**Modifications to Multifamily Loan and Security Agreement**

**ADDENDA TO SCHEDULE 2 – SUMMARY OF LOAN TERMS**

**(Seniors Housing – Skilled Nursing)**

**[DRAFTING NOTE: UNDER “TYPE OF PROPERTY” ON SCHEDULE 2 TO LOAN AGREEMENT, INDICATE SKILLED NURSING ALONG WITH ANY OTHER APPLICABLE PROPERTY TYPES.]**

|  |  |
| --- | --- |
| **[\_\_]. Seniors Housing – Skilled Nursing** | |
| **Skilled Nursing Net Cash Flow Percentage** | \_\_\_\_\_\_\_\_\_\_\_\_% |
| **Skilled nursing units** | \_\_\_\_\_\_\_\_\_\_\_\_ **[DRAFTING NOTE: INSERT NUMBER OF SKILLED NURSING UNITS AS OF THE EFFECTIVE DATE]** |
| **Medicaid-eligible units** | \_\_\_\_\_\_\_\_\_\_\_\_ **[DRAFTING NOTE: INSERT NUMBER OF MEDICAID-ELIGIBLE UNITS AS OF THE EFFECTIVE DATE]** |
| **Medicare-eligible units** | \_\_\_\_\_\_\_\_\_\_\_\_ **[DRAFTING NOTE: INSERT NUMBER OF MEDICARE-ELIGIBLE UNITS AS OF THE EFFECTIVE DATE]** |
| **Medicare Participant** | Borrower  Yes  No  Master Lessee  Yes  No  Property Manager  Yes  No  [Identify other Property Operator]  Yes  No |

**[Remainder of Page Intentionally Blank]**