

[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

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: