

**OSHPD** Office of Statewide Health Planning and Development



**Cal-Mortgage Loan Insurance Division**  
2020 West El Camino Avenue, Suite 1231  
Sacramento, CA 95833  
(916) 319-8800  
(916) 445-2837 Fax  
cminsure@oshpd.ca.gov  
www.oshpd.ca.gov/calmort

**EXHIBIT G  
DISCLOSURE INFORMATION QUESTIONNAIRE**

1. Have any former or current members of the OSHPD staff or Advisory Loan Insurance Committee members assisted in the preparation of this application?

If so, who, and what was their responsibility?

2. Are any facilities proposed to be financed by this application not required to be licensed by a State Agency?

If so, identify those facilities and explain how they are eligible for loan insurance.

3. Do any current or former members of the Board of Directors, Applicant employees, or contract management employees, or spouses of any of the above expect to benefit financially from this transaction?

If so, identify the individuals and the amount of potential financial benefit. Explain how this transaction can be construed to be an “arms length” transaction.

4. Does the Applicant applying for this loan guarantee have any outstanding licensing, certification, or pending legal issues with any state or federal agency, excluding routine financial audits of cost reports?

If so, identify those issues, and provide a status report as to the disposition of those matters.