

Initial Operating Deficit / Lease-up Tracking Worksheet
Section 232

U.S. Department of Housing and Urban Development
Office of Residential Care Facilities

OMB Approval No. 2502-0605
(exp. 11/30/2022)

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information is being collected to obtain the supportive documentation that must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. Response to this request for information is required in order to receive the benefits to be derived from the National Housing Act Section 232 Healthcare Facility Insurance Program. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number. While no assurance of confidentiality is pledged to respondents, HUD generally discloses this data only in response to a Freedom of Information Act request. -

Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802).

Project Name: Date Prepared: Lender Name:

Income & Occupancy Assumptions

Unit Type	UW Eff. Gross Inc. per year	Total # Beds	UW Occupancy	# Occupied Units	EGI per Occp'd Unit	Number of Releases	Net Monthly Absorption
Assisted Living				0.00	\$0.00		
Memory Care				0.00	\$0.00		
Skilled Nursing or Sub-Acute				0.00	\$0.00		
Independent Living				0.00	\$0.00		
Other Income					\$0.00		
Totals	\$0	0	0.00%	0.00	\$0.00	0.00	0.00

Expense Assumptions

Category	Total UW Exp. per year	Total UW Exp. per Month	Per Res Day	POU per year	% of EGI UW
e.g. General & Administrative		\$0	\$0.00	\$0	0.00%
e.g. Payroll Taxes and Benefits		\$0	\$0.00	\$0	0.00%
e.g. Resident Care		\$0	\$0.00	\$0	0.00%
e.g. Food Services		\$0	\$0.00	\$0	0.00%
e.g. Activities		\$0	\$0.00	\$0	0.00%
e.g. Housekeeping & Laundry		\$0	\$0.00	\$0	0.00%
e.g. Maintenance		\$0	\$0.00	\$0	0.00%
e.g. Utilities		\$0	\$0.00	\$0	0.00%
e.g. Bad Debt		\$0	\$0.00	\$0	0.00%
		\$0	\$0.00	\$0	0.00%
Ground Rent		\$0	\$0.00	\$0	0.00%
Marketing and Promotion		\$0	\$0.00	\$0	0.00%
Insurance (property & liability)		\$0	\$0.00	\$0	0.00%
Real Estate (Property) Taxes		\$0	\$0.00	\$0	0.00%
Management Fees		\$0	\$0.00	\$0	0.00%
Replacement Reserves		\$0	\$0.00	\$0	0.00%
TOTAL	\$0	\$0	\$0.00	\$0	0.00%

Expense Floor		
Percentage	Yearly Floor	Monthly Floor
100.00%	\$0	\$0
80.00%	\$0	\$0
30.00%	\$0	\$0
30.00%	\$0	\$0
30.00%	\$0	\$0
30.00%	\$0	\$0
10.00%	\$0	\$0
30.00%	\$0	\$0
50.00%	\$0	\$0
0.00%	\$0	\$0
0.00%	\$0	\$0
100.00%	\$0	\$0
100.00%	\$0	\$0
100.00%	\$0	\$0
80.00%	\$0	\$0
100.00%	\$0	\$0

Debt Service Assumptions

Interest Only	\$ -	per month
Principal Plus Interest	\$ -	per month
MIP	\$ -	per month

Debt Service Calculator
Mortgage Amount
Term in Months
Annual Interest Rate
MIP Percentage

<input type="text"/>
<input type="text"/>
<input type="text"/>
0.77%

Initial Operating Deficit Escrow Calculation
Section 232

0	Period One				Period Two				Period Three																
	Month 1 Forecast	Month 1 Actual	Month 2 Forecast	Month 2 Actual	Month 3 Forecast	Month 3 Actual	Month 4 Forecast	Month 4 Actual	Month 5 Forecast	Month 5 Actual	Month 6 Forecasted	Month 6 Actual	Month 7 Forecasted	Month 7 Actual	Month 8 Forecast	Month 8 Actual	Month 9 Forecast	Month 9 Actual	Month 10 Forecast	Month 10 Actual	Month 11 Forecast	Month 11 Actual	Month 12 Forecast	Month 12 Actual	
Instructions: Use this tab to make draw request from IOD escrow. Only modify shaded blue cells. This worksheet is required to be updated on a cash basis only.																									
Assisted Living	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Memory Care	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Skilled Nursing or Sub-Acute	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Independent Living	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Total Occupied Units	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Resident Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EGI	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. General & Administrative	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Payroll Taxes and Benefits	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Resident Care	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Food Services	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Activities	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Housekeeping & Laundry	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Maintenance	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Utilities	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Bad Debt	0		0		0		0		0		0		0		0		0		0		0		0		0
Ground Rent	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Marketing and Promotion	0		0		0		0		0		0		0		0		0		0		0		0		0
Insurance (property & liability)	0		0		0		0		0		0		0		0		0		0		0		0		0
Real Estate (Property) Taxes	0		0		0		0		0		0		0		0		0		0		0		0		0
Management Fees	0		0		0		0		0		0		0		0		0		0		0		0		0
Replacement Reserves	0		0		0		0		0		0		0		0		0		0		0		0		0
Total Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NOI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P+I	0		0		0		0		0		0		0		0		0		0		0		0		0
MIP	0		0		0		0		0		0		0		0		0		0		0		0		0
Income/Loss per Period	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Loss (actual is blue)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Expense Ratio	NA	NA	NA	NA	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of UW Expense	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Occupancy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Debt Service Coverage Ratio									#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Draw Amount Requested																									
Dollar Difference from Scheduled Draws	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Amount Approved (entered by HUD)																									
Escrow Balance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

IOD Base Requirement
\$0

Actual Escrow IOD Amount
\$0

	Month 13 Forecast	Month 13 Actual	Month 14 Forecast	Month 14 Actual	Month 15 Forecast	Month 15 Actual	Month 16 Forecast	Month 16 Actual	Month 17 Forecast	Month 17 Actual	Month 18 Forecast	Month 18 Actual	Month 19 Forecast	Month 19 Actual	Month 20 Forecast	Month 20 Actual	Month 21 Forecast	Month 21 Actual	Month 22 Forecast	Month 22 Actual	Month 23 Forecast	Month 23 Actual	Month 24 Forecast	Month 24 Actual	
<small>Instructions: Use this tab to make draw request from IOD escrow. Only modify shaded blue cells. This worksheet is required to be updated on a cash basis only.</small>																									
Assisted Living	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Memory Care	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Skilled Nursing or Sub-Acute	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Independent Living	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Total Occupied Units	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Resident Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EGI	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. General & Administrative	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Payroll Taxes and Benefits	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Resident Care	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Food Services	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Activities	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Housekeeping & Laundry	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Maintenance	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Utilities	0		0		0		0		0		0		0		0		0		0		0		0		0
e.g. Bad Debt	0		0		0		0		0		0		0		0		0		0		0		0		0
Ground Rent	0		0		0		0		0		0		0		0		0		0		0		0		0
Marketing and Promotion	0		0		0		0		0		0		0		0		0		0		0		0		0
Insurance (property & liability)	0		0		0		0		0		0		0		0		0		0		0		0		0
Real Estate (Property) Taxes	0		0		0		0		0		0		0		0		0		0		0		0		0
Management Fees	0		0		0		0		0		0		0		0		0		0		0		0		0
Replacement Reserves	0		0		0		0		0		0		0		0		0		0		0		0		0
Total Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NOI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P+I	0		0		0		0		0		0		0		0		0		0		0		0		0
MIP	0		0		0		0		0		0		0		0		0		0		0		0		0
Income/Loss per Period	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Loss (actual is blue)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Expense Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of UW Expense	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Occupancy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Debt Service Coverage Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Draw Amount Requested																									
Dollar Difference from Schedule Amount Approved (entered by F- Escrow Balance)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

IOD Base Requirement
\$0

Actual Escrow IOD Amount
\$0

Initial Operating Deficit Escrow Calculation
Section 232

	Month 25 Forecast	Month 25 Actual	Month 26 Forecast	Month 26 Actual	Month 27 Forecast	Month 27 Actual	Month 28 Forecast	Month 28 Actual	Month 29 Forecast	Month 29 Actual	Month 30 Forecast	Month 30 Actual	Month 31 Forecast	Month 31 Actual	Month 32 Forecast	Month 32 Actual	Month 33 Forecast	Month 33 Actual	Month 34 Forecast	Month 34 Actual	Month 35 Forecast	Month 35 Actual	Month 36 Forecast
<small>Instructions: Use this tab to make draw request from IOD escrow. Only modify shaded blue cells. This worksheet is required to be updated on a cash basis only.</small>																							
Assisted Living	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Memory Care	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Skilled Nursing or Sub-Acute	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Independent Living	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
Total Occupied Units	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Resident Days	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EGI	0		0		0		0		0		0		0		0		0		0		0		0
e.g. General & Administrative	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Payroll Taxes and Benefits	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Resident Care	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Food Services	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Activities	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Housekeeping & Laundry	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Maintenance	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Utilities	0		0		0		0		0		0		0		0		0		0		0		0
e.g. Bad Debt	0		0		0		0		0		0		0		0		0		0		0		0
Ground Rent	0		0		0		0		0		0		0		0		0		0		0		0
Marketing and Promotion	0		0		0		0		0		0		0		0		0		0		0		0
Insurance (property & liability)	0		0		0		0		0		0		0		0		0		0		0		0
Real Estate (Property) Taxes	0		0		0		0		0		0		0		0		0		0		0		0
Management Fees	0		0		0		0		0		0		0		0		0		0		0		0
Replacement Reserves	0		0		0		0		0		0		0		0		0		0		0		0
Total Expenses	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NOI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
P+I	0		0		0		0		0		0		0		0		0		0		0		0
MIP	0		0		0		0		0		0		0		0		0		0		0		0
Income/Loss per Period	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Loss (actual is blue)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Expense Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of UW Expense	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Occupancy	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Debt Service Coverage Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Draw Amount Requested																							
Dollar Difference from Schedule Amount Approved (entered by F Escrow Balance)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

IOD Base Requirement
\$0

Actual Escrow IOD Amount
\$0

0

 Prepared: 12/30/1899

Occupancy Assumptions

Unit Type	Total # Beds	UW Occupancy	Number of Releases	Avg. Monthly Absorption
Assisted Living	0	0.00%	0.00	0.00
Memory Care	0	0.00%	0.00	0.00
Skilled Nursing or Sub-Acute	0	0.00%	0.00	0.00
Independent Living	0	0.00%	0.00	0.00
Totals	0	0.00%	0.00	0.00

Rounded Operating Deficit Total: **\$0**

Period	Occupied Units	Occupied Percent	Income per Period	Exp. & Mort. per Period	Income/Loss per Period
Month 1	0.00	#DIV/0!	\$0	\$0	\$0
Month 2	0.00	#DIV/0!	\$0	\$0	\$0
Month 3	0.00	#DIV/0!	\$0	\$0	\$0
Month 4	0.00	#DIV/0!	\$0	\$0	\$0
Month 5	0.00	#DIV/0!	\$0	\$0	\$0
Month 6	0.00	#DIV/0!	\$0	\$0	\$0
Month 7	0.00	#DIV/0!	\$0	\$0	\$0
Month 8	0.00	#DIV/0!	\$0	\$0	\$0
Month 9	0.00	#DIV/0!	\$0	\$0	\$0
Month 10	0.00	#DIV/0!	\$0	\$0	\$0
Month 11	0.00	#DIV/0!	\$0	\$0	\$0
Month 12	0.00	#DIV/0!	\$0	\$0	\$0
Month 13	0.00	#DIV/0!	\$0	\$0	\$0
Month 14	0.00	#DIV/0!	\$0	\$0	\$0
Month 15	0.00	#DIV/0!	\$0	\$0	\$0
Month 16	0.00	#DIV/0!	\$0	\$0	\$0
Month 17	0.00	#DIV/0!	\$0	\$0	\$0
Month 18	0.00	#DIV/0!	\$0	\$0	\$0
Month 19	0.00	#DIV/0!	\$0	\$0	\$0
Month 20	0.00	#DIV/0!	\$0	\$0	\$0
Month 21	0.00	#DIV/0!	\$0	\$0	\$0
Month 22	0.00	#DIV/0!	\$0	\$0	\$0
Month 23	0.00	#DIV/0!	\$0	\$0	\$0
Month 24	0.00	#DIV/0!	\$0	\$0	\$0
Month 25	0.00	#DIV/0!	\$0	\$0	\$0
Month 26	0.00	#DIV/0!	\$0	\$0	\$0
Month 27	0.00	#DIV/0!	\$0	\$0	\$0
Month 28	0.00	#DIV/0!	\$0	\$0	\$0
Month 29	0.00	#DIV/0!	\$0	\$0	\$0
Month 30	0.00	#DIV/0!	\$0	\$0	\$0
Month 31	0.00	#DIV/0!	\$0	\$0	\$0
Month 32	0.00	#DIV/0!	\$0	\$0	\$0
Month 33	0.00	#DIV/0!	\$0	\$0	\$0
Month 34	0.00	#DIV/0!	\$0	\$0	\$0
Month 35	0.00	#DIV/0!	\$0	\$0	\$0
Month 36	0.00	#DIV/0!	\$0	\$0	\$0