

WISCONSIN HEALTH AND EDUCATIONAL FACILITIES AUTHORITY

Long Term Care Institution Application

Name of Institution: _____

Address: _____

Contact Persons
& Titles (List 2) _____

Phone Number(s) _____

Fax Number(s) _____

E-Mail _____

WEB Site Address _____

Date of Application: _____

If you have already selected a plan of finance and/or lender, you need only to provide two copies of the following information to the Authority:

1. Description, Timing and Cost of Project
2. Bylaws
3. Corporate Charter
4. IRS Notification of Tax Status
5. Five Years Audited Financial Statements
6. Most Recent Un-Audited Financial Statements
7. Documentation on Outstanding Loans
8. Latest Report of Accreditation

If you would like the Authority's assistance in developing a plan of finance, finance structure and selection of a lender, please complete the financing alternatives application form.