

Multi-Family Housing Substantial Rehabilitation Grant Program Funding Application

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Complete Application is to be filled out by all applicants to Program.

Section A. Applicant Information

<input type="checkbox"/>	If a joint venture, please complete a copy of this section for each partner and mark the box, as appropriate.*		
Applicant			
Contact Name			
Contact Title			
Mailing Address			
Street Address (If different from Mailing)			
City:		State:	Zip Code:
Telephone:		Facsimile:	Email:
Tax Status of Applicant/Partner		Form of Borrower Entity*	
<input type="checkbox"/>	Non-profit	<input type="checkbox"/>	General Partnership
<input type="checkbox"/>	For Profit	<input type="checkbox"/>	Limited Partnership
		<input type="checkbox"/>	Limited Liability Company
		<input type="checkbox"/>	Corporation
	Federal EIN:	<input type="checkbox"/>	Individual
*If borrower is a partnership, list the names, addresses and telephone numbers of all general and limited partners, and describe the interest(s) of each partner. If borrower is a corporation, list all shareholders owning more than 20 percent of the outstanding stock.			
Property Manager			
Mailing Address			
Street Address (If different from Mailing)			
City:		State:	Zip Code:
Telephone:		Facsimile:	Email:

Please see NOFA for owner information that must be submitted with the application.

Section B. Project Information

Funding Request

Amount of Agency Funds Requested: \$

Project Location

Project Name	
Project Address	
City, State, Zip Code	
Tax Parcel Number	

Tab A- Applicant Certification

The undersigned Applicant hereby applies to the City of Lemoore Redevelopment Agency (Agency) for a housing grant. The undersigned is responsible for ensuring that the project will assist only qualified very low to moderate income housing as described in the application, and will satisfy all applicable local, State and Federal requirements in the rehabilitation to receive a commitment of Agency funds. The Applicant represents and certifies that the application has not requested more Agency funds than is necessary to provide the assistance described in this application.

The Applicant understands that the Agency will determine the eligibility of the project based, at least in part, on the information in and submitted with the application by the Applicant and the readiness of the program to proceed, as presented in the application. The Applicant is responsible for the accuracy of all information submitted. Misrepresentations, mistakes or omissions may be the basis for the cancellation of an award. The Applicant acknowledges and agrees that it will at all times cooperate with regard to request(s) for submittal of additional information from the Agency as necessary.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of the Agency after the date of commitment. The Applicant will give the Agency and any Agency authorized representative access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards. By executing this authorization and release, the Applicant does hereby authorize the Agency to obtain full and complete records, reports and/or information pertaining to the Applicant and this application.

The Applicant agrees that the Agency, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of law that the information set forth herein, and all material submitted by the Applicant to the Agency, are to the best of the Applicant's knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of Agency funds and to execute the proposed project.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by the Agency, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to disqualification. For the purposes of verification, the Applicant hereby authorizes the Agency to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by the Agency.

Applicant Name:

By:

Title:

Date:

Tab B - Project Description

The purpose of the Multi-Family Rehabilitation Program is to promote the creation and retention of affordable housing units and projects for very low to moderate income individuals and families throughout the City and encourages mixed income developments.

Rent and Income Targeting Proposed

Targeted Populations by Income Level	Total Number of Units in Project	% of Units in Project	Number of Agency-assisted Units in the Project	% of Agency-assisted Units
Households at or below 50% of AMI				
Households at or below 80% of AMI				
Households at or below 120% AMI				
Unrestricted Units				
Total Number of Units in Project:		100%		100%

List Current Loans or other Liens on the Property

- | | | | |
|----|-----------------|---------|----------|
| 1. | Date of Payoff: | Amount: | Payment: |
| 2. | Date of Payoff: | Amount: | Payment: |

Project Amenities

Amenities (current): _____

Amenities (proposed): _____

Are amenities for assisted units substantially equivalent to market-rate units? Yes No
 If no, explain the differences.

Are any units currently designed as accessible for individuals with disabilities? Yes No
 If no, will rehabilitation include modifications for accessibility? Yes No

Tenant Utilities

Please indicate which utilities the tenant is responsible for paying and the source of the utility, if applicable:

Heating?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so, is heating	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	Other: _____
Cooking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so, is cooking	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	Other: _____
Water Heating?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If so, is heating	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Electric	Other: _____
Water?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Does the tenant supply their own appliances:					
Sewer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Range	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

Trash? Yes No

Refrigerator Yes No

Sources and Uses

Projected Operating Budget

For convenience, this Operating Budget form is provided. However, the applicant may use their own form provided the detail below is included.

Income	No. of Clients	Rent Per Month	Rent Per Year	
Tenant Rent				
Subsidy				
Other Income				
Less Vacancy				
Total Rental Income				

	Expense	Per Month	Per Year	Total
Administrative				
1	Telephone			
2	Advertising			
3	Insurance			
4	Licenses/Permits			
5	Legal/Audit			
6	Office Supplies			
7	Travel/Mileage			
8	Postage			
9	Total Administrative			
Building and Grounds				
10	Furniture and Fixtures			
11	Utilities-Electric & Gas			
12	Phone			
13	Water and Trash			
14	Insurance			
15	Maintenance & Repairs			
16	Grounds Maintenance			
17	Exterminating			
18	Small Tools and Equipment			
19	Miscellaneous			
20	Total Buildings and Grounds			
Payroll				
21	Salaries			
22	Fringe Benefits			
23	Taxes and Workman's Comp			
24	Total Payroll			
25	Total Operational Expenses			

