



DEASON FINANCIAL GROUP
Commercial Real Estate Finance

Loan Submission Form

(SKILLED NURSING FACILITY REFI)

Tel: **903.553.0700**

Fax: **903.553.0701**

www.deasonfinancial.com

FINANCING

Requested Loan Amount: \$ _____ Loan Type: Fixed Variable
 Requested Term: 5 7 10 15 20 Requested Amortization: 10 15 20 25 30
 Loan Use: Acquisition Refinance Construction Takeout Other: _____
 Acquisition Price: \$ _____ or Outstanding Debt: \$ _____
 Current Lender: _____ Current Monthly Payment: \$ _____
 Rate: _____% Maturity Date: _____ Term: _____yrs Amort: _____yrs

PROPERTY

Property Name: _____ Property Type: _____
 Physical Address: _____
 City: _____ State: _____ Zip: _____
 Date Built: _____ Date Purchased: _____ Original Price: \$ _____
 Rentable Space: _____sq ft Total Space: _____sq ft Land Size: _____ac
 Buildings: _____# Floors: _____# Units: _____# Tenants: _____# Parking: _____#
 Construction Description: _____
 Additional Information: _____

BORROWER

Entity Name: _____ Entity Type: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Phone: _____
 E-Mail: _____ Fax: _____

UNDERWRITING

- | | |
|---|--|
| <input type="checkbox"/> Landlord Operating Statements –3 Years Annually | <input type="checkbox"/> Current Facility Census Report |
| <input type="checkbox"/> Landlord Operating Statement – Trailing 12 Mos. | <input type="checkbox"/> Census Mix and Per Diem Rates |
| <input type="checkbox"/> Operator Operating Statements – 3 Years Annually | <input type="checkbox"/> Property Physical Description |
| <input type="checkbox"/> Operator Operating Statement - Trailing 12 Mos. | <input type="checkbox"/> Site Plan |
| <input type="checkbox"/> 3 Years Tax Return for Entity and Guarantor(s) | <input type="checkbox"/> Color Photos |
| <input type="checkbox"/> Guarantor(s) Personal Financial Statement | <input type="checkbox"/> Most Recent Inspection |
| <input type="checkbox"/> Resume of Borrower/Sponsor | <input type="checkbox"/> Copy of License |
| <input type="checkbox"/> Facility Unit Mix | <input type="checkbox"/> Property Website (if available) |

SUBMISSION

U. S. Mail: Deason Financial Group	Overnight: Deason Financial Group
P. O. Box 1866	208 N. Green Street, Suite 400
Longview, TX 75606	Longview, TX 75601

Electronic Submission: dana@deasonfinancial.com