Name								
Rent Comp 10 - Name								
Market Average	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Appraisal Conclusion								
Lender's Conclusion								

<<Provide narrative discussion of private pay rate conclusion. Discuss how the rate conclusion compares to the achieved rents shown on the rent roll. Expand or shorten the table above as needed to accommodate the types of rooms or the number of comparables used. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate. Identify any modification from the appraiser's concluded rent and provide justification.>>

Medicare

Daily rate – Underwriting: \$ _____ Appraisal: \$ _____
 Subject's historical average _____ Time period of _____
 RUG Rate: \$ _____ quoted average: _____

<<Identify any anticipated changes to the reimbursement rate. Provide narrative discussion of conclusion. For example: "The appraiser provided a detailed Resource Utilization Group (RUG) rate analysis of the facility's operation over the last 12-month operating period. The analysis concluded a weighted average Medicare rate of \$XX PRD. The RUG Rates used to determine the average rate are based on the <<DATE>> rates. The underwriter concurs with the appraiser's conclusion.">>

Medicaid

Daily Rate – Underwriting: \$ _____ Appraisal: \$ _____
 Published Rate: \$ _____ Date of Rate _____

<<Provide narrative discussion of the state's reimbursement system and how the subject's or tenant's rate is determined. If rate is facility specific, discuss evidence of current or prospective rate. If rate is based on resident care requirements, provide an analysis of the last 12-months of rates for this payor source, as appropriate. Identify and discuss any other sources or copayments that are required, e.g., Supplemental Security Income (SSI). Identify any anticipated changes to the reimbursement rate, such as when rates are tied to depreciating capital components .>>

Veteran’s Administration (VA)

Daily Rate – Underwriting: \$ _____ Appraisal: \$ _____

<<If applicable, provide narrative discussion of how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

HMO or Other Private Insurance

Daily Rate – Underwriting: \$ _____ Appraisal: \$ _____

<<If applicable, provide narrative discussion of how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

Other

<<If applicable, provide narrative discussion of other types of payor sources. Describe source and how the rate is determined. Discuss review of evidence (e.g., rate letter) or historical precedent for the underwritten rate. >>

ASSISTED LIVING

Private Pay

The appraiser and underwriter analyzed the assisted living rents at XXX comparable facilities. A summary of their analysis is provided below.

Rent Comparability Analysis

(Double click inside the Excel Table to add information)

Select	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)								
Rent Comp 1 - Name								
Rent Comp 2 - Name								
Rent Comp 3 - Name								
Rent Comp 4 - Name								
Rent Comp 5 - Name								
Rent Comp 6 - Name								
Rent Comp 7 - Name								
Rent Comp 8 - Name								
Rent Comp 9 - Name								
Rent Comp 10 - Name								
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion								
Lender’s Conclusion								

<<Provide narrative discussion of conclusion. An equivalent analysis of the information provided above is required. Additional analysis can be provided at the lender’s option to support its conclusion, as appropriate. Identify any modification from the appraiser’s concluded rent and provide justification.>>

Medicaid

<<If applicable, provide narrative discussion of state's reimbursement system and how the subject's or tenant's rate is determined. If rate is facility specific, discuss evidence of prospective rate. If rate is based on resident care requirements, provide an analysis of how the concluded rent was determined. Identify and discuss any other sources or copayments that are required (e.g., SSI). Identify any modification from the appraiser's concluded rent and provide justification.>>

INDEPENDENT UNIT RENTS

The appraiser and underwriter analyzed the independent living rents at XXX comparable facilities. A summary of their analysis is provided below.

Rent Comparability Analysis
(Rent per unit)

(Double click inside the Excel Table to add information)

Independent Living - Private Pay	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted	Unadjusted Rate	Adjusted
Unit Type	Select		Select		Select		Select	
Subject (Current Achieving)								
Rent Comp 1 - Name								
Rent Comp 2 - Name								
Rent Comp 3 - Name								
Rent Comp 4 - Name								
Rent Comp 5 - Name								
Rent Comp 6 - Name								
Rent Comp 7 - Name								
Rent Comp 8 - Name								
Rent Comp 9 - Name								
Rent Comp 10 - Name								
Market Average	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Appraisal Conclusion								
Lender's Conclusion								

<<Provide narrative discussion of conclusion. An equivalent analysis of the information provided above is required. Identify any modification from the appraiser's concluded rent and provide justification.>>

Expenses

Comparable Expense Data

Expense Analysis –Comparables

(Double click inside the Excel Table to add information)

Expense Comparables	Name, City, State	Name, City, State	Name, City, State	Name, City, State	Name, City State
Expense Categories	Comp 1	Comp 2	Comp 3	Comp 4	Comp 5
e.g. General & Administrative					
e.g. Payroll Taxes and Benefits					
e.g. Resident Care					
e.g. Food Services					
e.g. Activities					
e.g. Housekeeping & Laundry					
e.g. Maintenance					
e.g. Utilities					
e.g. Marketing and Promotion					
e.g. Insurance (property & liability)					
e.g. Bad Debt					
Other - Add rows as needed					
Sub-total	\$ -	\$ -	\$ -	\$ -	\$ -
Real Estate (Property) Taxes					
Management Fees					
Replacement Reserves					
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Effective Gross Income					
Net Operating Income	\$ -	\$ -	\$ -	\$ -	\$ -
Occupancy					
Number of Resident Days					
Date of Expense Information	e.g. Jul-12				

(Double click inside the Excel Table to add information)

Expense Categories	As-Proposed Appraisal (Market)		As-Proposed Lender (Market)		As-Proposed Lender (DSCR)		As-Is	
	Total	Per Occp.d. Unit/Bed	Total	Per Occp.d. Unit/Bed	Total	Per Occp.d. Unit/Bed	Total	Per Occp.d. Unit/Bed
e.g. General & Administrative		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Payroll Taxes and Benefits		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Resident Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Food Services		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Activities		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Housekeeping & Laundry		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Maintenance		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Utilities		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Marketing and Promotion		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Insurance (property & liability)		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
e.g. Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Sub-total	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Real Estate (Property) Taxes		\$1.00		\$1.00		\$1.00		\$1.00
Management Fees		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Replacement Reserves		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Total Expenses	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Expense Percentage	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Effective Gross Income		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Operating Income	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Occupancy	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Potential# Res Days OR Units Annually								
Actual# Res Days OR Occ. Units								

<<Provide narrative discussion of comparable information. The appraiser should trend the expense comparables to the effective date of the appraisal. An explanation of the adjustments should be included here. Explain any other adjustments made to the comparables such as for normalization of reserves, management fee, taxes, etc., required to put the comparables on the same footing as the subject. For skilled nursing and other facilities, resident days are more appropriate than occupied units. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type.>>

Capitalization Rate

<<The selection of the capitalization rate should be primarily based on recent sales rather than from investment models. Ideally, these rates would come from the Building Sales Comparables. However, these are often chosen by location before sale date. Recent cap rate data should be included every time, even if an additional set of cap rate comps or a survey needs to be introduced. In the table below, please add columns or duplicate the table as needed to accommodate additional comps.>>

(Double click inside the Excel Table to add information)

Capitalization Rate Summary	City	State	Cap Rate	Type of NOI	Private Pay %	Medi-care %	Medi-caid %	Date of Sale	Year Built	Occ. %	Source of Income
Cap Rate Comp 1 - Name				Select							Select
Cap Rate Comp 2 - Name				Select							Select
Cap Rate Comp 3 - Name				Select							Select
Cap Rate Comp 4 - Name				Select							Select
Cap Rate Comp 5 - Name				Select							Select
Cap Rate Comp 6 - Name				Select							Select
Cap Rate Comp 7 - Name				Select							Select
Cap Rate Comp 8 - Name				Select							Select
Cap Rate Comp 9 - Name				Select							Select
Cap Rate Comp 10 - Name				Select							Select
Comparable Total/Average			#DIV/0!								
Compare to Appraiser's Conclusion for Subject				Prospective							
As Is			#DIV/0!								

<<Provide narrative discussion as necessary. An equivalent analysis of the information provided above is required. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate schedule for each care type. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate.>>

Sales Comparison Approach

(Double click inside the Excel Table to add information)

Summary of Comparable Sales	City	State	Sales Price	# of Units/Beds	Price Unadjusted	Price Adjusted	Year Built	Date of Sale
Sales Comp 1 - Name					#DIV/0!			
Sales Comp 2 - Name					#DIV/0!			
Sales Comp 3 - Name					#DIV/0!			
Sales Comp 4 - Name					#DIV/0!			
Sales Comp 5 - Name					#DIV/0!			
Sales Comp 6 - Name					#DIV/0!			
Sales Comp 7 - Name					#DIV/0!			
Sales Comp 8 - Name					#DIV/0!			
Sales Comp 9 - Name					#DIV/0!			
Sales Comp 10 - Name					#DIV/0!			
Comparable Total/Average					#DIV/0!	#DIV/0!		
Appraiser's Conclusion for Subject								
As Is								

Price per Unit/Bed

<<Provide narrative discussion. An equivalent analysis of the information provided above is required. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate analysis for each care type. Include a general discussion of adjustments made to the sales and which comparables best represent the subject facility. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate.>>

Effective Gross Income Multiplier (EGIM)

<<Provide narrative discussion. An equivalent analysis of the information provided above is required. For continuum of care facilities (e.g., skilled and assisted living), it may be appropriate to provide a separate analysis for each care type. Additional analysis can be provided at the lender's option to support its conclusion, as appropriate.>>

Cost Approach

Development Cost

<<Provide narrative discussion. This section is a place for the lender to summarize the cost conclusions of the appraisal. The costs in this section will be different than those in the Cost Review Section. This section will focus on market costs, as opposed to the Cost Reviewer Section that is geared toward HUD-specific costs, such as Davis-Bacon wages.>>

Depreciation

<<With new construction, this typically does not apply. However, if the appraiser concludes there is external obsolescence or depreciation associated with a preexisting structure, it should be discussed here.>>

Major Movable Equipment

<<Provide narrative discussion of assumptions and conclusion. Address discrepancies between appraiser and cost analyst. Additionally, address ownership of the major movable equipment (e.g., borrower or operator).>>

Land Value

<<Provide narrative discussion of assumptions and conclusion. Include an analysis of the comparable data.>>

Reconciliation

(Double click inside the Excel Table to add information)

Market Value Summary				
Approach	Appraisal - As Proposed	Underwriter - As Proposed	Appraisal - As Is	Underwriter - As Is
Income Capitalization				
Sales Comparison				
Cost Approach (if utilized)				
Conclusion:				

<<Provide narrative discussion of how the value approaches were reconciled to reach the final conclusions. The statement may be simple. For example, “As demonstrated in the Appraisal Overview section above, the underwritten value conclusion is based on the income approach to value.” If the value conclusion is based on weighting multiple approaches provide an explanation of the rationale.>>

Lender Modifications

<<State if the lender concurs or not with the appraiser’s value conclusion. When there is a disagreement, summarize the valuation modifications made by the lender underwriter. Insert a pro forma to highlight the differences in conclusions as needed. View the appraisal as a tool to do your underwriting and loan sizing correctly. Lenders should not use a value they disagree with and are allowed to use a lower value/NOI for loan sizing purposes. If lenders feel they are prohibited from doing this, they should cite the FIRREA rule at issue in the narrative.>>

Initial Operating Deficit

Note that existing operations may be considered in the prelease.

Unit type	# of Beds	UW Occupancy	# of Preleases	Avg. Month Absorption
Assisted Living				
Memory Care				
Skilled Nursing/Sub-Acute				
Independent Living				
Total				
Months to breakeven				
Initial Operating Deficit				

<< Use form 91128-ORCF to calculate the Initial Operating Deficit. Enter a summary above and a narrative explanation below as needed below.>>

Key Questions

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Has the lender revised the expense floors in the Form HUD-91128-ORCF Template? | <input type="checkbox"/> | <input type="checkbox"/> |

<< If yes, please explain the modifications made and provide justification for these changes.>>

ALTA/ACSM Land Title Survey

Date: _____

Firm: _____

Key Questions

	Yes	No
1. Have there been any material changes in the legal description of the property since the date of the existing survey (e.g., due to a partial release, the addition of property or both)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have any new easements affecting the property been granted since the date of the existing survey (other than blanket easements or other easements that clearly do not conflict with use of project facilities, as determined by HUD)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have any additional improvements (including driveways and parking areas) been constructed on the property since the date of the existing survey?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer “no” to all of the above questions, copies of the most recent signed and certified “as-built” survey, accepted by HUD, must be provided (originals are not required). No further review is needed. If copies are not available, a current “as-built” survey, confirming to the HUD Survey Instructions & Owner’s Certification may be required and the ALTA/ACSM Land Title Survey addendum must be attached to this narrative. If a current “as-built” survey is submitted, COMPLETE THE KEY QUESTIONS BELOW.>>

<<If you answer “yes” to any of the above questions, a current “as-built” survey, confirming to the HUD Survey Instructions & Owner’s Certification is required. COMPLETE THE QUESTIONS BELOW.>>

	Yes	No
4. Are there any differences between the legal description on the survey and legal description included in the pro forma title policy, third party appraisal, Phase 1 and Exhibit A of the Firm Commitment?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any revisions or modification required to the survey prior to closing?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the survey indicate any boundary encroachments?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the survey evidence any buildings encroaching on utility or other easements or rights-of-way?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there any unusual circumstances or items that require special attention or conditions?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated and the effect on value or the marketability of the project. For example, “Encroachments: The survey indicates an encroachment of the adjoining property

fence on the easterly portion of the property. An encroachment endorsement will be received at closing. There is no impact on the value or marketability of the project.>>

Yes **No**

Title

Title Search

Date of search: _____

Firm: _____

File number: _____

Key Questions

Yes **No**

- | | | |
|--|--------------------------|--------------------------|
| 1. Is the title currently vested in an entity or individual other than the proposed borrower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the report indicate that delinquent real estate taxes are owed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the report indicate any outstanding special assessments? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the report identify any outstanding debt that is not disclosed on the borrower’s listing of outstanding obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there or will there be any Use and Maintenance Agreements associated with this facility? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Pro-forma Policy

Date/Time: _____

Firm: _____

Policy Number: _____

Key Questions

Yes **No**

- | | | |
|---|--------------------------|--------------------------|
| 1. Is the title vested in an entity or individual other than the proposed borrower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any covenants, , encumbrances, liens, restrictions, or other exceptions indicated on Schedule B-1? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any use or affordability restrictions remaining in effect on the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any easements or rights-of-way listed that are not indicated on the survey? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|---|--------------------------|--------------------------|
| 5. Are there any endorsements included aside from the standard HUD-required endorsements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any subordination agreements, encroachments or similar issues that require HUD's approval? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any other matters requiring special consideration, agreements, or conditions that require HUD's attention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are there any easements, rights-of-way, encroachments, etc., identified on Schedules B-1 and B-2 that, in the lenders opinion, affect value or the marketability of the project? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each "yes" answer above, provide a narrative discussion regarding the topic. For example, "**Additional Endorsements**: As described in the Risk Factors section of the narrative, the XXXX does not conform to the past or current zoning requirements. The lender recommends...>>

Environmental

Program Guidance: Handbook 4232.1, Section II, Production, Chapter 7.

It is the lender's responsibility to review the Phase I and all other environmental review documentation to ensure that all environmental requirements are met.

Assistance Prior to Application Submission: Many Federal agencies require contact directly from HUD. This list includes, but is not limited to, State Coastal Zone Management councils, U.S. Fish and Wildlife service, and local/regional Native American tribes. In this instance, please contact LeanThinking@hud.gov in advance of the application submission.

Phase I Environmental Site Assessment

Date of inspection: _____

Firm: _____

Consultant: _____

Key Questions

- | | | |
|---|------------------------------|-----------------------------|
| 1. Was the Phase I Environmental Site Assessment (ESA) performed in conformance with the scope and limitations of ASTM Practice E 1527-13 (or the most current version)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Was the Phase I consultant provided with an accurate description of all repairs, site work, construction and/or demolition to be completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Phase I investigation include all of the following?
A reconnaissance of the subject site and the immediate surrounding area, a review of regulatory agency information, a survey of local geological and topographical maps, a review of aerial photographic studies, a survey of water sources, and a review of historical information. | <input type="checkbox"/> | <input type="checkbox"/> |

<<Explain any "no" answer above. >>

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the Phase I ESA recommend a Phase II assessment, other reports, or additional testing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the Phase I or Phase II assessment indicate that remediation is required or ongoing? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the Phase I ESA indicate that a monitoring well or testing well (operating or non-operating) is located on the site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the report indicate evidence of any soil staining or distressed vegetation, unusual odors, pools of liquid, leaking containers or equipment, hazardous materials, or other unidentified substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the report indicate evidence of any chemical misuse or unlawful dumping at the site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the report indicate the presence or suspected presence of any underground storage tanks or aboveground storage tanks on the site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the report's review of all major governmental databases for listings of potentially hazardous sites within the ASTM required search distances from the property identify any potential contamination concerns for the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do the Phase I or II reports recommend any required repairs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Does the Vapor Encroachment Screen identify a "vapor encroachment condition" (VEC)? <i>(The vapor encroachment screen must be performed using Tier 1 "non-invasive" screening pursuant to ASTM E 2600-10 or most recent edition.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is the Phase I site inspection date more than 180 days before the date the firm commitment application was submitted? A Phase I that was conducted more than 180 days before the application's submission, but not more than one-year before the submission, must be updated pursuant to ASTM E 1527-13 or the most recent edition. (A Phase I ESA that was originally conducted more than one year prior to the application's submission date, even if updated within 180 days of submission, is not acceptable. <u>ORCF is not able to waive this requirement.</u>) | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Radon

Program Guidance: Handbook 4232.1, Section II, Production, Chapter 7.8. Section 241(a) projects should follow the Substantial Rehabilitation guidance for the existing portion of the building and any addition should follow the New Construction guidance.

Date of Testing: _____

Firm: _____

Radon Professional: _____

Certification/License
Information: _____

EPA Radon Zone: _____

Key Questions—Existing Building

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Was the radon report conducted by a qualified Radon Professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was testing performed no earlier than 1 year prior to application submission? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were occupants informed of the testing in the manner described in ANSI-AARST MALB-2014 (or more recent edition)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is mitigation required due to radon levels at or above 4.0 picocuries per liter (4.0 pCi/L)? (If no, move on). | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Is a mitigation plan in compliance with ANSI-AARST RMS-LB 2014, Radon Mitigation Standards for Schools and Large Buildings included in the construction scope of work? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Was an Operations and Maintenance Plan included in the application? | <input type="checkbox"/> | <input type="checkbox"/> |

<<Provide narrative discussion of radon risk applicable to the subject project.>>

Key Questions—New Construction Portion of the Project

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the construction scope of work include radon resistant construction as required by Chapter 7.8? | <input type="checkbox"/> | <input type="checkbox"/> |

<<Provide narrative discussion of radon risk applicable to the subject project.>>

Lender Comments

<<Provide a brief summary of comments made by underwriter. If none, state none.>>

Other Environmental Concerns

Key Questions

	Yes	No
1. Is the subject located within a designated coastal barrier resource area? (If no, provide evidence.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Noise:		
a. Is the subject located within 5 miles of a civil airport or within 15 miles of a military airfield?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the project located within 1,000 feet of major highways or busy roads?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the project located within 3,000 feet of a railroad?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the subject's marketability impacted by noise?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there existing or proposed stationary tanks containing explosive or fire-prone materials on the site or nearby the site that are visible from satellite images or site reconnaissance?	<input type="checkbox"/>	<input type="checkbox"/>
a. Was a safety letter from the state or local fire department NOT provided for each tank? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any wetlands on or adjacent to the subject site?	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, will the project impact or disturb wetland areas or their buffer zones?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are any repairs or modifications to the project likely to affect any listed or proposed endangered or threatened species or critical habitats?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the subject located on a sole source aquifer?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are there any known landfills within ½-mile of the site?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is the project subject to an Activity and Use Limitation, Engineering Control, and/or Institutional Control related to an environmental concern? (If so, provide the information to the Phase I environmental consultant.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the project utilize a private water supply? (If so provide evidence that the water quality meets local, state or Federal standards; for example, evidence that the water meets the EPA Primary Drinking Water Standards.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the project involve a private sewage treatment system?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are any on-site structures located within the easement of an overhead high voltage transmission line?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are any buildings located in the fall zone of a support structure for high voltage transmission lines or any other towers?	<input type="checkbox"/>	<input type="checkbox"/>
13. Is any structure located within 10 feet of an easement for a high pressure gas or liquid petroleum transportation pipeline?	<input type="checkbox"/>	<input type="checkbox"/>
14. Is a residential structure located within 300 feet of an operating or abandoned oil or gas well? (If so, refer to Handbook 4232.1, Section II, Production, 7.5.K.3.)	<input type="checkbox"/>	<input type="checkbox"/>
15. Do any of the repairs change the footprint of the building(s)?	<input type="checkbox"/>	<input type="checkbox"/>

- | | Yes | No |
|---|--------------------------|--------------------------|
| 16. Does the project site include a structure that was built before 1978? (If no, move on to Question 17) | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Was a comprehensive asbestos survey performed by a qualified asbestos inspector pursuant to the “baseline survey” requirements of ASTM E 2356-10 (or most recent edition) NOT provided? (Required for all buildings constructed before 1978. If provided, check “No.”) | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Did the asbestos survey identify any friable and/or damaged asbestos? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the project involve asbestos removal? (Asbestos removal may involve additional risk, and may have a direct impact on residents and workers and ongoing facility operations. An operating deficit, for example, may need to be required if removal is to occur after endorsement.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the proposal include demolition of a structure that was built before 1978? (If no, move on to Question 18) | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Was a comprehensive asbestos survey performed by a qualified inspector pursuant to the “pre-construction survey” requirements of ASTM E 2356-10 (or most recent edition) NOT provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Other than the aforementioned, are there any other environmental issues identified by the Phase I or II reports or lender’s due diligence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Was a floodplain map with the subject site clearly marked on it NOT provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Was a preliminary or pending flood map of the project’s location available on the FEMA website? If so, provide a copy of this map with the subject site marked on it. | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Was a wetland map with the subject site clearly marked on it NOT provided? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Site Work, Ground Disturbance or Digging

Program Guidance: Handbook 4232.1, Section II Production, 7.5.

If the project includes any ground disturbance, contact LeanThinking@hud.gov in advance of application submission so that ORCF may initiate agency to agency contact. Include a project description including type of project, purpose of the project, the proposed activities/site work, and the current condition of the site (what is on the site now) as well as a location map, aerial view map, site layout map and a topographic map in your request to Lean Thinking.

Examples of ground disturbance include, but are not limited to, tree removal, burying a tank, new parking, changes in building footprint, adding a new fence, etc. If there is uncertainty

regarding what may constitute ground disturbance, contact LeanThinking@hud.gov in advance of application submission.

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Will there be any site work, construction, ground disturbance or digging? (If no, move on) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was a request for Tribal Consultation submitted to LeanThinking@hud.gov in advance of application submittal? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Was a site plan provided showing where site work, ground disturbance and/or digging will occur? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Was documentation provided showing that a Section 7 Endangered Species review was completed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Was evidence that the project is in compliance with the State’s Coastal Zone Management Program provided if located in a designated coastal zone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did the correspondence with the State Historic Preservation Office (SHPO) accurately reflect the proposed site work, ground disturbance or digging as well as any planned repairs and/or construction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any wetlands on or adjacent to the site that could be potentially impacted by the construction or site work either directly or indirectly via drainage, etc.? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, was HUD contacted in advance to conduct an 8 step? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is the project site located in a flood plain? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If the footprint of the building or pavement will be significantly increased, was HUD contacted in advance to conduct the 8-step decision making process (24 CFR Part 55.20)? | <input type="checkbox"/> | <input type="checkbox"/> |

<<Provide relevant narrative for above questions.>>

Increases in Units or Beds

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Will there be an increase in units or beds? (If no, move on.) | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are there any current Aboveground Storage Tanks (ASTs) on or directly visible on the site? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Will any ASTs be added? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Was an Acceptable Separation Distance (ASD) calculation or mitigation plan submitted for all current or proposed ASTs? (Note that a tank safety letter IS NOT sufficient for projects that are increasing in units or beds. Refer to Handbook chapter 7.5.F.) | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Was a HUD compliant noise analysis provided? | <input type="checkbox"/> | <input type="checkbox"/> |

<<Provide relevant narrative for above questions.>>

State Historic Preservation Office (SHPO) Clearance

Program Guidance: Routine maintenance definition: For SHPO review purposes, HUD has a specific definition of routine maintenance that may differ from other definitions. See Notice CPD-16-02 for HUD’s definition.

Note, if the answer to Key Questions 4 or 5 is yes, then the SHPO **must** be contacted. The lender may submit a Section 106 request to SHPO in order to expedite the process.

<<Provide narrative description indicating whether or not SHPO has been contacted, information sent to SHPO, and any response received. For example: “Since we are not making changes to the exterior of the building, and internal repairs are limited to routine maintenance as defined in Notice CPD-16-02 there is no impact on any historical property.”>>

Key Questions

	Yes	No
1. Was the SHPO contacted?	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the SHPO website for the project’s state reviewed for any specific information required by that SHPO and was this information provided?	<input type="checkbox"/>	<input type="checkbox"/>
3. Was all correspondence with the SHPO provided in the application?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there any known historic preservation issues related to the subject?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the project involve repairs in excess of routine maintenance (as defined in Notice CPD-16-02), construction, or ground disturbance?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have any other archeological or cultural resource centers been consulted?	<input type="checkbox"/>	<input type="checkbox"/>

<<As applicable, for each “yes” answer above, provide a narrative discussion on the topic. For example: “We have received a letter from the XXXX State Historic Preservation Office, dated XXXX. It was determined that the site is of no historical or suspected cultural significance. No additional investigation was recommended by the State.” Please indicate if a response has not been received. If the SHPO concluded that the project will have an adverse effect, please explain how this will be mitigated .>>

Area of Potential Effects

Program Guidance: Handbook 4232.1, Section II Production, Chapter 7. In situations where the SHPO was contacted, provide a description of the Area of Potential Effects (APE) that was included in the correspondence that was sent to the SHPO.

<<Provide a narrative discussion on the Area of Potential Effects. For example: “The subject is located in the X Historic District, so we have determined that the APE is the entire Historic District.” Or, “The subject is not located near any properties that are on or eligible for the National Register of Historic Places, so the APE is only the subject site., etc. >>

Flood Plain

NFIP Map Panel #: _____

Date: _____

Flood Zone: _____

<< When in Zone X, indicate whether it is designated as X “(shaded)” or “(unshaded)”. When the site is located in multiple flood zones, identify each zone designation. For example: “X (unshaded), X (shaded), AE”.>>

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the community participate in the National Flood Insurance Program (NFIP)? (A project located in a FEMA-identified special flood hazard area, where the community has been suspended for or does not participate in the NFIP, is <u>not</u> eligible for mortgage insurance.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is flood insurance required for this property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is the subject site located within a 100-year floodplain (1% annual chance flood) or 500-year floodplain (0.2% chance of annual flood)? (If no, move on). (Use the effective FEMA Flood Insurance Rate Map (FIRM) or, when FEMA provides interim flood hazard data such as Advisory Base Flood Elevations, preliminary or pending maps, use the latest of these sources except when the base flood elevations from interim data are lower than the elevations on the current FIRM.) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If located in a 100-year or 500-year floodplain, was the 8-step documentation not provided to LEANThinking@hud.gov in advance of application submission? | <input type="checkbox"/> | <input type="checkbox"/> |

<<Provide a narrative discussion evaluating the floodplain exhibits.>>

Borrower

Name: _____

State of organization: _____

Date formed: _____

Termination date: _____

Fiscal year-end date: _____

Ownership Start Date
in this Project: _____

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does the borrower currently own any assets other than the subject property or participate in any other businesses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is or has the borrower been delinquent on any federal debt? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| 3. Is or has the borrower been a defendant in any suit or legal action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the borrower ever filed for bankruptcy or made compromised settlements with creditors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there judgments recorded against the borrower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any unsatisfied tax liens? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is the single asset borrower entity registered outside the United States and/or in a state other than where their corporate office is located? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does the single asset borrower entity fail to have at least one principal, with operational decision-making authority, as a United States citizen? | <input type="checkbox"/> | <input type="checkbox"/> |

<<As applicable, for each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Program Guidance: Handbook 4232.1, Section II Production, Chapter 6.1.D, Foreign National and Corporate Entity Participation

Organization

<<Provide organization chart and narrative, as applicable. At a minimum, all principals of the borrower should be identified.>>

Experience/Qualifications

<< Provide narrative description of principal’s experience with development, lease-up and operations of facilities similar to the proposed project in resident type, regulatory environment, size and complexity of project. Discussion should highlight direct experience and involvement in other transactions. Provide key operating metrics from initial lease-up to stabilization, including fill pace, occupancy and net operating income.>>

Credit History

Report Date: _____ <<within 60 days of submission>>
 Reporting Firm: _____
 Score: _____

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score.>>

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the credit report identify any material derogatory information not previously discussed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the underwriter have any concerns related to their review of the credit report? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Financial Statements

The application includes the following Borrower financial statements:

Balance Sheet as of: _____

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is the balance sheet missing any required information or schedules? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the balance sheet provided include financial data from assets or liabilities not related to owning and operating this facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did your review and analysis of the balance sheet indicate any other material concerns or weaknesses that need to be addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any debts on the balance sheet that will survive closing? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

General Review

<<Provide Narrative and analysis of financial statements as appropriate. In addition to the Key Questions above, working capital should be discussed along with the general financial stability and position of the entity.>>

Conclusion

<<Provide narrative discussion of underwriter’s conclusion and recommendation. For example, “The borrower is a single-asset entity registered in the state of XXX on {date}. It was formed solely to own and operate the subject project. The organizational documents have been reviewed by counsel and comply with HUD requirements in order to participate as an acceptable borrower in this transaction.”>>

Principal of the Borrower – <<enter name of principal here>>

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Have any principals of the borrower changed or are any such changes proposed that have not been approved by HUD? If yes, provide this section for each principal of the borrower; if no, move to Operator. | <input type="checkbox"/> | <input type="checkbox"/> |

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is or has the principal of the borrower been delinquent on any federal debt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is or has the principal of the borrower been a defendant in any suit or legal action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the principal of the borrower ever filed for bankruptcy or made compromised settlements with creditors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there judgments recorded against the principal of the borrower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any unsatisfied tax liens against the principal of the borrower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is this principal a principal of any other HUD-insured projects or principals of a project(s) applying for HUD insurance or TPA within the next 18 months? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. >>

Organization

<<Not applicable to individuals. If the principal is an entity, provide the following:>>

Name: _____
State of organization: _____
Date formed: _____
Termination date: _____

<<As applicable, please provide organization chart and narrative discussion.>>

Experience/Qualifications

Program Guidance: Handbook 4232.1, Section II Production, Chapter 2.5FF.

<<Provide narrative description of principal’s experience with development, lease-up and operations of facilities similar to the proposed project in resident type, regulatory environment, size and complexity of project. Discussion should highlight direct experience and involvement in other transactions. Provide key operating metrics from initial lease-up to stabilization, including fill pace, occupancy and net operating income.>>

Credit History

Report date: _____ <<within 60 days of submission>>

Reporting firm: _____

Score: _____

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score. >>

Key Questions

	Yes	No
1. Does the credit report identify any material derogatory information not previously discussed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the underwriter have any concerns related to their review of the credit report?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Other Business Concerns/232 Applications

Key Questions

	Yes	No
1. Does the principal identify any other business concerns?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do any of the other business concerns have pending judgments, legal actions/suits, or bankruptcy claims? (If so, a credit report must be obtained on the business concern.)	<input type="checkbox"/> N/A	<input type="checkbox"/>
b. If so, was a credit report obtained on the business concern?	<input type="checkbox"/> N/A	<input type="checkbox"/>
2. Do the credit reports on the 10% sampling of the other business concerns indicate any material derogatory information?	<input type="checkbox"/> N/A	<input type="checkbox"/>
3. Does the Principal identify any other Section 232 program (i.e., 223(f), 241(a), 223(a)(7), 232(i), or 223(d)) loans on the Consolidated Certification – Principal of Borrower (form HUD-90014-ORCF) and Attachment 2 thereof?	<input type="checkbox"/>	<input type="checkbox"/>

<<As applicable, a “yes” answer requires a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Credit Reports for Other Business Concerns:

<<Provide narrative discussion on other business concerns. For example, “XXX identified XX other business concerns. The underwriter reviewed Dunn and Bradstreet credit reports for XX other business concerns identified by XXXX. {Discuss each report}. No reports indicated derogatory information that would prohibit XXXXX from participation in this loan transaction.>>

Name of Entity	Report Type (Commercial, etc.)	Report Date	Comments (i.e., any derogatory information, etc.)

Financial Statements – For Party(ies) Responsible for Financial Requirements for Closing and Beyond – <<enter name(s) of responsible party(ies) here>>

<<Complete this section if the borrower entity does not have sufficient financial capacity.>>

Year to date: _____ <<dates for start and end of period>>

Fiscal year ending: _____ <<date – end of period>>

Fiscal year ending: _____ <<date – end of period>>

Fiscal year ending: _____ <<date – end of period>>

<<Include a discussion on the borrower’s financial capacity. Include the percentage of owner’s equity into the project. The discussion must address: (1) the borrower’s net worth; (2) liquidity; (3) the borrower’s ability to meet the cash requirements of the project; and (4) the borrower’s ability to meet the financial obligations of the project for the long term.>>

<<If Form HUD-92417-ORCF is included, provide discussion on the individual’s financial capacity, net worth and liquidity.>>

Effective date (of HUD-92417)	Total assets	Net worth	Total liquidity (cash available)	Comments
	\$	\$	\$	

Conclusion

<<Provide narrative discussion of underwriter’s conclusion and recommendation. For example, “XXXXX has demonstrated an acceptable credit history and sufficient experience owning and operating other facilities. The underwriter recommends this principal as an acceptable participant in this transaction.”>>

Operator

Name: _____
State of Organization: _____
Date Formed: _____
Termination Date: _____
FYE Date: _____

Organization

<<Provide organization chart and narrative, as applicable.>>

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 2. Has there been a change in the operator that has not been approved by HUD, or is such a change proposed? If yes, complete remainder of Operator section; if no, move to Management Agent. | <input type="checkbox"/> | <input type="checkbox"/> |

Management Agent (if applicable)

Name: _____
Relation to borrower: <<Owner Managed/IOI Entity/Independent/Other>>
Principals/officers: _____

<<Provide a brief narrative discussion on the existing or proposed management agent, if applicable.>>

Management Agent's Duties and Responsibilities

<<Briefly describe the management agent's duties and responsibilities (i.e., will the management agent control the operating accounts; contract for services; recruit, select or train employees; take responsibility for the management of the functional operation of the facility or the execution of the day-to-day policies of the facility; etc.). Also describe the nature of the management agent's compensation and how it was calculated.>>

Experience

<<Provide an explanation of the experience of the management agent. For projects that contain a lease-up component, include a detailed description of lease-up experience. *Discussion should highlight direct experience and involvement in other HUD transactions. This section should clearly demonstrate the expertise to successfully manage the facility and meet the obligations of the management agreement.*>> >>

Management Agreement (as applicable)

Date of agreement: _____

Agreement expires: _____

Management fee: _____

Key Questions

	Yes	No
1. Does the agreement fail to sufficiently describe the services the agent is responsible for performing and for which the agent will be paid management fees?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the agreement fail to state that the management fees will be computed and paid according to HUD requirements?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the agreement fail to state that HUD may require the owner to terminate the agreement without penalty and without cause upon written request by HUD and contain a provision that gives no more than a 30-day notice of termination?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the agreement fail to state that HUD's rights and requirements will prevail in the event the management agreement conflicts with them?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the agreement fail to state that the management agent will turn over to the owner all of the project's cash trust accounts, investments, and records immediately, but in no event more than 30 days after the date the management agreement is terminated?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the agreement exempt the agent from gross negligence and or willful misconduct?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the Form HUD-9839-ORCF inconsistent with the Management Agreement?	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answer "no" to any of the above questions, identify the risk factor and how it is mitigated below.>>

Key Questions

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Has there been a change in the management agent or management agreement that has not been approved by HUD, or is such a change proposed? If yes, complete remainder of Management Agent section; if no, move to General Contractor. | <input type="checkbox"/> | <input type="checkbox"/> |

Key Questions

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 1. Does the management agent have experience managing other HUD-insured properties? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Has the agent received any “unsatisfactory” management reviews from HUD? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have any managed, owned, or operated properties received REAC scores lower than 60? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the management agent have less than 3-years of experience managing similar properties? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is or has the management agent been delinquent on any federal debt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is or has the management agent been a defendant in any suit or legal action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has the management agent ever filed for bankruptcy or made compromised settlements with creditors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there judgments recorded against the management agent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are there any unsatisfied tax liens? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Does (or will) the Management Agent hold the certificate of need, license to provide care, enter into provider agreement(s) with third party payor(s) such as Medicare, Medicaid, or Private Payors, or enter into contracts for patient services? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.

Previous HUD Experience

Project Name	Project City	Project State	Type of Facility

Credit History

Report Date: _____ <<within 60 days of submission>>

Reporting Firm: _____

Score: _____

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score. >>

Key Questions

	Yes	No
1. Does the credit report identify any material derogatory information not previously discussed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the underwriter have any concerns related to their review of the credit report?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Other Facilities Owned, Operated or Managed

Key Questions

	Yes	No
1. Does the management agent own, operate, or manage any other facilities?	<input type="checkbox"/>	<input type="checkbox"/>
a. Do any of the other facilities have pending judgments; legal actions or suits; or, bankruptcy claims? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
b. Do any of the other facilities have any open professional liability insurance claims? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>
c. Do any of the other facilities have any open state findings related to instances of actual harm and/or immediate jeopardy (G or higher)? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **Other Facilities:** XXXXX identified XX other facilities it owns, operates, or manages in addition to the subject facility.>>

Program Guidance: Handbook 4232.1, Section II Production, 8.8.

Past and Current Performance

Indicator	Findings
Billing	_____ <<acceptable>>

Controlling operating expenses	_____
Vacancy rates	_____
Resident turnover	_____
Rent collection and accounts receivable	_____
Physical security	_____
Physical condition and maintenance	_____
Resident relations	_____

<<Provide narrative support for review and finding. For example: “Based on interviews with the principals of the borrower and management agent, as well as a review of the management policies and procedures, the underwriter has concluded that the management agent has demonstrated acceptable past and current performance with regard to all of the above indicators.”>>

Management Certification

<<Provide narrative review. For example: “The form HUD-9839-ORCF, Management Agent Certification, provided in the application package indicates a management fee of XX percent of the residential, commercial and miscellaneous income collected, which is in line with industry standards for projects of this size. The term of the agreement is for XX-years. The stated fee and term match those stated in the management agreement. The fee calculations on page 4 are coordinated with the underwriting conclusions.”>>

Conclusion

<<Provide narrative discussion of underwriter’s conclusion and recommendation. For example: “The management agent has demonstrated an acceptable credit history and has the experience to continue to successfully manage this facility. The underwriter recommends this management agent for approval as an acceptable participant in this transaction.”>>

General Contractor

Name: _____
 State of organization: _____
 License number/state: _____
 Surety: _____

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is or has the general contractor been delinquent on any federal debt? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is or has the general contractor been a defendant in any suit or legal action? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the general contractor ever filed for bankruptcy or made compromised | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
settlements with creditors?		
4. Are there judgments recorded against the general contractor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any unsatisfied tax liens?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the general contractor a joint-venture?	<input type="checkbox"/>	<input type="checkbox"/>
7. If the general contractor is a subsidiary of another entity, are they relying upon the parent to demonstrate financial capacity? <i>(If yes, provide financial analysis of parent.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
8. Did the third party architectural reviewer find the contractor to have insufficient experience?	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answer “yes” to any of the above questions, identify the risk factor and how it is mitigated below.>>

Experience/Qualifications

<<Provide narrative description of general contractor’s experience and qualifications. Discussion should highlight the contractor’s experience constructing similar type and size projects. It should discuss the architectural and cost reviewer’s analysis of the contractor’s experience, bonding capacity, financial capacity, etc.>>

Credit History

Report date: _____ <<within 60 days of submission>>

Reporting firm: _____

Score: _____

<<Provide an explanation of the credit score in terms of risk level (i.e., low, medium, or high). Also, if the score is evaluated numerically, explain what value the credit agency places on the score.>>

Key Questions

	Yes	No
3. Does the credit report identify any material derogatory information not previously discussed?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the underwriter have any concerns related to their review of the credit report?	<input type="checkbox"/>	<input type="checkbox"/>

<<If you answer “yes” to any of the above questions, identify the risk factor and how it is mitigated below.>>

Other Business Concerns-

Key Questions

- | | | | |
|----|--|---|--------------------------|
| | | Yes | No |
| 4. | Does the general contractor identify any other business concerns? | <input type="checkbox"/> | <input type="checkbox"/> |
| | a. Do any of the other business concerns have pending judgments, legal actions/suits, or bankruptcy claims? | <input type="checkbox"/> N/A <input type="checkbox"/> | <input type="checkbox"/> |
| | b. If so, was a credit report obtained on the business concern? | <input type="checkbox"/> N/A <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Do the credit reports on the 10% sampling of the other business concerns indicate any material derogatory information? | <input type="checkbox"/> N/A <input type="checkbox"/> | <input type="checkbox"/> |

<<As applicable, a “yes” answer requires a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Credit Reports for Other Business Concerns:

<<Provide narrative discussion on other business concerns. For example, “XXX identified XX other business concerns. The underwriter reviewed Dunn and Bradstreet credit reports for XX other business concerns identified by XXXX. {Discuss each report}. No reports indicated derogatory information that would prohibit XXXXX from participation in this loan transaction.>>

Name of Entity	Report Type (Commercial, etc.)	Report Date	Comments (i.e., any derogatory information, etc.)

Financial Statements

The application includes the following General Contractor financial statements:

Year to date: <<dates for start and end of period>>
Fiscal year ending: <<date – end of period>>
Fiscal year ending: <<date – end of period>>
Fiscal year ending: <<date – end of period>>

Key Questions

- | | | | |
|----|---|--------------------------|--------------------------|
| | | Yes | No |
| 1. | Are less than 3-years of historical financial data available for the general contractor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Are the financial statements missing any required information or schedules? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Is there a pattern of significant downward income prior to depreciation over the years as demonstrated in the general contractor’s Income & Expense statements? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | Yes | No |
|--|--------------------------|--------------------------|
| 4. Do the Aging of Accounts Payable schedules show any material accounts payables (amount in excess of 5% effective gross income) over 90 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do the Aging of Accounts Receivable schedules show any material accounts receivables (amounts in excess of 2% of gross income) over 120 days? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did your review and analysis of the financial statements indicate any other material concerns or weaknesses that need to be addressed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does the general contractor have less than the required 5% adjusted working capital? | <input type="checkbox"/> | <input type="checkbox"/> |

<<If you answer “yes” to any of the above questions, identify the risk factor and how it is mitigated below. For example, Item 7 – Contractor has less than 5% working capital. Contractor may hypothecate fixed assets. The contractor has a sale pending on another building that they have constructed. Lender will provide evidence prior to closing that funds are available to meet the 5% working capital.”>>

General Review

<<Provide narrative and analysis of financial statements as appropriate. In addition to the Key Questions above, net working capital should be discussed along with the general financial stability and strength of the entity.>>

Working Capital Analysis

<<Provide narrative and analysis of contractor’s working capital. Analysis should discuss appropriate adjustments to current assets and liabilities; how you account for work-in-progress; lines-of-credit; verifications of deposit; etc.

Example: XXXX current balance sheet is summarized below.

	Financial Statement As of XXXXXXXX	Working Capital Analysis
Current Assets		
Cash Accounts	\$ 1,200,000	\$ 1,200,000
Retainage Receivable	3,600,000	3,600,000
Accounts Receivable	4,900,000	4,700,000
Accounts Receivable - Employees	110,000	-
Accounts Receivable - RELATED	5,000	-
Accounts Receivable - RELATED	25,000	-
Cost & Profit in Excess of Bill	650,000	650,000
Prepaid Insurance	150,000	-
Total Current Assets	\$ 10,640,000	\$ 10,150,000
Current Liabilities		
Retainage Payable	\$ 2,680,000	\$ 2,680,000
Accounts Payable	4,720,000	4,720,000
Profit Sharing Payable	-	-

Current Portion of Notes Payable	66,000	66,000
Accrued Payables	445,000	445,000
Total Current Liabilities	\$ 7,911,000	\$ 7,911,000

The underwriter has made the following modification for the working capital analysis:

Example:

- Only used accounts receivable less than 90 days old
- Did not use accounts receivable from related parties.
- Did not include prepaid expenses.

The underwriter's analysis of Work in Progress is as follows:

Job	Contract Amount	% Complete	Contract Balance	Used for Work In Progress
Project A	\$ 309,875	87.0%	\$ 40,284	\$ 40,284
Project B	25,790,007	92.6%	1,908,461	-
Project C	11,050,619	99.6%	44,202	-
Project D	1,673,600	66.5%	560,656	560,656
Project E	5,935,000	77.0%	1,365,050	1,365,050
:	8,807,800	61.0%	3,435,042	3,435,042
:	196,200	42.2%	113,404	113,404
:	244,429	39.2%	148,613	148,613
:	833,806	98.0%	16,676	-
:	100,164	16.8%	83,336	83,336
:	2,063,500	4.6%	1,968,579	1,968,579
:	74,434	36.5%	47,266	47,266
:	922,400	25.7%	685,343	685,343
	\$ 58,001,834		\$ 10,416,912	\$ 8,447,572
		5% of Work in Progress	=	422,379

The underwriter calculated the working capital necessary for the work in progress as 5% of the contract balances for all work that was less than 90% complete. The working capital for the planned sister facility in XXXXX is 5% of the contract amount of \$6,356,426. The working capital for the subject is 5% of the contract amount of \$6,502,743.

Based on the above adjustments and analysis, the underwriter concludes to the following working capital analysis:

Current Assets		10,150,000
Current Liabilities		(7,911,000)
<hr/>		
Working Capital	\$	2,239,000
Working Capital for Other Work in Progress		(422,379)
Working Capital for planned SISTER Facility		(317,821)
Working Capital for Subject		(325,137)
<hr/>		
Excess Working Capital	\$	1,173,663

The contractor clearly demonstrates sufficient working capital for the current work in progress and the planned sister facility and the subject facility. In addition to the above working capital, the contractor also has a \$XXXXM revolving line of credit that currently has no balance. The line of credit is available to supplement the above working capital, if necessary, during construction. >>

Conclusion

<<Provide narrative discussion of underwriter’s conclusion and recommendation. For example, “The general contractor has demonstrated an acceptable financial and credit history. The general contractor has the experience to complete the construction. The underwriter recommends this General Contractor for approval as an acceptable participant in this transaction.”>>

Operation of the Facility

Administrator

Name: _____
 Employed by: _____ <<Name of entity who employs/pays administrator>>
 Facility Start Date: _____ <<Date started at this facility as Administrator>>

<<Narrative description of experience and qualifications - For example, “{Administrator} has been a licensed administrator since XXXX. Her current Residential Care Administrator’s license No. XXXXXXXX expires XXXXX. It was issued by XXXXXXXX in the State of XXXX. Her experience includes... Since arriving at the facility, XXXX has helped to increase the revenues and profitability of the project, as evidenced by the increasing effective gross income and net operating income (NOI). XXXXX is well qualified and has demonstrated her ability to act as Administrator for the subject facility.”>>

Subject’s State Surveys

The application includes the following state surveys issued on the following dates over the last

three (3) years of operations: (State when the survey was conducted and when the project was found in compliance.)

3 Years of Survey Inspections

Date of survey/inspection	Date state issued letter approving POC

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do the state surveys identify any instances of actual harm and/or immediate jeopardy (during last 3 year period)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do prior surveys (during last 3 year period) contribute to a pattern of findings? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there currently any open findings? | <input type="checkbox"/> | <input type="checkbox"/> |

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated. Example: **General Review and Findings:** Provide narrative description of review. For example: “The {date} state survey inspection letter indicates that there were X deficiencies. The deficiencies constitute a pattern of findings, or repetitive findings from survey to survey, resulting in repeat deficiencies and civil money penalties of \$XXX”>>

Risk Management Program

Program Guidance: See Risk Management Program grid on the Section 232 program website for additional guidance. Note that the below tier descriptions are general descriptions and HUD retains discretion to require additional risk management measures, as warranted, on a case by case basis.

Risk Management Tier General Descriptions:

Tier 1 Baseline: For most assisted living and low-risk skilled nursing projects with no more than one incident of actual harm/immediate jeopardy in the past three years. In these instances, the risk management program may be administered internally or by a third party provided the party administering the program is qualified.

Tier 2 Elevated Risk: Higher risk projects with two more incidents of actual harm/immediate jeopardy within the past three years. In these instances the risk management program should be administered by a third party.

(Note both Tier and Internal/External)

<input type="checkbox"/> Tier 1 Baseline	<input type="checkbox"/> Internally Administered Risk Management
--	--

<input type="checkbox"/> Tier 2 Elevated Risk	Program
	<input type="checkbox"/> External 3 rd Party Administered Risk Management Program

Describe the Risk Management Program and how it meets the following requirements

1. Real-time incident reporting and tracking that informs senior management:

2. Experience of Staff:

3. Training:

4. Continuous Improvement:

<<If a third party is involved, describe the contractual arrangement, what company has been contracted, what the contract provides for, when the contract was entered into, when it expires, what results have been seen thus far if the contract has been in place, etc.>>

Staffing

<<Provide narrative description of review. For example, “The appraiser and underwriter have reviewed the proposed staffing to be charged to the facility and found it to be acceptable and within reason.”>>

Operating Lease

Program Guidance: Handbook 4232.1, Section II Production, 8.6.

Date of agreement: _____

Current lease term expires: _____

Description of renewals: _____

Current lease payment: _____

Major movable equipment ownership: *<<borrower/operator>>* _____

Key Questions

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Will the facility be subleased (master lease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. At closing, will the lease have a term that will expire within 5 years with no lease renewal options? <i>(See guidance above.)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
3. Does the lease contain any non-disturbance provisions?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the lease require the borrower to escrow any funds other than those associated with this loan?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there proposed changes to the current operating lease?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the lender recommended any special conditions concerning the lease?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the current lease payment need to be increased to provide sufficient debt coverage for the mortgage payment, MIP, other insurance premiums, taxes, reserves, or impounds?	<input type="checkbox"/>	<input type="checkbox"/>

<<For each “yes” answer above, provide a narrative discussion on the topic describing the risk and how it will be mitigated.>>

Lease Payment – During Construction

<<Provide narrative explaining the terms of the lease and the payments to be made during the construction and/or rehabilitation.>>

Lease Payment – During Lease Up

<<Provide narrative explaining the terms of the lease and the payments to be made while the project is in lease-up.>>

Lease Payment Analysis – As Proposed

The lease payments must be sufficient to (1) enable the borrower to meet debt service and impound requirements and (2) enable the operator to properly maintain the project and cover operating expenses. The minimum annual lease payment must be at least 1.05 times the sum of the annual principal, interest, mortgage insurance premium, reserve for replacement deposit, property insurance and property taxes.

The underwriter has prepared an analysis demonstrating the minimum annual lease payment.

a. Annual principal and interest	\$
b. Annual mortgage insurance premium	
c. Annual replacement reserves	
d. Annual property insurance	
e. Annual real estate taxes	
f. Total debt service and impounds	\$
h Minimum annual lease payment	\$
.	

<<Compare the minimum annual lease payment to the current lease payment. If the lease payment needs to increase, add the following language: “The lease payment must be increased to \$XX per year (\$XX per month). The underwriter has included a special condition to the firm

commitment requiring the lease payment be revised to meet or exceed this minimum.” If the lease payment does not need to increase, add the following language: “The current lease payment is sufficient. The recommended annual lease payment also provides the operator with an acceptable profit margin.”>>

Responsibilities

<<Provide a description of the responsibilities of the lessor and lessee under the terms of the lease with regard to the following: payment of real estate taxes, maintenance of building, capital improvements, replacement of equipment, property insurance, etc.>>

Accounts Receivable (A/R) Financing

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the subject project have Accounts Receivable (AR) financing? If yes, complete remainder of AR Financing section; if no, move to Insurance. | <input type="checkbox"/> | <input type="checkbox"/> |

AR Lender: _____
 AR Borrower: _____
 Maximum Loan Amount: _____
 Interest Rate: _____
 Current Balance: _____
 Current Maturity Date: _____

Key Questions

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the AR loan require any guarantees from the borrower, operator, or parent of the operator, or any of those entities’ principals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the guarantors guaranteeing performance on any other AR loans? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the AR loan involve multiple facilities or borrowers? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does the AR loan involve any non-HUD-insured properties? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Is the subject being added to an existing AR line that has already been reviewed/approved by HUD? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there an identity of interest between the AR lender and the AR borrower? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a conflict of interest between the AR lender and the borrower or its principals (as defined in Handbook 4232.1, 15.4.E or its successors)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does the maximum AR loan amount exceed 85% of the Medicaid, Medicare, and other governmental accounts receivable less than 121 days old? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Of the total Medicaid, Medicare and other governmental accounts receivable less than 121 days old, are more than 30% over 90 days old? <input type="checkbox"/> N/A | <input type="checkbox"/> | <input type="checkbox"/> |

	Yes	No
8. Does the AR lender have less than 3 years of experience providing AR financing?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the AR lender NOT monitor the borrowing base on a regular basis (i.e. daily, weekly, or monthly basis)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the borrower or operator out of compliance with any business agreements or loan covenants (i.e., in default on those agreements, not current on financial submissions, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the AR loan being syndicated or participated?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does the Intercreditor Agreement (ICA) propose additional obligations beyond those allowed as the types of AR Loan Obligations that may be secured by project collateral?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the ICA propose loan extensions or interest rate changes?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the ICA include any cross-default or cross-collateralization provisions?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the ICA identify a flow of funds consistent with the cash flow chart?	<input type="checkbox"/>	<input type="checkbox"/>

<< For each “yes” answer above, provide a narrative discussion regarding the topic. For projects being added to an existing HUD-Insured AR line, provide specific information on when the AR line was originated (date), when documents were reviewed/approved by HUD, which HUD OGC field office performed the review, and provide a listing of projects participating in the line (project name, FHA#).>>

Terms and Conditions

1. Describe the borrowing base formula (e.g., XX% of AR borrower’s accounts receivable up to 120 days):
2. Describe term and renewal options:
3. Describe the rate applied to the used and unused portions of the AR loan:
4. Describe other fees (i.e., financing fees, late payment fees, etc.):

Mechanisms for operator receipts, disbursements, and control of operator funds:

<<Describe the flow of all funds, into and out of accounts. Describe how deposit accounts are controlled (e.g., number of controlled accounts, hard or springing lockbox, daily sweeps, etc.). Attach cash flow chart.>>

Collateral Security

<<Provide narrative description of the AR lender’s collateral/security. Explain any unsecured AR financing.>>

Permitted Uses and Payment Priorities

<<Provide descriptions of the permitted uses of the AR loan funds in order of priority. For example: (1) debt service incurred in connection with the AR loan; (2) operating costs; and (3) distributions to the operator's shareholders.>>

Financial Analysis

Calculations as of: (Date of AR aging report submitted with application)

Borrowing Base Analysis

(Double click inside the Excel Table to add information)

Calculations as of: **DATE** (of AR aging report submitted with application materials)

	0-90 days	91-120 days	121-150 days	151+ days
Medicare	\$ -	\$ -	\$ -	\$ -
Medicaid	-	-	-	-
Other Govt	-	-	-	-
Subtotal	\$ -	\$ -	\$ -	\$ -
Commercial				
Private*				
Total	\$ -	\$ -	\$ -	\$ -

*Inclusion of Private Pay receivables requires waiver approval

#DIV/0!

Medicare, Medicaid, Commercial AR aged 90-120 days

\$ -

AR Loan Available

(point in time, based on Borrowing Base described in AR loan documents)

\$ -

AR Loan Amount

(from Loan Agreement)

Historical AR Loan Costs

<<If there is an existing AR loan that is not yet approved by HUD, provide a financial analysis that explains how the cost of the AR loan has been factored into the NOI calculation. Complete the Historical AR Loan Costs table.>>

Historical AR Loan Costs

(Double click inside the Excel Table to add information)

20XX	20XX	20XX	YTD specify months	20XX-20XX Average	UW

Proposed AR Loan Costs

<<If the AR borrower is obtaining AR financing for the first time, provide a financial analysis that demonstrates that the AR borrower has sufficient financial capacity to pay all projected operating expenses, AR financing costs and loan payments, and all rent or debt service payments. The analysis must assume the maximum AR loan amount to stress test the AR financing based on the lesser of the operator’s 12-month trailing operating statements or the underwritten NOI. Calculate the impact on the borrower’s debt coverage after payment of the AR loan expenses and payments.>>

Assuming the \$ _____ maximum AR loan limit, an annual interest rate of _____ %, and that the entire amount is outstanding for the year, the maximum annual interest expense would be \$ _____. In addition to the interest, the other associated fees are the _____ fees <<list types of fees>>, which total \$ _____ per year for the same assumed balance. An analysis of the operator’s 12 month trailing financial statement (Month 20XX – Month 20XX) is below:

Trailing 12-Month Operating History	
Operating revenue	\$ _____
Less: Operating expenses	
Net Operating Income (NOI)	\$ _____
Annual P&I + MIP	\$ _____
AR fee: Interest	
AR fee: Other	
Total annual mortgage and AR debt service	\$ _____
DSCR including AR	

The underwriting assumed an NOI of \$ _____. The 12-month trailing NOI is \$ _____. The annual debt service including the MIP amount is \$ _____ per year. Adding the AR fees equates to a total mortgage and AR debt service expense of \$ _____ per year. This equates to prospective debt service coverage.

<<If multiple HUD-insured facilities have access to the AR loan, repeat the analysis above with the consolidated revenues and expenses for all those facilities.>>

Recommendation

<<The lender recommends approval of the AR loan.>>

Insurance

Professional Liability Coverage

Program Guidance: Handbook 4232.1, Section II Production, Appendix 14.1.

Name(s) of Insured:

Insurance Company:

Rating:

Rater:

Insurance company is licensed
in the United States:

Yes No

Statute of limitations:

Current coverage:

Per occurrence:

Aggregate:

Deductible:

OR Self insurance
retention:

Policy Basis:

Per occurrence Claims made

Current Expiration:

Retroactive Date:

Policy Premium:

Summary of Six-Year Loss History for Operator or its Parent of Operator				
Year	Total claims paid under this policy <i>(dollars)</i>	Total claims paid under this policy <i>(no. of claims)</i>	Total bed count covered under the policy	Dollars paid in claims per bed
1				
2				
3				
4				
5				
6				
Total/average				

Key Questions

	Yes	No
1. Does the insurance policy cover multiple properties?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is less than 6 years of loss history available?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the loss history indicate any professional liability claims over \$35,000?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the loss history or potential claims certification indicate any uncovered claims?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the loss history or potential claims certification indicate any claims that would exceed the per occurrence or aggregate coverage limits?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the facility been covered by a “claims made” policy at any time during the statute of limitations for the State in which the facility is located?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is the policy funded on a “cash front” basis?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is an actuarial study applicable (self-insurance)? <i>(If yes, discuss results below.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
9. For all facilities Owned, Operated or Managed by the operator and/or parent of the operator, are there any surveys/reports that have open G-level or higher citations outstanding? <i>(As appropriate, provide a complete analysis of the surveys.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are any entities that provide resident care (as discussed in the Provider Agreements and “Resident Care Agreements/Rental Agreements) not covered by the PLI policy?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are there any PLI issues that require special consideration?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer “yes” to any of the above questions, please address here. Examples:

Multiple properties: *The underwriter notes that the professional liability policy is a “blanket” policy covering XXX facilities, including the subject... {Address potential impact of other facilities on the subject’s coverage}*

Less than 6-year loss history: *The claims history reports were examined for the period XX through XX. The underwriter determined that there were no professional liability XX claims during that period...{address claims and sufficiency of coverage, etc. based on history}.*

Claims made coverage: *The project’s previous professional liability insurance coverage was a “claims made” form policy with XXXX, which expired XXXX, when the current policy was put in place. In XXXX, the borrower purchased a “nose coverage” policy, which is the coverage needed when going from a “claims made” form of insurance to a “per occurrence” form of insurance. The premium for this “nose” coverage liability was a one-time charge and was paid in XXX. Because of that additional insurance coverage, the insurance expense for XXXX was substantially higher than the current expense. The current “per occurrence basis” insurance policy covers the entire statute of limitations. The project’s professional liability insurance is in compliance with HUD’s requirements.>>*

Lawsuits

<<Identify all potential or expected professional liability insurance (PLI) claims in excess of \$35,000 that have been or may be filed for all periods within the statute of limitations for the state where the claim occurred. Identify any reserves held for potential claims. Discuss the risk associate with each potential PLI claim. Discuss how that risk is mitigated. Describe the circumstances, identify the potential award amount, provide evidence and analysis showing that the suits are covered by PLI insurance, and if the insurance is not sufficient, does the insured demonstrate adequate funds to cover the potential excess? Describe any other information that mitigates the risk.

As applicable, discuss other types of lawsuits (non-PLI) and describe the potential risk related to the party's participation in the proposed project. Discuss how that risk is mitigated. If the suit is closed, does it contribute to a pattern? Does it materially affect the party's ability to participate in the project? If not closed, describe the circumstances, identify the potential award amount, provide evidence and analysis showing that the suits are covered by insurance (general liability), and if the insurance is not sufficient, do they demonstrate adequate funds to cover the potential excess? Describe any other information that mitigates the risk.>>

Commercial General Liability Insurance

<<Provide narrative discussion of policy coverage for bodily injury, property damage and personal injury. For example: General liability insurance will be provided by XX. The underwriter has confirmed estimates of the cost and coverage for underwriting and will re-verify this information prior to closing. The insurance coverage will comply with HUD requirements prior to closing.>>

Recommendation

<<Provide narrative recommendation regarding acceptability of professional and general liability insurance. For example: "The borrower's professional and general liability insurance was analyzed in accordance with Handbook 4232.1, Section II Production, Chapter 14 and Appendix 14.1.). The property has XX current potential (threatened) insurance claims at this time as reflected on the certification provided by the borrower. It is {lender's} opinion that the information provided above and in the application sufficiently demonstrates that the existing professional liability coverage meets HUD's requirements and that the risk from professional liability issues is sufficiently addressed. No modifications to the current coverage are recommended.">>

Property Insurance

<<Provide narrative discussion of policy coverages as applicable, including property damage, ordinance and law coverage, and boiler and machinery/equipment breakdown insurance. . For example: "Property insurance will be provided by XX. The underwriter has confirmed estimates of the cost and coverage for underwriting and will re-verify this information prior to closing. The insurance coverage will comply with HUD requirements prior to closing.">>

Fidelity Bond/Employee Dishonesty Coverage

<<Provide narrative discussion of fidelity bond/crime insurance coverage. For example: “The current insurance policy reflects fidelity (crime) insurance with the limit of \$XX and \$XX deductible. The HUD requirement for at least two months **potential** gross income receipts would total \$XX. The current level of coverage is sufficient for this project.” If not sufficient, recommend commitment condition.

Relocation Plan and Budget During Construction

<<Provide details on the relocation plan (if applicable) and the budget for such relocation plan.>>

Mortgage Loan Determinants

Program Guidance: Handbook 4232.1, Section II Production, Chapter 3.7.

Overview

The mortgage criteria shown on the form HUD-92264a-ORCF are summarized as follows:

Requested amount:	\$
Amount based on replacement cost:	\$
Amount based on loan to value:	\$
Amount based on debt service coverage:	\$
Amount based on total indebtedness:	\$
Amount based on deduction of loans, grant(s), loan(s), LIHTCs, and gift(s) for mortgageable items:	\$

The proposed mortgage is \$ and is constrained by .

Mortgage Term

The underwriter concluded to a mortgage term of years.

Type of Financing

The type of financing available to the borrower upon issuance of the commitment will likely be in the form of .

Criterion C: Amount Based on Replacement Cost

The amount based on replacement cost limit is \$. This is based on 90% of the replacement cost of the improvements of \$.

Criterion D: Amount Based on Loan-to-Value

The \$ value of improvement limit was calculated in accordance with HUD guidelines. This is based on 90% of the underwriter’s value of improvements \$ (as-proposed value minus as-is value).

Criterion E: Amount Based on Debt Service Coverage

The \$ debt service limit was calculated using HUD’s guidelines.

The underwriter’s NOI for the project after improvement is \$ <<indicate if this amount differs from the appraiser’s NOI for the project after improvement>>. Annual debt service payments on outstanding indebtedness related to the property is \$. There is no annual ground rent or annual special assessments on the property. Therefore, the NOI available for the supplemental loan is \$. There is an interest rate of % and an assumed remaining term of months.

(Double click inside the Excel Table to add information)

Calculation of Net Operating Income Available for Supplemental Loan	
Net Operating Income (NOI) of Project After Improvement:	\$ -
Percentage of NOI Available for Total Debt Service	90.000%
NOI Available for Total Debt Service	\$ -
Less: Annual Debt Service Payments Required on All Outstanding Indebtedness Relating to Property:	-
Less: Annual Ground Rent	-
Less: Annual Special Assessment(s)	-
Incremental NOI Criterion E:	\$ -

Criterion I: Amount Based on Total Indebtedness

The \$ total indebtedness limit was calculated in accordance with HUD guidelines. The “as proposed” value is \$. The total outstanding indebtedness relating to the property is \$. Multiply “as proposed” value by 90%, then subtract from the product 100% of the total outstanding indebtedness related to the property.

Criterion L: Deduction of Grants, Loans, and Gifts

The limit was calculated in accordance with HUD guidelines as follows:

- a. Amount based on estimated cost of rehabilitation _____ \$ _____

b. (1) Grants/loans/gifts	_____
(2) Tax credits	_____
(3) Value of leased fee	_____
(4) Excess unusual land improvement cost	_____
(5) Unpaid balance of special assessment	_____
(6) Sum of lines (1) through (5)	_____ \$
c. Line a minus line b (6)	_____ \$

The secondary sources are discussed in detail below in the Sources & Uses section of the narrative.

Sources & Uses – Copied From HUD 92264a-ORCF

<<Provide a statement of Sources and Uses of actual estimated cost at closing. Include all eligible and ineligible costs.>>

Secondary Sources

<<List and discuss all secondary sources, including terms and conditions of each. Secondary sources include surplus cash notes, grants/loans, tax credits, and the like.>>

Other Uses

<<Discuss any uses not previously discussed in this narrative.>>

Circumstances that May Require Additional Information

In addition to the information required in this narrative, depending upon the facility for which mortgage insurance is to be provided, the mortgagor, operator, management agent and such other parties involved in the operation of the facility, current economic conditions, or other factors or conditions as identified by HUD, HUD may require additional information from the lender to accurately determine the strengths and weaknesses of the transaction. If additional information is required, the questions will be included in an appendix that accompanies the narrative.

Special Commitment Conditions

<<List any recommended special conditions. If none, state “None.”>>

- 1.
- 2.

Conclusion

<<Provide narrative conclusion and recommendation.>>

Signatures

Lender hereby certifies that the statements and representations of fact contained in this instrument and all documents submitted and executed by lender in connection with this transaction are, to the best of lender's knowledge, true, accurate, and complete. This instrument has been made, presented, and delivered for the purpose of influencing an official action of HUD in insuring the loan and may be relied upon by HUD as a true statement of the facts contained therein.

Lender: _____

HUD Mortgagee/Lender No.: _____

This report was prepared by: _____

Date

This report was reviewed by: _____

Date

<<Name>>

<<Title>>

<<Phone>>

<<Email>>

<<Name>>

<<Title>>

<<Phone>>

<<Email>>

This report was reviewed and the site inspected by: _____

Date

<<Name>>

<<Title>>

<<Phone>>

<<Email>>