



Certificate of Need Program

PURCHASE AGREEMENT

Part 1: Purchasing Facility Information

Name of Facility: _____

Address (no PO Box): _____

City, State, Zip, County: _____

Number/Type of Licensed Beds: _____ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)
ICF/SNF

Owner(s): _____

Operator(s): _____

Part II: Selling Facility Information

Name of Facility: _____

Address (no PO Box): _____

City, State, Zip, County: _____

Number/Type Licensed Beds: _____ RCF/ALF (Check RCF/ALF for residential care and assisted living facility or ICF/SNF for intermediate care and skilled nursing facility.)
ICF/SNF

Owner(s): _____

Operator(s): _____

Part III: Value of Consideration

Monetary Value of Purchase: \$ _____ No./Type Beds: _____

Terms of Purchase: _____
(Add more pages as necessary to describe the sale.)

Part IV: Certification of Information

Yes No The above Purchaser and Seller have agreed to these purchase terms.

Purchaser Signature: _____

Title/Date: _____

Seller(s) Signature(s):

Owner(s): _____

Operator(s): _____

Title/Date: _____