

**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:

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

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
<b>SRO</b>					
<b>EFF</b>					
<b>1 BR</b>					
<b>2BR</b>					
<b>3BR</b>					
<b>4BR</b>					

**Total** \_\_\_\_\_

**RENTAL INCOME PROJECTIONS**

<b>No. of B/R</b>	<b>No. of Units</b>	<b>Average Sq. Ft.</b>	<b>Tenant Pd. Rent</b>	<b>Utility Allowance</b>	<b>Total Tenant Expense</b>	<b>Rental Assistance Payment</b>	<b>Source</b>	<b>Total Housing Expense</b>	<b>Target Income Level %</b>

**TOTAL UNITS** \_\_\_\_\_

Other Facilities \_\_\_\_\_

\* Describe how utility cost was determined (attach narrative or utility analysis)

**PRELIMINARY CONSTRUCTION COST ESTIMATE**

PROJECT: \_\_\_\_\_

SPONSOR: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

FORM COMPLETED BY: \_\_\_\_\_

CONSTRUCTION PERIOD: \_\_\_\_\_ (MONTHS)

<b>DIV. #</b>	<b>Description</b>	<b>Cost</b>
01	General Requirements	
02	Site Work	
03	Concrete	
04	Masonry	
05	Metal	
06	Carpentry	
07	Moisture Protection	
08	Doors & Windows	
09	Finishes	
10	Specialties	
11	Equipment	
12	Furnishings	
13	Special Construction	
14	Conveying Systems	
15a	Plumbing	
15b	Heating, Ventilating & Air Conditioning	
16	Electrical	
	<b>Subtotal</b>	
	Builder's Overhead	%
	<b>Subtotal</b>	
	Builder's Profit	%
	<b>Subtotal</b>	
	Bond Premium	
	Construction Contingency	
	Other	
	<b>TOTAL CONSTRUCTION COSTS</b>	

**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
<b>Construction\Rehabilitation</b>		
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>	\$	\$
<b>Fees</b>		
Architect-Design	\$	\$
Architect-Supervision	\$	\$
Legal	\$	\$
Legal Acquisition	\$	\$
Engineering	\$	\$
Surveys/Studies	\$	\$
Other:	\$	\$
<i>Total Fees</i>	\$	\$
<b>Miscellaneous Project Charges</b>		
Property Appraisal/Market Study	\$	\$
Environmental Audit	\$	\$
Application Fees	\$	\$
Rent-up Expenses	\$	\$
Furnishings	\$	\$
Relocation	\$	\$
Other:	\$	\$
<i>Total Misc. Project Charges</i>	\$	\$
<b>Construction Financing</b>		
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)**

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

**TOTAL SOURCES OF FUNDS:**

	<b>Source</b>	<b>Amount</b>
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:**

<b>INCOME</b>	<b>Per Unit/Year</b>	<b>Total Annual</b>
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>	\$	\$
<b>EXPENSES</b>		
<b>Administrative</b>		
Marketing/Advertising	\$	\$
Office Supplies/Expense	\$	\$
Management Fee (5-10 %)	\$	\$
Legal	\$	\$
Audit	\$	\$
HOME Program Monitoring Fee (\$40/unit)	\$	\$
Miscellaneous:	\$	\$
<i>Total Administrative</i>	\$	\$
<b>Utilities</b>		
Fuel Oil	\$	\$
Electric	\$	\$
Water & Sewer	\$	\$
Natural Gas	\$	\$
<i>Total Utilities</i>	\$	\$
<b>Operating and Maintenance</b>		
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>	\$	\$

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

*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