

## 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

☐

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:	\$
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Developer Equity: \$

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:	\$
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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: