

**KANSAS
DEVELOPMENT FINANCE
AUTHORITY**

HEALTH CARE APPLICATION

1. Applicant (Person or Company): _____
(Use exact name in which title will be taken)

Provide a brief description of the type of business or businesses engaged in by the Applicant, and a brief description of the Applicants business structure, e.g. corporation, partnership, limited liability corporation, etc.: _____

Principals: (If a partnership, name partners; If a corporation, name officers and directors)

Describe any material litigation or contingent liabilities involving the Applicant, or if the Applicant is a limited liability company, its managers and or members: (Attach information separately, if necessary)

If the Applicant or any of the Applicant's officers, directors, general partners, or if the Applicant is a limited liability company, its managers and/or members, or any other principal of the Applicant has been convicted of a felony or a misdemeanor involving moral turpitude, or is now or has ever been charged with or convicted of any civil or criminal offense relating to the conduct of the business, of the Applicant or any similar person or from the issuance, sale, or solicitation for sale of any type of security, the Application must so state.

If the Applicant is not a publicly-held concern, then please attach financial statements prepared in accordance with generally accepted accounting principles by a certified public accountant for the Applicant's 3 most recently completed fiscal years, except that if the Applicant has been in business less than 3 years, such financial statements for such shorter period, if available. Personal financial statements may be presented in nonstandard format and may utilize historical costs with market values allowed as supplemental information (provided information as to how the market values were determined is included). The personal statements must be prepared by a certified public accountant or signed by the Applicant or the Applicant's agent. If the most recent annual financial statements were prepared more than 6 months prior to the date of the Application, then the Applicant may be required to submit an interim financial statement to the Authority.

If the Applicant is a publicly held concern, then please attach the following:

The Applicant's most recent annual report.

The most current rating sheet(s), if any debt securities of the Applicant are rated.

The most recent quarterly unaudited financial statements, reports on Forms 10Q and 10K and proxy statements.

Has the Applicant or any related person previously been denied financing, whether conventional, tax-exempt or otherwise for the proposed or similar Project? If yes, please indicate particulars. (Attach explanation separately)

Has the Applicant ever defaulted on any debt obligation including, without limitation, any public or private bond, mortgage note, or debenture, If yes, please indicate particulars. (Attach explanation separately)

2. Does your Organization have a Not-for-profit Status? Yes No

If yes, what is the IRS designation? 501(c)(3) 501(c)(4) Other

If 501(c)(3), please indicate year and date that the IRS designation was first received: _____

If other, please explain: _____

3. Project to be Financed:

Check One: Acquisition and Rehabilitation New Construction Taxable

Hospital, Nursing Home or Related Facility Non-Taxable

4. Description of Project and Location (Address): _____

Please identify the appropriate municipal governing body to whom the K.S.A. 74-8905(c) statutory notice of intent to finance a project must be sent: _____

Applicant must contact the local officials of the political subdivision in which the Project is to be located, to explain the Project

and obtain their approval (verbal is okay). Has this step been taken yet? Yes No

Legal Description: _____

FOR MULTI-FAMILY PROJECTS ONLY

a. Bedroom # units _____ Rent _____ Square Ft. _____

b. Bedroom # units _____ Rent _____ Square Ft. _____

c. Bedroom # units _____ Rent _____ Square Ft. _____

Other: _____

Description of Compliance Requirements: _____

Describe any deed restrictions applicable to the proposed Project site. Describe how Project will comply with such deed restrictions: _____

Indicate present use of Project site: _____

Indicate present owner of Project site: _____

If the Applicant now owns the Project site, indicate the balance of existing mortgage and holder of the mortgage: _____

If the Applicant intends to lease the Project site, indicate the owner of the Project site, the term of the lease, a summary of the renewal provisions, and rent payable. Attach a copy of the lease.

5. Applicant's Financing Status (Indicate whether Financials are for a Calendar Year or Other Period)

A) Total Amount of State and Federal Funding through SRS or Other Sources:

CY or FY 20__ \$ _____ CY or FY 20__ \$ _____ CY or FY 20__ \$ _____

B) Total All Revenues:

CY or FY 20__ \$ _____ CY or FY 20__ \$ _____ CY or FY 20__ \$ _____

C) Total Assets CY or FY 20__ \$ _____

D) Total Liabilities CY or FY 20__ \$ _____

E) Name, Address and Phone Number of Applicant's Certified Public Accountant (CPA) Firm

6. Evidence of Proper Zoning attached: (*APPLICATION WILL NOT BE PROCESSED WITHOUT SUCH EVIDENCE*)

PROPOSED BONDS:

7. Expected Date to Close Financing: _____

Expected Date to Start Project: _____

Expected Date to Complete Project: _____

Anticipated Purchasers: _____

Anticipated Interest Rate: _____

Term of Bonds to be issued: _____

Describe credit enhancement if applicable: _____

Proposed Bond Sale and Issuance

Date: _____

Expected Type of Bond Sale: Check one: Private Placement Public Sale

8. Number and type of temporary (i.e., construction) and permanent jobs created: _____

9. How is the economic base of community and state assisted? (i.e., How is the low-income or elderly person assisted). Describe fully and in detail, include feasibility study, if available.

10. Estimated Project Cost: (Please indicate which costs, if any, have previously been incurred by Applicant or Related persons):

Land Costs (excluding any buildings).....

\$ _____

Building Costs on existing land.....

\$ _____

Construction or Rehabilitation costs (please specify components of more than \$100,000):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Design (architect, engineer).....	\$ _____
Financing Costs.....	\$ _____
Legal Costs.....	\$ _____
Marketing Costs.....	\$ _____
Administrative Costs.....	\$ _____
Other Costs: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

TOTAL CONSTRUCTION AND ADMINISTRATIVE

\$ _____

TOTAL PROJECT COSTS.....

\$ _____

Source of Funds for Costs:

Bonds issued by K DFA.....
 \$ _____
 Equity.....
 \$ _____
 Grants.....
 \$ _____
 Housing Tax Credits from the Kansas Department of Commerce..... \$ _____
 Other (please specify)..... \$ _____
 TOTAL.....
 \$ _____

11. Proposed Effect on Taxes:

Present Property Tax Base: \$ _____
 Property Taxes After Completion: \$ _____
 Property Tax Increase: \$ _____
 Estimated Sales Taxes During Construction: \$ _____

12. Projected Project (K DFA) Loan Terms:

Principal Amount
 \$ _____
 Interest Rate: Fixed Variable
 \$ _____
 Term:.....
 \$ _____
 Amortization: Level Balloon

13. Has project been appraised? Yes No

If Yes, the appraised value of the project
 \$ _____
 Name, Address and Phone Number of Appraiser _____

14. Security for Loan:

Project Mortgage: Yes No Assignment of Project Rents: Yes No
 1st or 2nd Mortgage: _____
 Personal Guaranties: Yes No FHA Mortgage Insurance: Yes No
 Of Whom: _____

 Government Assistance: Yes No

If "Yes", what type: _____

Other (if any, such as bond surety, bond insurance, letter of credit, collateral pledge, grants):

15. Name and Address of Participating Professionals:

Underwriter or financial institution which will purchase the bonds: Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____	Bond Trustee: (if any) Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____
Bond Counsel: Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____	Company Counsel: Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____
Accountants: Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____	Borrower Contact Person: Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____
Other: Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____	Other: Name: _____ Address: _____ _____ Telephone: (_____) _____ Fax: (_____) _____