

**SHELTER AND TRANSITIONAL HOUSING FACILITIES GRANT PROGRAM**

**APPLICATION**

Maryland Department of Housing and Community Development

Division of Development Finance

7800 Harkins Rd

Lanham, Maryland 20706

301-429-7712 or 1-800-543-4505

*dhcd.maryland.gov*

*Larry Hogan, Governor*

*Boyd K. Rutherford, Lieutenant Governor*

*Kenneth C. Holt, Secretary*

*Ellington Churchill, Jr., Deputy Secretary*



Updated: October 2014

*The Maryland Department of Housing and Community Development pledges to foster the letter and spirit of the law for achieving equal housing opportunity in Maryland.*

**MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**

**SHELTER AND TRANSITIONAL HOUSING FACILITIES GRANT PROGRAM APPLICATION**

**INSTRUCTIONS**

**APPLICATION SUBMISSION PROCEDURE**

This application must be completed if you are applying for funding from the Shelter and Transitional Housing Facilities Grant Program.

A brief description about the program is provided in these instructions. For more detailed information about the program, please contact the staff member listed.

Applicants are required to answer each question and to fully complete all forms supplied. If additional space is required to respond to any section, attach additional pages, clearly marking the section to which they relate.

Include all required attachments where indicated within the application. Attachments must be clearly identified so that a reviewer may easily access the necessary information.

**Submit one (1) original and three (3) copies of the application and all attachments to**:

Maryland Department of Housing and Community Development­­­­­­­­­­

Program Administrator, Transitional Housing Grant Program

Multifamily Housing Programs, 3rd floor

7800 Harkins Rd

Lanham, Maryland 20706

Questions may be directed to the Program Administrator at 301-429-7712.

**ORGANIZING THE APPLICATION**

The application consists of three parts: the **Standard Application** form; the **Project Detail** section; and the **Attachments**.

**Standard Application Form** Do not skip any sections. If you believe that a section does not apply to your project, mark “not applicable.”

**Project Detail Section** This section requests information on the project primarily in narrative form. Responses should be clear and concise. The narrative responses and any applicable attachments requested should be provided behind the tab indicated for each item.

**Attachments**  A brief description of the attachments for each tab is provided under the Tab Directory included in this application package. A “TAB CHECKLIST”, provided as a cover sheet, can be used as an index to ensure that you have included all the required and applicable attachments. The items marked with an asterisk (\*) indicate that a Department-supplied form is provided; these forms are found in the Appendices.

**PROGRAM DESCRIPTION**

**Shelter and Transitional Housing Facilities Grant Program**

The Shelter and Transitional Housing Facilities Grant Program (STHFGP) is funded through State general obligation bond proceeds. The program provides capital grants to improve or create transitional housing or emergency shelters that provide supportive services to its residents.

Eligible activities include acquisition, rehabilitation, or new construction. Generally, grant funds may be used to support up to 50% of the total development costs.

Eligible applicants include nonprofit organizations and local governments. Sponsors must agree to maintain the project for its intended use for a minimum of 15 years and must demonstrate the capacity to secure ongoing operating assistance to maintain the facility for the length of the funding term.

All residents of STHFGP-funded projects must be homeless households or individuals. The supportive services provided should be directed toward moving the residents to self-sufficiency and permanent housing.

Funding made available through the STHFGP is on a first-come, first-served basis. Projects are processed in the order in which they are received and recommended for funding based on their readiness to proceed to completion.

Staff Contact: Kristen Robinson, Program Administrator, via e-mail at Kristen.Robinson@maryland.gov or by calling 301-429-7712 or toll-free at 1-800-543-4505.

**SHELTER AND TRANSITIONAL HOUSING FACILITIES GRANT PROGRAM APPLICATION**

**APPLICATION**

**PART 1**

**STANDARD APPLICATION**

**SHELTER AND TRANSITIONAL HOUSING FACILITIES GRANT PROGRAM APPLICATION**

**STANDARD APPLICATION**

FILE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (assigned by DHCD)

**I. REQUEST**

(Mark all applicable programs from which you are requesting financial assistance)

Program Request Amount

🞎 Transitional Housing Grant Program $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE: 🞎 Acquisition 🞎 Rehabilitation Only 🞎 Acquisition and Rehabilitation

🞎 New Construction 🞎 Other: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. PROJECT NAME AND LOCATION**

Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Census Tract #:\_\_\_\_\_\_\_\_\_\_\_\_\_ Consolidated Plan Region:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A. THE PROJECT/LOCATION IS:**

Listed in National Register of Historic Places 🞎 Yes 🞎 No In a Qualified Census Tract 🞎 Yes 🞎 No

Listed in a Local Register of Historic Places 🞎 Yes 🞎 No In a Difficult to Develop Area 🞎 Yes 🞎 No

Within a Federal Historic District 🞎 Yes 🞎 No Within a Municipal Historic District 🞎 Yes 🞎 No

Within a Smart Growth Area/Neighborhood Revitalization Area: 🞎 Yes 🞎 No

**B. POLITICAL JURISDICTION IN WHICH THE SITE OR PROJECT IS LOCATED**

Name of Political Jurisdiction:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Elected Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S. Representatives:

Senator/Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senator/Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senator/Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Representatives:

Senator/Delegate \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senator/Delegate \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. APPLICANT INFORMATION**

**A. TYPE OF APPLICANT**

(Check all that apply)

🞎 Applicant is an existing entity

🞎 Applicant is a new entity being formed for the purpose of receiving financial assistance from DHCD.

🞎 Corporation 🞎 General Partnership 🞎 Limited Partnership 🞎 Limited Liability Company

🞎 Joint Venture 🞎 For-Profit 🞎 Non-Profit 🞎 Local Housing Authority

🞎 Municipality 🞎 Individual(s) 🞎 CHDO 🞎 Current Owner

🞎 Proposed Owner 🞎 Developer 🞎 Contractor 🞎 Other: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_

**III. APPLICANT INFORMATION (cont’d.)**

**B. NAME AND ADDRESS OF APPLICANT**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (no P.O. boxes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite #: \_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal I.N.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address:

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is applicant delinquent on federal and/or state debt? 🞎 Yes 🞎 No

Has applicant received unresolved federal or State findings? 🞎 Yes 🞎 No

Is applicant delinquent on the filing of any federal or State tax returns? 🞎 Yes 🞎 No

*(If the answer to any of these questions is “yes”, please attach an explanation.)*

**C. PRINCIPALS OF APPLICANT**

Managing General Partner: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ownership: \_\_\_\_\_\_\_%

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (no P.O. boxes):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite #\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Other General Partner(s): Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ownership: \_\_\_\_\_%

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (no P.O. boxes):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite #\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Corporate Officers: President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ownership: \_\_\_\_\_\_\_%

Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ownership: \_\_\_\_\_\_\_%

Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ownership: \_\_\_\_\_\_\_%

Other Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ownership: \_\_\_\_\_\_\_%

**IV. CO-APPLICANT INFORMATION**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (no P.O. boxes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite #: \_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Federal I.N.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail address:

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is co-applicant delinquent on federal and/or state debt? 🞎 Yes 🞎 No

Has co-applicant received unresolved federal or State findings? 🞎 Yes 🞎 No

Is co-applicant delinquent on the filing of any federal or State tax returns? 🞎 Yes 🞎 No

*(If the answer to any of these questions is “yes”,please attach an explanation.)*

**V. EVIDENCE OF SITE OR PROPERTY CONTROL**

🞎 Warranty Deed (recorded) 🞎 Contract for Deed 🞎 In Escrow

🞎 Earnest Money Contract 🞎 Contract for Lease\* 🞎 Letter of Intent

Expiration of Contract or Option: \_\_\_/\_\_\_/\_\_\_

Expiration of Feasibility Contingency : \_\_\_/\_\_\_/\_\_\_

Expiration of Financing Contract: \_\_\_/\_\_\_/\_\_\_

Anticipated Closing Date: \_\_\_/\_\_\_/\_\_\_

*\*must be a long-term lease*

**VI. DESCRIPTION OF PROJECT**

**A. TYPE**

(Check all that apply)

🞎 Multifamily Rental 🞎 Residential Condominium 🞎 Residential Cooperative

🞎 Townhouse Units 🞎 Scattered Sites 🞎 Mobile Homes

🞎 Single Floor (flats) Units 🞎 Duplexes

🞎 Elderly Housing

🞎 Transitional Housing 🞎 Emergency Shelter

**B. SITE DESCRIPTION**

Size: \_\_\_\_\_\_\_acres \_\_\_\_\_\_\_\_\_square feet Is the property zoned for intended use?🞎 Yes 🞎 No

Is the present use of the property non-conforming under existing zoning restrictions? 🞎 Yes 🞎 No

Is the property in the process of rezoning? 🞎 Yes 🞎 No

Current zoning (or describe permitted uses):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flood Zone Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe Topography: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mark all proposed or existing off-site facilities

🞎 Electric 🞎 Gas 🞎 Storm Drains 🞎 Water - public 🞎 Water - private

🞎 Sidewalks 🞎 Street Lights 🞎 Fire Hydrants 🞎 Sewers-public 🞎 Sewers-private

🞎 Paved Streets 🞎 Concrete Curbs 🞎 Rolled Curbs 🞎 Well 🞎 Septic

**VI. DESCRIPTION OF PROJECT (continued)**

**C. DESCRIPTION OF IMPROVEMENTS**

Total # Units:\_\_\_\_\_\_\_\_\_ #Beds: \_\_\_\_\_\_\_\_\_\_ # Buildings:\_\_\_\_\_\_\_\_ # Floors:\_\_\_\_\_\_\_\_

Current vacancies: \_\_\_\_\_\_\_ as of \_\_\_\_/\_\_\_\_/\_\_\_\_ # Program Units: \_\_\_\_\_\_\_\_\_\_

Net Residential Sq. Ft.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Common Area Sq. Ft. \_\_\_\_\_\_\_\_\_\_\_

Non-Residential Sq. Ft.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Sq. Ft. \_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ years

**D. CONSTRUCTION SPECIFICATIONS**

(Mark all applicable categories for both proposed and existing projects)

🞎 Wood Frame 🞎 Steel Frame 🞎 Masonry 🞎 Poured-in-place Concrete

🞎 Slab on Grade 🞎 Post Tension Slab 🞎 Pier & Beam Foundation 🞎 Grade Beams

🞎 Light Weight Concrete 🞎 Masonry Veneer 🞎 Common Brick 🞎 Concrete Block

🞎 Stone 🞎 Plywood Exterior 🞎 Hardboard Sheet Exterior 🞎 Wood Siding

🞎 Shingle Siding 🞎 Stucco 🞎 Wood Trim 🞎 Composition Shingle Roof

🞎 Built-up Rock Roof 🞎 Wood Shingle Roof 🞎 Wood Shake Roof 🞎 Concrete Tile Roof

🞎 Clay Tile Roof 🞎 Galvanized Metal Roof 🞎 Fiberglass Shingle Roof 🞎 Drywall

🞎 Plaster 🞎 Forced Air Unit 🞎 Central Heat & Air 🞎 Heat Pump System

🞎 Evaporative Cooling 🞎 Window Air 🞎 Thru-wall Air 🞎 Wall Furnace

🞎 Floor Furnace 🞎 Baseboard Heating 🞎 Radiant Ceiling Heat 🞎 Manufactured Housing

🞎 Other: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Elevator(s): # of stops\_\_\_\_\_\_ # in project: \_\_\_\_\_\_\_\_

**E. INTERIOR FEATURES & SPECIFICATIONS**

(Mark all applicable features for both proposed and existing projects)

🞎 Range & Oven 🞎 Hood & Fan 🞎 Garbage Disposal 🞎 Dishwasher

🞎 Refrigerator 🞎 Microwave 🞎 Washer & Dryer 🞎 Wash/Dry Connections

🞎 Ceiling Fans 🞎 Individual Water Heaters 🞎 Fireplaces # in project:\_\_\_\_\_ 🞎 Carpeting

🞎 Vinyl Flooring 🞎 Other Flooring 🞎 Hardwood Floors 🞎 Steel Tub

🞎 Tub Enclosure 🞎 Fiberglass Tub/Shower 🞎 Stall Shower 🞎 Tile Tub/Shower Walls

🞎 Tile Counter Tops 🞎 Laminated Counter Tops 🞎 Cultured Marble Pullmans 🞎 Monitored Security

**F. ON-SITE AMENITIES**

(Mark all applicable facilities for both proposed and existing projects)

🞎 Community Room 🞎 Recreation Room 🞎 Crafts Room 🞎 Tennis Court

🞎 Common Dining 🞎 Residential Kitchen 🞎 Commercial Kitchen 🞎 Volleyball Court

🞎 Utility Room 🞎 Public Rest Room 🞎 Laundry Room 🞎 Basketball Court

🞎 Children’s Play Area 🞎 Playground Equipment 🞎 Monitored Security 🞎 Pool & Decking #: \_\_\_\_\_\_

🞎 Daycare Facility 🞎 Picnic Area 🞎 Perimeter Fencing

🞎 Security Patrol 🞎 Other: (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 Uncovered Parking # of spaces: \_\_\_\_\_ 🞎 Carports # of spaces \_\_\_\_\_\_ 🞎 Garages # of spaces: \_\_\_\_\_

**VII. VALUATION INFORMATION**

**A. APPRAISED VALUE**

Land Only: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Valuation: ­­­\_\_\_\_/\_\_\_\_/\_\_\_\_

Existing Building (as is):$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Valuation: ­­­\_\_\_\_/\_\_\_\_/\_\_\_\_

Proposed Building (as completed): **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date of Valuation:  **­­­\_\_\_\_/\_\_\_\_/\_\_\_\_**

Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_

Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. ASSESSED VALUE**

Land: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assessment for the Year of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valuation by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Assessed Value: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VIII. OTHER SOURCES OF FUNDS**

**A. ALL OTHER SOURCES**

*(if additional space is necessary, attach information directly behind this page)*

I. Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Loan (use appropriate letter(s) from chart below): \_\_\_\_\_\_\_\_\_\_

Principal Amount:: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest Rate:\_\_\_\_\_% Amortization: \_\_\_\_ yrs.

Term: \_\_\_\_ yrs. Payment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priority of Lien: \_\_\_\_\_\_\_\_

Commitment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VIII. OTHER SOURCES OF FUNDS (continued)**

II. Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Loan (use appropriate letter(s) from chart below): \_\_\_\_\_\_\_\_\_\_

Principal Amount:: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest Rate:\_\_\_\_\_% Amortization: \_\_\_\_ yrs.

Term: \_\_\_\_ yrs. Payment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priority of Lien: \_\_\_\_\_\_\_\_

Commitment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

III. Source:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Loan (use appropriate letter(s) from chart below): \_\_\_\_\_\_\_\_\_\_

Principal Amount:: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest Rate:\_\_\_\_\_% Amortization: \_\_\_\_ yrs.

Term: \_\_\_\_ yrs. Payment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priority of Lien: \_\_\_\_\_\_\_\_

Commitment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

IV. Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Loan (use appropriate letter(s) from chart below): \_\_\_\_\_\_\_\_\_\_

Principal Amount:: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interest Rate:\_\_\_\_\_% Amortization: \_\_\_\_ yrs.

Term: \_\_\_\_ yrs. Payment Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Priority of Lien: \_\_\_\_\_\_\_\_

Commitment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Designations for “Type of Loan” Entries

A. Conventional Construction J. Proceeds from the Syndication of Low Income Housing Tax Credits

B. Conventional Permanent K. Other State Funds: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Conventional Gap L. Other Federal Funds: (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Conventional Mini-Perm M. Local Government Funds: (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. FHA N. Recourse

F. HOME Program O. Limited Recourse

G. Private Funds P. Non-Recourse

H. CDBG Funds

I. Multifamily Bonds

**IX. SUPPORTIVE SERVICES**

Are tenants currently provided with any supportive services? 🞎 Yes 🞎 No

Will supportive services be provided to tenants? 🞎 Yes 🞎 No Services are/will be: 🞎mandatory 🞎optional

Services are at tenant expense in excess of rent: 🞎 Yes 🞎 No Services are/will be: 🞎mandatory 🞎optional

*Provide detailed information under Tab 17, as requested in Part 2 - Project Detail, Item VI.*

**X. DEVELOPMENT CONSULTANT**

A consultant on behalf of the applicant prepared this application. 🞎 Yes 🞎 No

If yes, will the consultant also administer the proposed activity on behalf of the applicant? 🞎Yes 🞎 No

Name of Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Attach the consultant’s resume under Tab 10.

**XI. DEVELOPMENT TEAM**

A. Architect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. General Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Appraiser: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Engineer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. Cost Estimator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XI. DEVELOPMENT TEAM (continued)**

F. Project Attorney:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Project Accountant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H. Property Manager :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Syndicator or Underwriter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Phone:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? 🞎 Yes 🞎 No

If yes, describe relationship(s) between entities and/or principals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XII. CERTIFICATIONS**

The undersigned applicant hereby makes application to the Maryland Department of Housing and Community Development and agrees to the following certifications.

The undersigned applicant certifies that housing produced with the proceeds of the financial assistance will be made available to eligible households within the income and occupancy limits set by the Department for the specific program for a specified period.

The undersigned applicant agrees he/she will not discriminate against any person on the basis of race, color, national origin, sex, marital status, sexual orientation, physical or mental handicap or age in any aspect of the project and to comply with all federal, State and local laws regarding discrimination and equal opportunity in employment, housing and credit practices, including Titles VI and VII of the Civil Rights Act of 1964 and regulations pursuant thereto, Title VIII of the Civil Rights Act of 1968, as amended, and the Governor’s Code of Fair Practices, as amended, and will comply with the Department’s Minority Business Enterprise Program, as applicable. Copies of the MBE Program Guidelines will be provided to the applicant upon request.

The undersigned applicant certifies that no tenant living in any residential unit in the property to be rehabilitated has been forced to move by the applicant without cause in the twelve month period preceding the submission of this application and that no tenants will be forced to move without cause prior to award of the capital assistance except to rehabilitate the project in compliance with an approved relocation plan. Applicant further agrees to comply with the relocation requirements of the Department if any residential tenant is required to be temporarily or permanently displaced as a result of the rehabilitation undertaken pursuant to this financial assistance application. Copies of the Department’s Relocation Policies will be supplied upon request.

The undersigned applicant represents and certifies that the project can be completed within the time schedule set forth herein. The undersigned further certifies that the information contained in this application and in any attachments in support hereof is true, correct and complete to the best of the applicant’s knowledge and belief and agrees to notify the Department promptly in writing of any changes in this information, including any changes in the sources and uses of funding for the project. The undersigned agrees to immediately notify the Department of a cancellation of the project, or if the project will not be completed within the proposed time schedule.

**Access to Public Records Act Notice and Waiver.** Applicants should give specific attention to the identification of information furnished to the Department under this application which they deem confidential, commercial or financial information, proprietary information, or trade secrets and provide any justification of why this information should not be disclosed under the Maryland Access to Public Records Act, State Government Article, Part III, §§10-611 through 10-628 of the Annotated Code of Maryland. Applicants are advised that, upon request from a third party, the Department is required to make an independent determination as to whether the information may or must be divulged to that party.

This information will be disclosed to appropriate staff of the Department or to public officials for purposes directly connected with the administration of the programs for which its use is intended. Such information may be shared with State, federal or local government agencies which have a financial role in the project.

**XII. CERTIFICATIONS (cont’d.)**

The Department intends to make available to the public certain information regarding projects recommended for funding. Some of this information may not be disclosable under the Maryland Access to Public Records Act. By signing and delivering this application to the Department, you hereby AGREE TO WAIVE ANY RIGHTS TO OBJECT TO OR PREVENT THE DISCLOSURE TO THE PUBLIC OF THE FOLLOWING INFORMATION: applicant’s name; name and location of the project, financing amount and terms; amount and source of other financing; public purpose of the financing; a description of the project including the number of units and number of units set aside for the public purpose.

The undersigned applicant authorizes the Department to obtain credit information for the purpose of evaluating this application and to obtain verification of any of the information contained in this application from any source named herein.

The undersigned applicant agrees to at all times indemnify and hold harmless the Department against all losses, costs, damages, expenses and liabilities of any nature or kind (including, but not limited to attorney’s fees, litigation and court costs, amounts paid in settlement, amounts paid to discharge judgment, and any loss from judgment) arising out of, or related to acceptance, consideration, approval or disapproval of this application.

The undersigned applicant hereby certifies that the project proposed in this application can be developed in accordance with the development budget set forth herein and operated in accordance with the operating budget set forth herein.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this \_\_\_\_\_\_\_ day of , 20 .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Legal Name of Applicant)

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(title)

**Project Income and Expense Proforma**

(First Year of Stabilized Operations)

**RENT SCHEDULE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TYPE OF UNIT(\*) | NUMBER OF UNITS | NUMBER OF BEDROOMS | NUMBER OF BATHS | UNIT SIZE IN SQ. FT. | TENANT CONTRIBUTION | TENANT PAID UTILITIES | RENT SUBSIDY | PROPOSED RENT PER UNIT |
|  |  |  |  |  | $ | $ | $ | $ |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
| **Total Units:** |  | **Net Rental Square Feet:** | |  | **Gross Monthly Rent:** | | | **$** |

**\*** Designate each unit as one or more of the following:

**HO**: Homeless **TC**: LIHTC-qualified **LR**: Low HOME rent **HR**: High HOME Rent

**OO**: Owner Occupied **EO**: Employee occupied **FU**: Family unit **HD**: Handicapped or disabled tenant

**MR**: Market rent **EL**: Elderly **SRO:** Common use unit

**PB**: Project-based Sec. 8 unit **OS**: Other non-residential space

**ANNUAL INCOME**

|  |  |  |
| --- | --- | --- |
| POTENTIAL GROSS ANNUAL RENTAL INCOME | | $ |
| Provision for Vacancy & Collection Loss | Percent of Potential Gross Income \_\_\_\_\_% |  |
| Rental Concessions |  |  |
| Deduct for Employee and/or Other Non-Rental Units | Number of non-income units: \_\_\_\_\_\_\_\_ |  |
| EFFECTIVE GROSS ANNUAL RENTAL INCOME |  | $ |
| Secondary Income | Income per unit per month: $ \_\_\_\_\_\_\_\_ |  |
| Other Non-Rental Income Describe: | |  |
| EFFECTIVE GROSS ANNUAL INCOME | | $ |

**Project Income and Expense Proforma**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General & Administrative Expenses** | | |  |  |
| Accounting $ | | |  |  |
| Advertising | | |  |  |
| Legal fees | | |  |  |
| Leased equipment | | |  |  |
| Postage & office supplies | | |  |  |
| Telephone | | |  |  |
| Other office expenses | | |  |  |
| Compliance fees | | |  |  |
| Security | | |  |  |
| Miscellaneous | | |  |  |
| Total General & Administrative Expenses: | | |  | $ |
| **Management Fees:** Percent of Effective Gross Income \_\_\_\_\_\_\_% | | | | $ |
| Payroll, Payroll Tax & Employee Benefits | | |  |  |
| Management $ | | |  |  |
| Maintenance | | |  |  |
| Other : (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| **Total Payroll, Payroll Tax & Employee Benefits:** | | |  | $ |
| **Repairs & Maintenance** | | |  |  |
| Elevator $ | | |  |  |
| Exterminating | | |  |  |
| Garbage/trash | | |  |  |
| Grounds | | |  |  |
| Repairs | | |  |  |
| Pool | | |  |  |
| Miscellaneous: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| Other: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| Total Repairs & Maintenance: | | |  | $ |
| **Utilities** | | |  |  |
| Electrical $ | | |  |  |
| Natural gas | | |  |  |
| Other Fuel (heat/water) | | |  |  |
| Water & Sewer | | |  |  |
| Cable TV | | |  |  |
| Other: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| Total Utilities: | | |  | $ |
| Annual Insurance Premiums (all forms): Rate per net rentable sq. ft. $ | | |  | $ |
| Property Tax: | Assessed Value: $\_\_\_\_\_\_\_\_\_\_\_\_ | Tax Rate per $100 of Assessment $ \_\_\_\_\_\_\_\_\_\_ | | $ |
| Other Taxes: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| Reserve for Replacements: Reserves per unit per month $ | | |  |  |
| Other Expenses: (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  |
| TOTAL ANNUAL EXPENSES Expense per unit: $ | | |  | $ |
| NET OPERATING INCOME (before debt service) | | |  | $ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PROJECT PROFORMA** | | | | | | | |
| **INCOME** | **RENT-UP YEAR** | **YEAR 1** | **YEAR 2** | **YEAR 3** | **YEAR 4** | **YEAR 5** | **YEAR 10** |
| potential gross annual rENTAL INCOME | $ | $ | $ | $ | $ | $ | $ |
| Provision for Vacancy & Collection Loss |  |  |  |  |  |  |  |
| EFFECTIVE GROSS ANNUAL RENTAL INCOME | $ | $ | $ | $ | $ | $ | $ |
| Secondary – Non Rental Income |  |  |  |  |  |  |  |
| EFFECTIVE GROSS ANNUAL INCOME | $ | $ | $ | $ | $ | $ | $ |
| **EXPENSES** |  |  |  |  |  |  |  |
| General & Administrative Expenses | $ | $ | $ | $ | $ | $ | $ |
| Management Fee |  |  |  |  |  |  |  |
| Payroll, Payroll Tax & Employee Benefits |  |  |  |  |  |  |  |
| Repairs & Maintenance |  |  |  |  |  |  |  |
| Utilities (electric & gas only) |  |  |  |  |  |  |  |
| Utilities (water, sewer & trash only) |  |  |  |  |  |  |  |
| Annual Insurance Premiums |  |  |  |  |  |  |  |
| Property Tax |  |  |  |  |  |  |  |
| Reserve for Replacements |  |  |  |  |  |  |  |
| Other Expenses: |  |  |  |  |  |  |  |
| TOTAL ANNUAL EXPENSES | $ | $ | $ | $ | $ | $ | $ |
| NET OPERATING INCOME | $ | $ | $ | $ | $ | $ | $ |
| **DEBT SERVICING** |  |  |  |  |  |  |  |
| First Deed of Trust Annual Loan Payment | $ | $ | $ | $ | $ | $ | $ |
| Second Deed of Trust Annual Loan Payment |  |  |  |  |  |  |  |
| Third Deed of Trust Annual Loan Payment |  |  |  |  |  |  |  |
| Other Annual Loan Payment: |  |  |  |  |  |  |  |
| **NET CASH FLOW** | $ | $ | $ | $ | $ | $ | $ |
| Debt Coverage Ratio |  |  |  |  |  |  |  |

**SOURCES AND USES OF FUNDS SUMMARY**

*(from Detailed Development Budget)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SUMMARY OF SOURCES** | | | | |
| **TYPE OF FINANCING** | | **Amount** | | **SOURCE** |
| 1 |  | $ |  | |
| 2 |  |  |  | |
| 3 |  |  |  | |
| 4 |  |  |  | |
| 5 |  |  |  | |
| 6 |  |  |  | |
| 7 |  |  |  | |
| 8 |  |  |  | |
| 9 |  |  |  | |
| 10 |  |  |  | |
| 11 |  |  |  | |
| 12 |  |  |  | |
| 13 |  |  |  | |
| 14 |  |  |  | |
| 15 |  |  |  | |
| **TOTAL SOURCES** | | $ |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUMMARY OF USES** | | | |
| **CATEGORY** | | **Amount** | **SOURCE** | |
| 1 | Acquisition Costs | $ |  |
| 2 | Construction/Rehabilitation Costs |  |  |
| 3 | Fees Related to Construction/Rehabilitation |  |  |
| 4 | Financing Fees & Charges |  |  |
| **TOTAL USES** | | **$** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **USES OF FUNDS DETAIL**  **(Development Budget)** | | | |
| **CATEGORY** | **AMOUNT** | **SOURCE** | **TOTAL** |
| **1. ACQUISITION COSTS** | | |  |
| Existing building acquisition cost | $ |  |  |
| Land Acquisition |  |  |  |
| Closing Costs & acquisition legal fees |  |  |  |
| Other: |  |  |  |
| **Total Acquisition Costs** | | | **$** |
| **2. CONSTRUCTION/REHABILITATION COSTS** | | |  |
| Net Construction Costs | $ |  |  |
| Builder’s General Overhead |  |  |  |
| Builder’s Profit |  |  |  |
| General Requirements |  |  |  |
| Bond Premium |  |  |  |
| Construction Contingency |  |  |  |
| Other: |  |  |  |
| **Total Construction Costs** | | | **$** |
| **3. FEES RELATED TO CONSTRUCTION /REHABILITATION** | | |  |
| Architectural - Design Fee | $ |  |  |
| Architectural - Supervision Fee |  |  |  |
| Engineering Fees |  |  |  |
| Consultant‘s Fee |  |  |  |
| Legal Fee |  |  |  |
| Marketing |  |  |  |
| Appraisal |  |  |  |
| Survey |  |  |  |
| Soil Borings |  |  |  |
| Environmental Report |  |  |  |
| Permit Fees |  |  |  |
| Tap Fees |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| **Total Fees Related to Construction/Rehabilitation** | | | **$** |

|  |  |  |  |
| --- | --- | --- | --- |
| **USES OF FUNDS DETAIL (continued)** | | | |
| **CATEGORY** | **AMOUNT** | **SOURCE** | **TOTAL** |
| **4. FINANCING FEES & CHARGES** | | |  |
| Interest during Construction | $ |  |  |
| Real Estate Taxes during Construction |  |  |  |
| Insurance Premium |  |  |  |
| Mortgage Insurance Premium |  |  |  |
| Title and Recording |  |  |  |
| Financing (soft cost) Contingency |  |  |  |
| CDA Legal Fee |  |  |  |
| Other Lender’s Legal Fee |  |  |  |
| Other: |  |  |  |
| Other: |  |  |  |
| **Total Financing Fees & Charges** | | | **$** |

**DEVELOPMENT ASSISTANCE PROGRAMS**

**APPLICATION**

**PART 2**

**PROJECT DETAILPART 2**

**PROJECT DETAIL**

***(provide the narrative response and any attachments requested behind the Tabs as indicated)***

**I. Project Outline *(TAB 12*)**

A. Provide a brief description of the proposed activity, including the type of project or facility, the number of housing units or beds to be provided and the target population the project will serve. If the project involves expanding an existing facility, identify how many units or beds currently exist and how many will be created using the funding applied for. Describe the proximity of basic services to the project site, such as police, fire, emergency, medical, public transportation and social services.

B. Provide a detailed description of the policies, procedures and eligibility requirements you will implement for the proposed activity.

C. Attach a copy of the proposed resident lease or agreement.

**II. Needs Assessment *(Tab 13)***

A. Describe the need for the proposed housing project in your area. Include information detailing existing housing and economic conditions. Summarize or cite evidence from public sources to document the need. Such documentation may include citations and references from the U.S. Census, the local Consolidated Plan, local or regional housing studies that refer to the target population, or newspaper articles.

B. How does your organization intend to market the project?

**III. Community Involvement and Impact *(Tab 14)***

A. Explain how long and in what manner your organization has served the community in which the project will be located. Describe any support the proposed project has received from local governmental officials, neighborhood groups or community associations, public agencies and potential project residents and project neighbors. Attach copies of any evidence of such support.

B. Describe how your project will contribute to the social, economic, or physical revitalization of the neighborhood or community in which it is located. Examples of a contribution may include collaboration with local officials in a community improvement or commercial area revitalization district program, or collaboration with a local social service provider to provide services that are currently unavailable to the community at large.

**IV. Applicant Ability *(Tab 15)***

A. Describe the objective, management structure and staffing of your organization. Explain your organization’s experience and ability to implement, administer and manage affordable housing projects. Describe your ability and plan to satisfy all long-term monitoring and reporting requirements required by state and federal regulations.

B. Provide a schedule of any facilities that you currently operate. Include information such as location, type of project, number of persons served, and length of years in operation.

C. Indicate those members of your organization’s Board who have experience in affordable housing projects, and in particular the type of activity for which you are applying for funding. What were their respective roles in past projects?

**V. Supportive Services *(Tab 16)***

A. What supportive services does your project plan to provide to its residents?

B. Describe the procedures for screening, intake and orientation of potential residents. Describe how new residents are assessed in order to determine their supportive service needs. Explain how the supportive services will help the resident move toward self-sufficiency. Describe the policies or procedures for discharge and for follow-up aftercare.

C. If services are to be provided, list the service agencies currently under contract and attach a copy of the agreement(s). If there is no contractual agreement, attach a letter from the service provider explaining what services they will be providing to the residents of the project. List the following information for all supportive service providers: name of service provider; address; telephone number; if service is offered on-site or off-site, and type of service to be provided.

**VI. Set-Aside Income Category**

Please indicate the number and percentage of units set aside for homeless persons in the table below.

|  |  |  |
| --- | --- | --- |
| **Description** | **# of Units** | **% of Total** |
| Number of units occupied by tenants who are homeless |  |  |
| **Total** | **Units** | **Units** |

**VII. Accessibility Requirements *(Tab 17)***

A minimum of 5% of the project units (no less than one unit) and 100% of the common areas must be fully wheelchair accessible as defined by the Uniform Federal Accessibility Standards. Describe the number of units to be set-aside to meet the accessibility requirements and any features of the project that will promote accessibility for people with physical disabilities, such as ramps, doorways, hallways, bathrooms, elevators, hardware and fixtures, signage in Braille, TTD’s or TTY’s, or audio/visual emergency systems.

**DEVELOPMENT ASSISTANCE PROGRAMS**

**APPLICATION**

**PART 3**

**DESCRIPTION OF ATTACHMENTS**

**PART 3**

**DESCRIPTION OF ATTACHMENTS**

*(Items marked with an asterisk (\*) indicate that a form is supplied for your use in the Appendices)*

**Tab 1** Corporate Resolution\*, Incumbency Certificate\*, Contract Affidavit\* Assurance of Compliance with EEO...and other Requirements\*, Articles of Incorporation

and By-Laws.

*This material provides the Department with information to determine that the applicant has the legal authority to apply for funding for the proposed project.*

**Tab 2** 501(c)(3) designation letter *(not applicable for units of local government)*, Certificate of Good Standing from the Maryland Department of Assessments and Taxation, List of the Board of Directors, and Financial Statements for the past two years (if year-end statements are more than six months old, provide interim statements).

*This is additional documentation supporting the applicant’s legal, financial and administrative capacity to undertake the proposed activity.*

**Tab 3** Location map, color photos, and directions to the site from the nearestinterstate and/or interchange.

*Mark the site clearly on the location map. Also highlight any area amenities, such as schools, parks, shopping and public transportation.*

*Smart Growth – New construction projects must be located in a Smart Growth area.*

**Tab 4** Evidence of site control

*Provide evidence of site control in the form of a deed, contract of sale, lease with purchase option or other form acceptable to the Department.*

**Tab 5** Evidence of proper zoning.

*Provide a letter from the local zoning office indicating that the project is properly zoned for its intended use. If a zoning change, variance or exception is required, provide documentation from the local zoning office describing the required approval**process and provide a detailed schedule for obtaining the approval.*

**Tab 6** - Preliminary Plans and Specifications, CDA Form 212 - Summary Cost Estimates, and Evidence of Availability of Utilities.

• *Preliminary plans and specifications, including: site plan showing all existing structures on the site, and the location of proposed structures; elevation drawings of the front, rear and one side of all proposed buildings; schematic floor plans at 1/8 inch or 1/4 inch scale indicating the proposed layout for each floor; typical unit layouts at 1/4 inch scale indicating room dimensions, equipment location, and any special features; and, outline specifications or summary scope of work providing a brief description of the planned construction methods and materials to be used.*

*• CDA Form 212\* - Summary Construction Cost Estimate*

*• Provide a letter from the respective utility providers evidencing the availability of public utilities, including water, sewer, electricity and other utilities as required.*

**Tab 7** Project Work Schedule

*A schedule showing projected time frames for the commencement and completion of each stage of the development period (including planning, construction, and occupancy).*

**Tab 8**  Evidence of Capital Financing Commitments

*Documentation (letters of commitment or interest) from the other capital financing sources necessary to undertake the proposed activity. This information should include a contact name and phone number, and the amount, rate, terms and conditions of the financing. Also include any letters evidencing gifts of trade, craft or professional services made to the project.*

**Tab 9** Evidence of Operating Funds

*Documentation (letters of commitment, contractual agreements) from identified sources of funds necessary to implement and operate your project. This information should include a contact name and phone number, and the amount, length of availability of funding and any restrictions on the use of the funds.*

**Tab 10** Development Team Resumes or Corporate Profiles

*Provide information on all members of the Development Team identified in the application. Also provide copies of any executed contracts with any member of the development team for which a contractual agreement exists.*

**Tab 11** Relocation/Displacement Plan (if applicable)

*If the project involves rehabilitation of occupied housing, you must attach a plan that fully addresses the procedures you will implement to temporarily or permanently relocate tenants during the rehabilitation. Provide details on all costs you will pay and expenses for which the tenants will be reimbursed.*

**The following items refer to the information requested**

**in Part II - Project Detail Section**

**Tab 12** Project Outline

*Provide a narrative response and a copy of the proposed resident lease or agreement.*

**Tab 13** Needs Assessment

*Provide a narrative response and any applicable attachments in support of the need for your project.*

**Tab 14** Community Involvement and Impact

*Provide a narrative response and copies of any letters of support from local organizations or community associations or neighborhood groups who may be affected by the proposed project.*

**Tab 15** Applicant Ability

*Provide information on the structure, experience and capacity of your organization. Provide a schedule of facilities currently operated. Provide information on members of your Board with experience in affordable housing.*

**Tab 16** Supportive Services

*Describe the supportive services you will provide to your residents, as well as the intake, assessment and referral procedures. Attach copies of agreements with supportive service providers.*

**Tab 17** Accessibility Requirements

*Provide information on how your project will meet the accessibility requirements.*

Sponsor Name: (“Project Sponsor”)

Project No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MARYLAND

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

SHELTER AND TRANSITIONAL HOUSING FACILITIES GRANT PROGRAM

ASSURANCE OF COMPLIANCE

WITH EEO, CIVIL RIGHTS AND DRUG AND ALCOHOL FREE

WORKPLACE REQUIREMENTS

**THE PROJECT SPONSOR IDENTIFIED ABOVE HEREBY AGREES THAT IT WILL COMPLY WITH**:

A. Title VI of the Civil Rights Act of 1964 (the "Act"), as amended, to the end that, in accordance with Title VI of the Act, no person in the United States shall, on the ground of race, color, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant-Recipient receives financial or technical assistance from the Department of Housing and Community Development of the State of Maryland.

B. Title VII of the Civil Rights Act of 1964, as amended, to the end that, in accordance with Title VII of that Act, it shall be an unlawful employment practice for an employer:

1. to fail or refuse to hire or to discharge any individual, or otherwise discriminate against any individual with respect to his compensation, terms, conditions, or privileges of employment, because of such individual's race, color, religion, sex or national origin;

2. to limit, segregate, or classify his employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect his status as an employee because of such individual's race, color, religion, sex, or national origin.

C. Title VIII of the Civil Rights Act of 1968, as amended, to the end that, it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States.

D. The Federal Fair Housing Amendments Act of 1988, 42 U.S.C. 3601 et. seq., as amended (the "Fair Housing Amendments Act"), to the end that it shall be unlawful to discriminate based on race, color, religion, sex, handicap, familial status, or national origin, in connection with rental, sales or financing of residential real property (as those terms are defined in the Fair Housing Amendments Act).

E. Article 49B of the Annotated Code of Maryland, as amended, which establishes the Maryland Human Relations Commission and prohibits discrimination in employment and residential housing practices.

F. State of Maryland Executive Order 01.01.1989.18 relating to drug and alcohol free workplaces for non-State entities, promulgated November 28, 1989.

G. The Secretary's Policy Statement on Equal Opportunity, to the end that, the Department shall not knowingly approve grants of financial or technical assistance to recipients who are engaged in discriminatory employment practices.

H. The Secretary's Minority Business Enterprise Program which establishes a program to provide opportunities for minority contractors and vendors to participate in Department Programs; and the minority business enterprise plan submitted by or on behalf of Project Sponsor as approved by the Department's Equal Opportunity Officer, provided, however, that this Paragraph H shall not apply in the event that a statement is attached hereto from the Project Sponsor's equal opportunity officer stating that the general contractor is in compliance with local minority business participation programs or objectives.

I. The Department’s Relocation Policy where applicable.

J. All other related applicable Federal and State laws, regulations and rules.

**THE PROJECT SPONAOR HEREBY GIVES ASSURANCE THA**T it will immediately take any measures to effectuate this agreement.

**THIS ASSURANCE** is given on the date below, in consideration of and for the purpose of obtaining and shall continue for the period of any State financial or technical assistance extended after the date hereof to or on behalf of the Project Sponsor by the Department of Housing and Community Development of the State of Maryland. The Project Sponsor recognizes and agrees that such State financial or technical assistance will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Applicant-Recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Project Sponsor.

**WITNESS/ATTEST**: **APPLICANT-RECIPIENT**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Name and Title should match Name/Title of a person authorized by the Corporate Resolutions and Incumbency Certificate]

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CONTRACT AFFIDAVIT

**A. AUTHORIZED REPRESENTATIVE: I HEREBY AFFIRM THAT** I am the \_\_\_\_\_\_\_\_\_\_\_\_ (title) and the duly authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

**B. CERTIFICATION OF CORPORATION REGISTRATION AND TAX PAYMENT:**

I FURTHER AFFIRM THAT:

(1) The business named above is a [corporation] [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] formed in [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Maryland] [(other state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)] and registered in accordance with the Corporations and Associations Article, Annotated Code of Maryland, and that it is in good standing and has filed all of its annual reports, together with filing fees, with the Maryland State Department of Assessments and Taxation, and that the name and address of its resident agent filed with the State Department of Assessments and Taxation is: [[1]](#footnote-1)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Except as validly contested, the business has paid, or has arranged for payment of, all taxes due all government entities including the State of Maryland and has filed all required returns and reports with the Comptroller of the Treasury, the State Department of Assessments and Taxation, and the Department of Labor, Licensing and Regulation (DLLR), and all other taxing authorities, as applicable, and will have paid all withholding taxes due to the State of Maryland prior to final settlement.

**C. AFFIRMATION REGARDING BRIBERY CONVICTIONS: I FURTHER AFFIRM THAT** neither I, nor to the best of my knowledge, information, and belief, the above business, (as defined in §16-101(b) of the State Finance and Procurement Article of the Annotated Code of Maryland), nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with the public bodies (as defined in §16-101(f) of the State Finance and Procurement Article of the Annotated Code of Maryland), has been convicted of, or has had probation before judgment imposed pursuant to Article 27, §641 of the Annotated Code of Maryland, or has pleaded nolo contendere to a charge of, bribery, attempted bribery, or conspiracy to bribe in violation of Maryland law, or of the law of any other state or federal law, except as follows [indicate the reasons why the affirmation cannot be given and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the

sentence or disposition, the name(s) of the person(s) involved, and their current positions and responsibilities with the business]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**D. AFFIRMATION REGARDING OTHER CONVICTIONS: I FURTHER AFFIRM THAT** neither I, nor to the best of my knowledge, information, and belief, the above business, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has:

(a) been convicted under the state or federal statute of a criminal offense incident to obtaining, attempting to obtain, or performing a public or private contract, fraud, embezzlement, theft, forgery, falsification or destruction of records, or receiving stolen property;

(b) been convicted of any criminal violation of a state or federal antitrust statute;

(c) been convicted under the provisions of Title 18 of the United States Code for violation of the Racketeer Influenced and Corrupt Organization Act. 18 U.S.C. §§1961, et seq., or the Mail Fraud Act, 18 U.S.C. §§1341, et. seq., for acts arising out of the submission of bids or proposals for a public or private contract;

(d) been convicted of a violation of the State Minority Business Enterprise Law, Section 14-308 of the State Finance and Procurement Article of the Annotated Code of Maryland;

(e) been convicted of conspiracy to commit any act or omission that would constitute grounds for conviction or liability under any law or statute described in subsection (a), (b), (c), or (d) above;

(f) been found civilly liable under a state or federal antitrust statute for acts or omissions in connection with the submission of bids or proposals for a public or private contract.

1. admitted in writing or under oath, during the course of an official investigation or other proceeding, acts or omissions that would constitute grounds for conviction or liability under any law or statute described above, **except as follows** [indicate reasons why the affirmations cannot be given, and list any conviction, plea, or imposition of probation before judgment with the date, court, official or administrative body, the sentence or disposition, the name(s) of the person(s) involved and their current positions and responsibilities with the business, and the status of any debarment]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **AFFIRMATION REGARDING DEBARMENT: I FURTHER AFFIRM THAT**  neither I, nor to the best of my knowledge, information, and belief, the above business, nor any of its officers, directors, or partners, nor any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, **except as follows** [list each debarment or suspension providing the date of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the business, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES**:

**I FURTHER AFFIRM THAT:**

(1) The business was not established to, nor does it operate and it does not operate in a manner designed to, evade the application of or defeat the purpose of debarment pursuant to §§16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and

(2) The business is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred business, except as follows [indicate the reasons(s) why the affirmations cannot be given without qualification]:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**G. SUB-CONTRACT AFFIRMATION: I FURTHER AFFIRM THAT** neither I, nor to the best of my knowledge, information, and belief, the above business, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

**H. ACKNOWLEDGEMENT: I ACKNOWLEDGE THAT** this Affidavit is to be furnished to the Department of Housing and Community Development and may be distributed to units and agents of (1) the State of Maryland; (2) counties or other subdivisions of the State of Maryland; (3) other states and their subdivisions; and (4) the federal government. I further acknowledge that this Affidavit is subject to applicable laws of the United States and the State of Maryland, both criminal and civil, and that nothing in this Affidavit or any agreement resulting from the submission of this [application] shall be construed to supersede, amend, modify, or waive, on behalf of the State of Maryland, or any unit or agent of the State of Maryland having jurisdiction, the exercise of any statutory right or remedy conferred by the Constitution and the laws of Maryland with respect to any misrepresentation made or any violation of the obligations, terms and covenants undertaken by the above business with respect to (1) this Affidavit, (2) the proposed contract, and (3) other Affidavits comprising part of the proposed contract.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions for Completing Department Of Housing And Community Development’s Transitional Housing Facilities Grant Program Incumbency Certificates And Corporate Resolutions**

Incumbency Certificate

1. On the first line, insert the name of the acting Secretary of the Corporation

2. In Section 1, insert the full legal name of the Corporation.

3. In Section 2, select the correct option based on the corporate resolution. If the resolution was adopted by unanimous consent, select the first option; if the resolution was passed at a meeting, select the second option. In either case, insert the date as provided in the resolution.

4. In Section 4, select the correct option based on whether the Articles of Incorporation and Bylaws of the Corporation have previously been submitted to the Department’s Shelter and Transitional Housing Facilities Grant Program. If the Articles of Incorporation and Bylaws have not been previously submitted to the Department’s Shelter and Transitional Housing Facilities Grant Program, select the first option. Attach and label as Exhibit B and C current and complete copies of the Articles of Incorporation and Bylaws of the Corporation. If the Articles of Incorporation and Bylaws have been previously submitted to the Department’s Shelter and Transitional Housing Facilities Grant Program, select the second option. Please verify that the Articles of Incorporation and Bylaws have not been amended, rescinded or modified since the time that they were previously submitted to the Department’s Shelter and Transitional Facilities Grant Program.

5. In Section 5, insert the name and title of all persons authorized in the resolution to act on behalf of the Corporation. Only individuals in the positions authorized in the resolution should be named here. For example, if the resolutions authorized only the president and executive director to act on behalf of the corporation, under the name column, insert the name of the person actually in that position, under title, insert the correct office of that person. Then each person so authorized must sign the certificate next to his or her name and signature column.

6. The Secretary of the Corporation must sign and date the certificate at the bottom of the page.

Corporate Resolution

1. At the top of Page 1, insert the full, legal name of the corporation.

2. In Section I, select either A or B by checking the line in front of the selection. Option A is for corporations which authorized the action at a meeting. Option B is for corporations which authorized the action without a meeting, but obtained the approval of all board members.

3. In Section II, paragraph 1:

a. insert the amount of the funding requested.

b. strike and initial the type of work to be done on the project. For example, if the project will be for rehabilitation only, strike the words construction and acquisition.

c. Insert the name of the County (or Baltimore City) where the project will be undertaken

d. Insert the titles of the officers who are authorized to act on behalf of the Corporation in connection with the loan. These will be the only persons who may sign loan documents or other agreements with the Department. Typical officers with this authority are one or more of the following: president, vice president, secretary, treasurer, executive director.

4. In Section III, select either option A or B. This must be consistent with your choice in Section I. If the resolution was passed at a board meeting, option A should be selected and completed by the Secretary of the Corporation. If the resolution was passed by unanimous consent, without a meeting, option B should be selected and all directors must sign and the resolution should be dated as of the last signature.

INCUMBENCY CERTIFICATE

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby certify that:

1. I am the duly elected and acting Secretary of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a corporation organized and existing in good standing under the laws of the State of Maryland (the "Corporation");

2. Attached hereto as Exhibit A is a true and correct copy of resolutions which were duly adopted: [**CHECK ONE OF THE FOLLOWING AND COMPLETE**]

\_\_\_ by unanimous consent of the Board of Directors of the Corporation on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_, 20\_\_; **OR**

\_\_\_ by resolution of the Board of Directors at a meeting held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

3. The attached resolutions have not been amended, rescinded or modified and are in full force and effect on the date hereof in the form originally adopted, and are in conformity with the Charter/Articles of Incorporation and By-Laws of the Corporation; and

4. **[CHECK ONE OF THE FOLLOWING AND COMPLETE]**

(a) \_\_\_ The Charter/Articles of Incorporation, attached hereto as Exhibit B, and the Bylaws of the Corporation, attached hereto as Exhibit C, have not been amended, rescinded, or modified and are in full force and effect on the date hereof;  **OR**

(b) \_\_\_ The Charter/Articles of Incorporation dated \_\_\_\_\_\_\_\_\_, as amended on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_ and the Bylaws dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as amended on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_, all of which have previously been submitted to the Department, have not been amended, rescinded or modified and are in full force and effect on the date hereof.

5. The following persons are duly elected, qualified and acting officers of the Corporation in the capacity indicated, and the signatures set forth after their names and titles are their true and genuine signatures:

|  |  |  |
| --- | --- | --- |
| Name | Office | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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WITNESS, my signature and the seal of the Corporation this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SEAL)

Secretary

Exhibit A

[Name of Corporation]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the “Corporation”)

**CORPORATE RESOLUTION/CONSENT OF DIRECTORS**

**[I. SELECT APPROPRIATE PARAGRAPH AND CHECK ONE; FILL IN INFORMATION]**

A. \_\_\_\_ I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, Secretary of the Corporation, do hereby certify that the following resolutions were adopted by the Board of Directors at a meeting of the Board of Directors:

B. \_\_\_\_ Pursuant to the provisions of Section 2-408 of the Maryland General Corporation Law, we, the undersigned, constituting all of the Directors of the Corporation do hereby consent to the following action required or permitted to be taken at a meeting of the Directors of the Corporation, as having been unanimously adopted by a vote of all of the Directors, without the necessity of any formal meeting being held:

**[II. FILL IN INFORMATION FOR RESOLUTION; CROSS OUT INAPPLICABLE LANGUAGE]**

RESOLVED: That the Corporation is hereby authorized to apply for and accept a $\_\_\_\_\_\_\_\_ Shelter and Transitional Housing Grant Program grant from the Department of Housing and Community Development of the State of Maryland ("DHCD"), (the "Grant"), in connection with the [acquisition of] [pre-development costs of] [construction of] [rehabilitation of] certain property(ies) located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County [Baltimore City] Maryland (the “Project”), which Grant shall be upon those terms and conditions as the **[INDICATE AUTHORIZED OFFICERS]:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the Corporation (the “Authorized Officer(s)”) shall deem appropriate;

FURTHER RESOLVED: That the approval of this Board of Directors is hereby deemed conclusively evidenced by the execution of any and all documents required to effectuate the Grant and to effectuate the Project, including, without limitation, assignments, deeds, leases, notes, deeds of trust, building loan agreements, local administration agreements, guaranties, agreements and any other documents pertaining to the Grant or the Project, by the Authorized Officer(s) of the Corporation, and the Secretary or Assistant Secretary of the Corporation be, and each of them is, hereby authorized to attest the signatures of the Authorized Officer(s) and to certify a copy of these resolutions to any party having a valid interest therein;

FURTHER RESOLVED: That the inclusion in the referenced documents of a confession of judgement clause in favor of DHCD be and is hereby approved;

FURTHER RESOLVED: That the Authorized Officer(s) of the Corporation be, and hereby are, authorized to do any and all acts which in their judgement may be necessary or advisable to carry out the intent of these resolutions.

**[III. SELECT ONE OF THE FOLLOWING CONSISTENT WITH SECTION I]**

**[A. FOR RESOLUTION AT MEETING]**

WITNESS, my signature and the seal of the Corporation this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SEAL)

Secretary

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**[B. FOR RESOLUTION BY UNANIMOUS CONSENT]**

IN WITNESS WHEREOF, we have each signed this Consent of Directors, which may be signed in one or more counterparts, each of which, when taken together, shall constitute one and the same instrument, as of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

**[FOR UNANIMOUS CONSENT, ALL DIRECTORS MUST SIGN]**

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1. The Resident Agent must be an individual who is a resident of the State of Maryland, as provided in the Articles of Incorporation and registered with SDAT. [↑](#footnote-ref-1)