Applicant Information

Primary Contact E-mail:

Organization

Name of Developer:

TIN or EIN:

Primary Contact

First Name: Last Name:

Title:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Detailed Description of Applicant:

Secondary Contact

First Name: Last Name:

Title:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Name of Borrowing Entity:

Type of Entity

For Profit Corporation ○ Municipality ○

Non Profit Corporation ○ Partnership ○

Other ○

Entity type other:

☐ Will you be applying for State Volume Cap ?

No. of Multi-Family Housing Projects Completed in the Last 10 Years

No. of Low Income Multi-Family Housing Projects Completed in the Last 10 Years

Primary Billing Contact

Organization:

First Name: Last Name:

Title:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Project Information

Project Information

Project Name:

New Project Name (Optional):

Estimated number of jobs created during construction:

Estimated number of jobs created during the permanent financing:

Facility Information

Facility #1

Facility Name:

Facility Bond Amount:

Description of Project/Facility:

Project Address:

Street or general location:

City: State: Zip:

Total Number Of Units:

Market: **0** Restricted: **0**

Total:

Lot size: **.**

Amenities:

Type of Construction (i.e., Wood Frame, 2 Story, 10 Buildings)::

Type Of Housing:

New Construction ○ Acquisition/Rehab ○

Facility Use:

Family ○ Senior ○

Is Project located in an unincorporated part of the County? Yes ○ No ○

Has the City or County in which the project is located been contacted? If so, please provide name, title, telephone number and e-mail address of the person contacted:

Name of Agency:

First Name: Last Name:

Title:

Phone: Ext: Fax:

Email:

Public Benefit Info:

Percentage of Units in Low Income Housing: **0**

Percentage of Area Median Income(AMI) for Low Income Housing Units: **0**

Total Number of Management Units:

#	Bedrooms (Unit Size)	%AMI	No. of restricted units	Restricted rent	Market rent	Expected savings
1						

Note: Restricted Rent must be least 10% lower than Market Rent and must be lower than the HUD Rent limit.

Financing Information

Financing Information

Proposed Closing Date:

Maturity Years: **0**

Interest Rate Mode:

Fixed ○ Variable ○ Both ○

Type of Offering:

Public Offering ○ Private Placement ○

Refunding ☐ New Construction ☐

Note:"Please fill the percentage if the facility is "New Construction" and "Refunding"

% is projected for New Construction:

% is projected for Refunding:

Is this a transfer of property to a new owner? Yes ○ No ○

Construction Financing:

Credit Enhancement ○ None ○

Other ☐ Letter of Credit ☐

Name of Credit Enhancement Provider(if known):

Permanent Financing:

Credit Enhancement ○ None ○

Other ☐ Letter of Credit ☐

Name of Credit Enhancement Provider(if known):

Expected Rating:

Unrated ☑

Moody's: S&P: Fitch:

Will the project use Credits as a source of funding? Yes ○ No ○

FHA Financing? Yes ○ No ○

Sources and Uses

Sources and Uses

Sources Of Funding

Tax-Exempt Bond Proceeds:	$
Taxable Bond Proceeds:	$
Projected Tax Credits:	$
Developer Equity:	$
Other Funds (Describe):	
_____	$
_____	$
_____	$
_____	$
_____	$
Total Sources:	**$0.00**

Uses:

Land Acquisition:	$
Building Acquisition:	$
Construction or Remodel:	$
Equipment Cost:	$
Cost of Issuance:	$
Capitalized Interest:	$
Reserves:	$
Other Uses (Describe):	
_____	$
_____	$
_____	$
_____	$
_____	$
Total Uses:	**$0.00**

Financing Team Information

Bond Counsel

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Bank/Underwriter/Bond Purchaser

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email:

Financial Adviser

Firm Name:

Primary Contact

First Name: Last Name:

Address:

Street: Suite:

City: State: Zip:

Phone: Ext: Fax:

Email: