PRE-LISTING EVALUATION FORM

Linda Meim Real Estate
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For Residential Care Facilities (Rev. 08/2004)
(All information will be kept confidential)

Please use back of form if additional sheets are necessary.

Today's Date: ________________________

FACILITY NAME: ____ # Licensed Beds ________

TYPE OF FACILITY: ( ) RCFE ( ) ARF ( ) Group Home ( ) Other _________________________

AMBULATORY ______ # NON AMBULATORY ______ ALZHEIMER/DEMENTIA/HOSPICE _________

FACILITY ADDRESS: ____COUNTY____________________

CITY/STATE ____ ZIP CODE ____________

OWNER'S NAME(S)_______ ____

OWNER'S ADDRESS: ____

CITY/STATE ____ ZIP CODE ____________

FACILITY PHONE ( ) __________________

OWNER'S PHONE ( ) __________________________
OWNER'S FAX ( ) __________________________
OWNER'S EMAIL ADDRESS _______________________

A. PROPERTY INFORMATION

BEDROOMS ___________ (# PRIVATE ROOMS _______ # SHARED ROOMS ________)

BATHROOMS ___________ (# PRIVATE ______ # SHARED _____ # HALLWAY ______)

BUILDINGS ____ BUILDING AGE ______ BUILDING SQ FOOTAGE ________________

CONDITION OF BUILDING: ( ) Excellent ( ) Very Good ( ) Good ( ) Fair ( ) Poor

LOT SIZE ______________________ ZONING __________ USE PERMIT? ______________

OTHER FEATURES: (Check all that apply)
( ) LIVING ROOM ( ) DINING ROOM ( ) KITCHEN ( ) BREAKFAST NOOK
( ) FAMILY ROOM ( ) BONUS ROOM ( ) STAFF ROOM _______ ( ) FLOORS ____
( ) RAMPS____
( ) EXIT DOORS ____
( ) FIRE ALARM ( ) FIRE SPRINKLERS ( ) SMOKE DETECTORS ( ) BURGLAR ALARM
( ) INTERCOM/CALL SYSTEMS ( ) LANDSCAPING ______________________________________
( ) GARAGE: # CAR ________ ( ) ROOM CONVERSIONS? IF SO, ARE CONVERSIONS WITH PERMITS? DESCRIBE:

____

____

GIVE ADDITIONAL DESCRIPTION OF YOUR PROPERTY'S SPECIAL FEATURES: (Use back of this page if necessary; submit brochures or marketing materials if materials cover facility descriptions)

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____

SELLER'S ESTIMATE OF REAL ESTATE VALUE: $ _______________________________________

(All information will be kept confidential) ***Please use back of page if additional sheets are necessary.***

B. LOAN INFORMATION

		FIRST	SECOND	OTHER
Present Balance	$	____	____	____
Monthly Payments (P + I)	$	____	____	____
Present Interest Rate/Fixed or Adj	%	____	____	____
Original Date of Loan		____	____	____
Terms of Loan (Years)		____	____	____
Assumable? Yes or No		____	____	____
Balloon Payment and Due Dates:	$	____	____	____
		____	____	____

Other Loan Information ______________________________
____
____

Amount of Possible Seller Carried Loan secured by a Second Trust Deed? $ ______________

SELLER DESIRED SELLING PRICE FOR FACILITY $ ______________

C. INCOME INFORMATION

Estimated Annual Gross Income at 100% filled $ ______________

Actual Annual Gross Income as of year ______ $ ______________

Other Income $ ______________ Source ______________

Vacancy Rate _______ % Waiting List? Yes or No ____________ Total Years in Business? _______
Nearest Competitor? ______________

Remarks: ______________

NOTE: Pls provide copies of your last 3 years Profit & Loss Statements (or Schedule C from Fed Tax Ret)

D. OCCUPANCY INFORMATION (Please note, P = Private, S = Shared; O = Occupied, V = Vacant, and per bed Income) ex. Room 1:P/O, $3000; Room 2: S/O, $1,500+$1,500; Room 3: S/1V, $1,500+$0

Room 01 ____	Room 11 ____
Room 02 ____	Room 12 ____
Room 03 ____	Room 13 ____
Room 04 ____	Room 14 ____
Room 05 ____	Room 15 ____
Room 06 ____	Room 16 ____
Room 07 ____	Room 17 ____
Room 08 ____	Room 18 ____
Room 09 ____	Room 19 ____
Room 10 ____	Room 20 ____
	TOTAL GROSS/MONTH $ ____

- You can attach a per bed breakdown in your own format if a current one is available.
- Use the back of this page if additional space is needed.

(All information will be kept confidential) ***Please use back of page if additional sheets are necessary.***

E. EXPENSE INFORMATION	Monthly	Annual	Projected
Advertising	______	______	______
Automobile	______	______	______
Cable	______	______	______
Due & Subscriptions	______	______	______
Entertainment & Promotions	______	______	______
Food	______	______	______
Insurance – Property & Liability	______	______	______
Insurance – Workmans Comp/etc	______	______	______
Laundry & Linens	______	______	______
Legal & Accounting	______	______	______
Licenses & Fees	______	______	______
Medical Expenses	______	______	______
Miscellaneous: ______	______	______	______
Miscellaneous: ______	______	______	______
Office Expenses	______	______	______
Operating Expenses	______	______	______
Payroll Deductions	______	______	______
Rental Equipment	______	______	______
Repairs & Maintenance	______	______	______
Salaries & Wages	______	______	______
Supplies	______	______	______
Taxes – Property	______	______	______
Telephone	______	______	______
Utilities: Gas & Electricity	______	______	______
Utilities: Garbage	______	______	______
Utilities: Water	______	______	______
TOTAL EXPENSES	$ ______	$ ______	$ ______

Explain any unusual expenses or one-time expenses noted above: ______________________________

____

E. EMPLOYEE INFORMATION

( ) Owner Operated Facility ( ) Owner Resides in Facility ( ) Staff Operated Facility

Total Number of Owner Hours per Month ________ Owner Wages Paid/month $ ____________

Owner Wages included in Salaries Figure Above? ( ) YES ( ) NO

Owner Job Title/Description of Duties ____

____

Total Number of Staff _____ # of Full Time Staff ______ # of Part Time Staff _____ Live-in Staff ______

Benefits Paid to Staff? ____

Staff Breakdown by: Position/Duties, FT, PT, # of Hours Worked, Wages/Hour or Wages/Month, Benefits:

Ex. Staff 1, Asst Administrator, PT, 20 hours/wk, $12/hr, half of medical insurance after 6 months
Staff 2, Caregiver, PT, 20 hours/wk, $8/hr, no benefits

Staff 1:____

Staff 2: ____

Staff 3: ____

BY THEIR SIGNATURE AND DATE OF SIGNATURE BELOW, OWNER CERTIFIES ALL THE INFORMATION PROVIDED HEREIN IS TRUE TO THE BEST OF THEIR KNOWLEDGE:

______________________________ ______________________________

Owner Signature Date Owner Signature Date

<u>**NOTE**</u>: ***Please provide the following: copies of your facility's floor plans, a sample of your brochure (if available), 3 years of Schedule Cs (or comparable statements) + year-to-date Profit & Loss Statements***