

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

☐

Non Profit Corporation

☐

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: 0Restricted: 0
Total:
Lot size: .
Amenities:

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

Type Of Housing:

New ConstructionAcquisition/Rehab
☐☐
Facility Use:
FamilySenior
☐☐
Is Project located in an unincorporated part of the County?YesNo
☐☐

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:	\$
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Developer Equity:	\$
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Other Funds (Describe):

§

Total Sources:	\$0.00
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Uses:

Land Acquisition: \$

Building Acquisition:	\$
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Construction or Remodel: _____ \$

Equipment Cost:	\$
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Cost of Issuance:	\$
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Capitalized Interest: \$

Reserves:	\$
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Other Uses (Describe):

Total Uses:	\$0.00
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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: