

**COUNTY OF YORK, PENNSYLVANIA
HOME PROGRAM
LOAN APPLICATION**

Date of Application _____

Project Name _____

Site Address _____

City _____ Zip _____ Municipality _____

Census Tract No. _____ Census Block No. _____

House District _____ Senate District _____ Congressional _____

A. APPLICANT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Telephone No. _____

Email Address _____ Fax No. _____

1. Type of Sponsoring Entity:

- For Profit
- Nonprofit
- Joint Venture between a for profit and nonprofit organization
- Other (describe) _____

2. Type of Ownership Entity:

- General Partnership
- Other _____
- Limited Partnership
- Corporation
- Individual

3. Legal Status of Ownership Entity:

- Currently Exists
- Name of Ownership Entity _____
- Fed. ID or Social Security No. _____
- List all General Partners

- To be Formed
- Estimated Date of Filing _____

4. If a nonprofit organization is involved in the project check all that apply:
- Community Housing Development Organization (CHDO)
 - IRS 501 c (3) approved
 - IRS 501 c (4) approved
 - Primary purpose includes fostering of low income housing
 - Will participate in the project operations throughout the compliance period

(Describe on separate sheet, ownership interest and involvement in project.)

5. Has the developer, its shareholders, officers or directors, partners or members ever been convicted of a felony? Yes No. If yes, explain: _____

(The mere conviction of a crime, standing alone, does not disqualify the applicant.)

6. Are those individual or businesses comprising the development team, who are required to be licensed, in fact licensed? Yes No. If no, explain: _____

7. Are you or any of the applicants or general partners currently debarred or suspended by HUD? Yes No. If yes, explain: _____

8. Are you or any of the applicants or general partners currently under investigation by any local, state or federal agency? Yes No. If yes, explain _____

9. In the space provided below, briefly describe the project.

B. DEVELOPMENT TEAM (complete all that apply)

Sponsor/Developer

(Firm)

(Contact Person)

(Street)

(City, State, Zip)

(Phone)

(Fax)

(Email Address)

(Tax ID Number, if available)

Co-Sponsor/Dev.

(Firm)

(Contact Person)

(Street)

(City, State, Zip)

(Phone)

(Fax)

(Email Address)

(Tax ID Number, if available)

Architect:

(Firm)

(Contact Person)

(Street)

(City, State, Zip)

(Phone)

(Fax)

(Email Address)

(Tax ID Number, if available)

Contractor:

(Firm)

(Contact Person)

(Street)

(City, State, Zip)

(Phone)

(Fax)

(Email Address)

(Tax ID Number, if available)

Management Agent:

(Firm)

(Contact Person)

(Street)

(City, State, Zip)

(Phone) (Fax)

(Email Address)

(Tax ID Number, if available)

Attorney:

(Firm)

(Contact Person)

(Street)

(City, State, Zip)

(Phone) (Fax)

(Email Address)

(Tax ID Number, if available)

Consultant:

(Firm)

(Contact Person)

(Street)

(City, State, Zip)

(Phone)

(Fax)

(Email Address)

(Tax ID Number, if available)

C. DEVELOPMENT DESCRIPTION

1. Type of Proposed Development:

- Multifamily
- Single Room Occupancy
- Single Family Detached
- Assisted Living Facility
- Personal Care Facility
- Other: _____

2. Physical Characteristics of Development:

a. Construction Type

- New Construction
- Rehabilitation
- Moderate or Substantial

b. Building Type

- Garden Apartments
- Townhouse
- Walkup Apartments
- Mid Rise (up to 5 stories)
- High Rise (6 or more stories)
- Other _____

c. Occupancy Type

- General
- Elderly, age 55 or older
- Mentally Disabled
- Other _____
- Homeless
- Elderly, age 62 or older
- Physically Disabled

d. Development Specifications

- Number of buildings _____ Number of stories _____
- Total number of units _____
- Total number of low-income units _____
- Are the buildings contiguous? yes no
- Number of wheelchair or accessible units _____
- Number of hearing/vision impaired units _____

e. Project size per square footage - including all buildings:

- Gross building area (include basement only if improved) _____
- Gross commercial and all commercial related areas _____
- Gross residential and residential related areas _____
- Total land area _____
- Total number of on-site parking spaces _____

f. Utilities available at the site: Provider

- Water _____
- Sewer _____
- Gas _____
- Electric _____

Project must have public water and sewer to be considered for funding. An exception may be made for a single-family homebuyer project.

g. Project Utilities:

Complete in detail the source of the following services and whether the utility service expense will be paid by the project:

Utility	Included in rent	Type of Service (Gas, Elec., Etc.)
Heat	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Hot Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lights in Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Lights in Public Space	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Air Conditioning	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Water	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trash/Rubbish	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sewage	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

h. List community facilities and amenities planned for the development. Continue on separate attachment, if necessary.

3. Site Information:

a. Is site control in place for the entire development? Yes No

b. Type of control: Lease Agreement Expiration Date _____
 Deed Option Expiration Date _____

Provide documentation evidencing site control.

c. Is this site properly zoned for the development? Yes No. If no, provide what the zoning issues are and a schedule to receive approval _____

d. Does the site/building(s) have any historic or archeological significance? Yes No.
 If Yes, explain _____

Submit letter from State Historic Preservation Officer.

e. Does the building qualify for Historic Tax Credits? Yes No

f. Is the property located in a 100 year flood plain? Yes No. (The County will not fund a project located in a 100 year flood plain)

- g. Was structure built before January 1, 1978? Yes No
 If yes, has structure been rehabilitated after January 1, 1978? Yes No
 Is the structure certified lead free? Yes No

h. Mileage from site of the following facilities/services:

FACILITY/ SERVICE	LESS THAN 1/4	1/4 TO 1/2	1/2 TO 3/4	3/4 TO 1	1 TO 2	2 TO 3	3 TO 4	4 TO 5	5 TO 7	7 TO 10	10 & OVER
Education:											
Elementary											
Intermediate											
Senior											
Social/ Recreation											
Health Facility											
Food and Drugs											
Retail Commercial											
Fire and Rescue											
Employment											
Public Transportation											

4. Describe the services that will be provided to tenants.

D. ANNUAL INCOME INFORMATION

1. Is the property currently occupied? Yes No
 If yes, what is the current occupancy rate: _____%

Submit copy of rent roll

If no, has the project been occupied within the last 12 months? Yes No
 If the property was occupied within the last 12 months state the reason for the decline in occupancy

2. Does development of the project involve relocation? Yes No

(Indicate number of families and/or businesses.) _____

Will the proposed activity result in temporary or permanent displacement or relocation?
 Temporary relocation Permanent relocation

Have residents been given relocation benefits or notices? Yes No

Note: The sponsor should be prepared to absorb the necessary relocation expenses which should be reflected in the development costs.

CURRENT RENTALS - (Only if building is currently occupied)

No.of B/R	No.of Units	Average Square Ft.	Current Monthly Rent	Additional Utility Cost	Total Housing Expense
SRO					
EFF					
1 BR					
2BR					
3BR					
4BR					

Total _____

Project Information

Estimated Construction Period _____ (Months)

Wage Determination:

Estimated Start Date _____

Open Shop _____

No. of Dwellings _____

Union Shop _____

Gross Building Sq. Ft. _____

Davis Bacon _____

Residential _____

Commercial _____

State Prevailing Wage _____

Note: As required by HUD CPD Notice 98-01, support documentation must be submitted to justify income/expenses sited in pro forma. All information requested in the following format must be submitted.

Loan ProForma

DEVELOPMENT BUDGET:

	Per Unit	Total
Construction\Rehabilitation		
Residential	\$	\$
Non-Residential	\$	\$
Site Work	\$	\$
General Requirements (6%)	\$	\$
Builder's Overhead (2%)	\$	\$
Builder's Profit (6%)	\$	\$
Bond Premium	\$	\$
Construction Contingency	\$	\$
Offsite Improvements	\$	\$
Tap fees and Permit fees	\$	\$
Other:	\$	\$
<i>Total Construction/Rehabilitation</i>	\$	\$
Fees		
Architect-Design	\$	\$
Architect-Supervision	\$	\$
Legal	\$	\$
Legal Acquisition	\$	\$
Engineering	\$	\$
Surveys/Studies	\$	\$
Other:	\$	\$
<i>Total Fees</i>	\$	\$
Miscellaneous Project Charges		
Property Appraisal/Market Study	\$	\$
Environmental Audit	\$	\$
Application Fees	\$	\$
Rent-up Expenses	\$	\$
Furnishings	\$	\$
Relocation	\$	\$
Other:	\$	\$
<i>Total Misc. Project Charges</i>	\$	\$
Construction Financing		
Construction Interest	\$	\$
Const. Loan Fee-Appl./Origination	\$	\$
Taxes during Construction	\$	\$
Insurance during Construction	\$	\$
Title and Recording	\$	\$
Other:	\$	\$
<i>Total Construction Financing</i>	\$	\$

DEVELOPMENT BUDGET (continued)

	Per Unit	Total
Permanent Financing		
Loan Origination Fee (2.5%)	\$	\$
Credit Enhancement (0.5%)	\$	\$
Cost of Issuance (1%)	\$	\$
<i>Total Permanent Financing</i>	\$	\$
Land and Building Acquisition		
Land Acquisition	\$	\$
Building Acquisition	\$	\$
Other:	\$	\$
<i>Total Land Building Acquisition</i>	\$	\$
Project Reserves		
Operation Reserves	\$	\$
Development Contingency Fund (4%)	\$	\$
Tax Escrow	\$	\$
Insurance Escrow	\$	\$
Other:	\$	\$
<i>Total Project Reserves</i>	\$	\$
Developers Fee and Overhead		
(New Constr. max: 15%, Rehab max: 10%)	\$	\$
Syndication Fees and Expenses		
Organizational	\$	\$
Bridge Loan Interest	\$	\$
Bridge Loan Fees	\$	\$
Legal	\$	\$
Accounting	\$	\$
Cost Certification	\$	\$
Tax Credit Allocation Fee	\$	\$
Tax Credit Monitoring Fee	\$	\$
Other:	\$	\$
<i>Total Syndication Fees</i>	\$	\$
Total Project Cost		
	\$	\$

TOTAL SOURCES OF FUNDS:

	Source	Amount
First Mortgage		\$
Subordinate Loans		\$
Grants		\$
Syndication Equity		\$
Developers Equity		\$
Other:		\$
<i>Total Sources of Funds</i>		\$

MAXIMUM MORTGAGE CALCULATION:

(*There are no automatic calculations performed in this section)

Gross Rent Potential Base Year		\$
Plus	Other Income	\$
Minus	Vacancy (5%)	\$
Equals	Net Revenue	\$
Minus	Operating Expenses	\$
Equals	Net Operating Income (NOI)	\$
Divided by	Debt Coverage Ratio (1.15)	
Equals	Income to Support Debt	\$
Remainder Cash Flow After Financing		\$
Potential Loan Based on:		
Rate:	Term:	

OPERATING BUDGET:

INCOME	Per Unit/Year	Total Annual
Gross Rental Income	\$	\$
Vacancy and Bad Debt Factor: (%)		
Minus Vacancy and Bad Debt Loss	\$	\$
<i>Equals Net Rental Income</i>	\$	\$
Late/Other Misc. Fees	\$	\$
Laundry Income	\$	\$
Commercial Income	\$	\$
Other:	\$	\$
<i>Total Income</i>	\$	\$
EXPENSES		
Administrative		
Marketing/Advertising	\$	\$
Office Supplies/Expense	\$	\$
Management Fee (5-10 %)	\$	\$
Legal	\$	\$
Audit	\$	\$
HOME Program Monitoring Fee (\$40/unit)	\$	\$
Miscellaneous:	\$	\$
<i>Total Administrative</i>	\$	\$
Utilities		
Fuel Oil	\$	\$
Electric	\$	\$
Water & Sewer	\$	\$
Natural Gas	\$	\$
<i>Total Utilities</i>	\$	\$
Operating and Maintenance		
Janitor Supplies	\$	\$
Exterminating	\$	\$
Rubbish and Trash Removal	\$	\$
Security	\$	\$
Grounds Maintenance/Supplies	\$	\$
Repairs Materials	\$	\$
Repairs Contracts	\$	\$
HVAC Maintenance	\$	\$
Painting and Decorating	\$	\$
Miscellaneous (Elevator Maint. Etc.)	\$	\$
Other:	\$	\$
<i>Total Operating and Maintenance</i>	\$	\$

	Per Unit/Year	Total Annual
Payroll		
Office/Manager Salaries	\$	\$
Maintenance Salaries	\$	\$
P/R Taxes	\$	\$
Workmen's Compensation	\$	\$
Employee Benefits	\$	\$
<i>Total Payroll</i>	\$	\$
Taxes and Insurance		
Real Estate Taxes	\$	\$
Misc. Taxes and Permits	\$	\$
Property and Liability Insurance	\$	\$
Misc. Insurance	\$	\$
<i>Total Taxes and Insurance</i>	\$	\$
Supportive Services (Total)		
	\$	\$
Total Operating Expenses Before Reserves		
	\$	\$
Reserves		
Replacement Reserve	\$	\$
Equipment Purchase	\$	\$
Capital Improvement	\$	\$
<i>Total Reserves</i>	\$	\$
Total Operating Expense and Reserves		
	\$	\$

Note: A projected Operating Budget must be supplied for years 1 - 15.

Certification Form

All Applicants for HOME funding must sign the application

The Applicant certifies that all information provided in this application and all information furnished in support of this application is given for the purpose of obtaining funding through the HOME Program and further certifies that this information is true and complete to the best of the Applicant’s knowledge and belief. The Applicant authorizes verification to be obtained from any source named within this application. It is further understood by the Applicant that any and all information obtained in the process of establishing eligibility for this program may be reviewed by the Loan Committee for the purpose of determining the approval or rejection of this application.

The Applicant further certifies that he/she they is/are the owner(s) of the property described in this application and that the HOME funding will be used only for the work on the property described in this application.

The Applicant further certifies that he/she/they has/have not required any tenant to move without just cause during the twelve months prior to this date and will indemnify the County of York with respect to any relocation claims arising from such undisclosed displacement.

The Applicant further certifies that the County may request or require changes in the information submitted herewith, may substitute its own figures which it deems reasonable for any or all figures provided herein by the undersigned and may supply an amount significantly different from the amount requested.

The Applicant further certifies the all documents requested by the County of York or the legal counsel for the County of York shall be submitted.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec.1001 provided: “Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

Signature

Date

Signature

Date