

**Loan Application
Arizona Health Assistance Program
of Arizona Health Facilities Authority**

This application should be submitted to Blaine Bandi, Executive Director, Arizona Health Facilities Authority, 11024 North 28th Drive, Suite 200, Phoenix, AZ 85029. Should the application be approved, a \$1,500 fee may be required from the Applicant at the time of funding.

A. Loan Request

Application date	Amount of Request
------------------	-------------------

Description of equipment, real estate, improvements, or other project to be financed

Estimated Sources and Uses

Sources

Loan Proceeds	\$ _____
Grants	\$ _____
Donations	\$ _____
Cash on Hand	\$ _____
Other	\$ _____

Uses

Equipment	\$ _____
Improvements	\$ _____
Real Estate	\$ _____
Other _____	\$ _____

Collateral (i.e. mortgage, financed equipment, accounts receivable) pledged to secure this loan. (NA for loan amounts under \$50,000)

B. Applicant Organization Information

Applicant name (exact name as it appears on Articles of Incorporation, if any)	Taxpayer ID number
--	--------------------

Name of contact person	E-mail address	Telephone number
------------------------	----------------	------------------

Address (number/street)

City/State/Zip Code

Month and year established	State of Incorporation, if any
----------------------------	--------------------------------

Form of organization: Nonprofit corporation Unincorporated association Other _____

Attach a copy of IRS Tax Exemption Letter

Nature of existing health care services

Description of existing facilities (square feet, number and type of medical practitioners, number of beds, if applicable)

Description of service area (communities served, competitive providers, demand for services)
--

Attach a list of all Board Members, including occupation and the number of years on the Board

Attach a list of Management Personnel, including job titles, education and years employed

C. Banking Relationships

Bank Name	Account Number

D. Financial Information

Application must include:

Financial statements (audit preferred) for the last three fiscal years (balance sheets, profit and loss statements(s), and cash flow analysis).

Interim financial statements for period since last annual financial statements.

Most recently filed IRS Form 990.

Schedule of existing indebtedness and annual debt service.
--

The Authority may subsequently require additional information and financial reports to fully evaluate your request.

E. Additional Information

Does the Applicant have policies, agreements and certificates evidencing insurance of the Applicant against risks of casualty, public liability, medical malpractice, worker's compensation and directors' and officers' liability?

Yes No If no, please attach an explanation

Is the Applicant engaged in any business activities, directly or indirectly, that are not reflected in the Financial Statements provided with this application?

Yes No If yes, please attach an explanation

Please provide copies of the licenses that permit the Applicant to operate its facilities.

Is there any pending or threatened litigation, including malpractice or bankruptcy, involving the Applicant as defendant or plaintiff?

Yes No If yes, please attach an explanation

F. Attachments

Together with a signed copy of the application, the Applicant must provide copies of the following items, as requested within this application:

(check the box if included)

- IRS Tax Exemption Letter
- Board Member List
- Management List
- 3 Years of Financial Statements
- Interim Financial Statement
- Most Recent IRS Form 990
- Debt Service Schedule
- Operating Licenses

G. Representations and Agreements

By signing below, the Applicant agrees to each of the following:

- To the best of the Applicant's knowledge and belief, all answers to the questions and all information in the financial statements and other supporting documents in this application are true, correct, and complete.
- The Authority has the right to verify the accuracy of the information provided in this application.
- The Authority is authorized to check the Applicant's credit history.
- The information submitted to the Authority may become information available for public inspection.

Authorized signature

Dated: _____

X

Print name and title