



# STALLIONGATES CAPITAL

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USA • UAE • KSA • UK

## Assisted Living & Senior Care Facility Loan Application

Financing for assisted living facilities, memory care, skilled nursing, and senior housing communities.

### Facility Information

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Facility Name:

Facility Address:

Facility Type (AL/Memory Care/SNF/IL):

License Number:

Total Beds/Units:

Year Built:

Last Renovation:

### Operations

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Current Census:

Occupancy Rate (%):

Payor Mix (Private Pay/Medicaid/Medicare %):

Average Daily Rate:

Number of Staff (FTEs):

Staff-to-Resident Ratio:

### Financial Information

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Annual Gross Revenue:

Annual Operating Expenses:

EBITDAR:

Management Fee (%):

Rent (if applicable):

## Loan Request

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Loan Amount Requested:

Purpose (Acquisition/Refinance/Construction/Renovation):

Preferred Term (Years):

## Required Documents

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State License

3 Years Financial Statements

Census Reports

State Survey Results

Management Agreement

Property Appraisal

Environmental Report

## Authorization & Certification

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By signing below, I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize Stalliongates Capital and its lending partners to verify all information provided, obtain credit reports, and share information with potential lenders for the purpose of evaluating this loan application.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_