

[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:	<b>\$0.00</b>

#### Uses:

Land Acquisition:	\$ _____
Building Acquisition:	\$ _____
Construction or Remodel:	\$ _____
Equipment Cost:	\$ _____
Cost of Issuance:	\$ _____
Capitalized Interest:	\$ _____
Reserves:	\$ _____
Other Uses (Describe):	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Uses:	<b>\$0.00</b>

## 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: