

RENTAL HOUSING PROGRAMS APPLICATION

St. Louis Home Consortium

Date: _____

I. General Information

◆ Development Information

Development Name: _____

Street Address: _____

St. Louis, MO Zip Code: _____ Ward: _____ Census Tract: _____

- Are you applying for:
- Low Income Housing Tax Credits (LIHTC)
 - Missouri Affordable Housing Tax Credits (AHAP)
 - Historic Rehabilitation Tax Credits (RTC)

If yes, submit copy of application.

Please check all of the following types of development activities that apply to this project.

- Acquisition
- Demolition
- Rehabilitation
- New Construction

Percent Occupied: _____ %

◆ Assistance Request Information

OCD Rental Housing Program Request:

For-Profit Developer: Loan \$ _____

Not-For-Profit Developer Loan \$ _____

Grant \$ _____

◆ Developer Information

Entity Name: _____ Federal I.D. #: _____

Contact Person: _____ Phone: () _____

Address: _____ Fax: () _____

City: _____ State: _____ Zip: _____

- Legal Form:
- Individual
 - General Partnership
 - Limited Partnership
 - For-Profit Corporation
 - Non-Profit Corporation
 - Other _____

Is this firm a certified Minority-owned Business Enterprise (MBE)? Yes No
 If yes, list Certification Number: # _____

Is this firm a certified Women-owned Business Enterprise (WBE)? Yes No
 If yes, list Certification Number: # _____

◆ **General Partner/Corporate Officer Information (if applicable)**

(List Managing General Partner on first line.)

Name: _____	Fed. ID/Soc. Sec. # _____	Owens: _____	% _____
Name: _____	Fed. ID/Soc. Sec. # _____	Owens: _____	% _____
Name: _____	Fed. ID/Soc. Sec. # _____	Owens: _____	% _____

Is this entity a certified Minority-owned Business Enterprise (MBE)? Yes No
 If yes, list Certification Number: # _____

Is this entity a certified Women-owned Business Enterprise (WBE)? Yes No
 If yes, list Certification Number: # _____

Will development be owned or sponsored by:

Community Based Development Organization (CBDO)? Yes No
 Is the CBDO designation from OCD? Yes No
 Community Housing Development Organization (CHDO)? Yes No
 Is the CHDO designation from OCD? Yes No

Has the developer completed any other residential development project? Yes No

If yes, please answer the following:
 How many projects has the developer completed? # _____

How many dwelling units has the developer been responsible for producing?
 New Construction # _____ units Rehab # _____ units

List completed projects:

Project Name	Address	New Rehab		For-Sale Rental		Low/Mod	Mrkt Rate	# Units	Total Development Cost
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

II. Development Team Information

	Name	Address	Phone	Certified MBE WBE	Certification Number
Contractor:	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	# _____
Consultant:	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	# _____
Attorney:	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	# _____
Tax Accountant:	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	# _____
Architect:	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	# _____
Engineer:	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>	# _____

Track record of prime contractor — list the contractor's five most recently completed projects:

Track record of architect — list the architect's five most recently completed projects:

Does developer or owner hold a direct financial interest in any development team member listed above?

Yes No

If yes, provide details of the relationship: _____

Is the Developer, Sponsor, or any other Development Team Member listed on the previous page, including any of their owners or partners, currently debarred from Federal contracting opportunities by any agency of the Federal Government?

Yes No

If yes, please provide details: _____

Has the Developer, Sponsor, or any other Development Team Member listed on the previous page, including any of their owners or partners, ever been debarred from Federal contracting opportunities by any agency of the Federal Government?

Yes No

If yes, please provide details: _____

III. Non-Profit Determination

To qualify as a non-profit, the sponsor must materially participate in the development and operation of the development; the non-profit must be involved in the operations of the activity on a basis that is regular, continuous, and substantial.

Is the sponsor of the proposed development a non-profit? Yes No

If yes, is the non-profit designation registered with the State of Missouri? Yes No

Has a non-profit determination been made by the Internal Revenue Service? Yes No

If yes, please indicate your Internal Revenue Code designation:

- IRC - 501(a) IRC - 501(c)(4) Other _____
- IRC - 501(c)(3) IRC - 905

Is "fostering low-income housing" listed among the purposes of non-profit's Articles of Incorporation? Yes No

Please provide a copy of your Articles of Incorporation, By-Laws, Certificate of Incorporation and Certificate of Corporate Good Standing.

Explain the role and activities of the non-profit sponsor in the construction and ownership phases of the development.

None Provided Central Forced Air Other _____
 Domestic Hot Water
 Single Unit Supply Shared Supply electric gas propane

◆ **Equipment included with Income Restricted Units**

Microwave Refrigerator Kitchen Exhaust Duct Fireplace
 Range & Oven Ceiling Fans Common On-site Laundry Balcony
 Garbage Disposal Carpet Laundry Hook-ups Security Alarm
 Dishwasher Blinds/Drapes Laundry Equip. in unit Other: _____

◆ **Equipment included with Other Units**

Microwave Refrigerator Kitchen Exhaust Duct Fireplace
 Range & Oven Ceiling Fans Common On-site Laundry Balcony
 Garbage Disposal Carpet Laundry Hook-ups Security Alarm
 Dishwasher Blinds/Drapes Laundry Equip. in unit Other: _____

V. Site Information

Form of Site Control: Option Contract Deed

Date of Acquisition: _____ Expiration date of option or contract: _____ Price: \$ _____

Site Area (purchased in this transaction): _____ Sq. Ft.

Site Area (utilized for the proposed development): _____ Sq. Ft.

Seller's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Arms-Length Transaction? Yes No

Explain the relationship between buyer and seller. Provide sales contract from last arms-length transaction. If the sales contract cannot be provided at the initial application stage, it will be a requirement to receive a firm Financing Commitment.

Of the above, list those properties on which there is an existing mortgage and provide the approximate amount of the loan outstanding.

Address	Mortgage Balance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Does current site zoning allow residential use? Yes No

If no, please explain what steps have been or will be taken to obtain zoning approval.

Will the current site(s) require lots to be subdivided? Yes No

Are the following utilities now located on the site?

Public Water Supply	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	_____	Feet from Site
Public Sewer System	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	_____	Feet from Site
Natural Gas Distribution System	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	_____	Feet from Site
Electric Power System	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	_____	Feet from Site
Cable Television System	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	_____	Feet from Site
Telephone System	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	_____	Feet from Site

Are the following conditions present at the proposed development site?

All or part in 100-yr. floodplain	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	Standing water	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
Railroad tracks within 300 feet	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	Creek, lake, river frontage	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
High tension wires	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	Ravines or steep grades	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
High noise levels	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	Industrial sites	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No
Hazardous waste sites	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No	Commercial sites	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<input type="checkbox"/>	No

Other unusual site conditions (please describe):

Is there anything in proximity to the project that could have a noteworthy positive impact on the marketability of this development? Please describe:

Are any project buildings in a National or City historic district? Yes No

Are any project buildings within 300 feet of a park? Yes No

VI. Development Rents

Rents are a critical factor in determining development feasibility. In completing the rental information on the following pages, the sponsor should anticipate the base rents that will be in effect as of the date the units will be completed and available for occupancy.

The amount of rent to be charged is considered to be the total cash receipts expected to be received from the tenants or any other source on behalf of the tenants.

OCD will pursue all means necessary to enforce both rent limitations which will include but may not be limited to preventing the owner from participating in any further programs administered by OCD and notification of non-compliance to the Department of Housing and Urban Development or the Internal Revenue Service (if applicable).

◆ **Unit Rents**

Enter your proposed net rents for units in the development.

Unit Type	# of Units	Net Rent per Unit	Monthly Rent per Unit Size	Avg. Floor Area (net sq. ft.)	Subsidized CDBG/HOME Unit	Tax Credit Unit	Non-Subsidized Unit
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BR	Bath	\$ _____	\$ _____	sq.ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Rental Income:			\$ _____				
Non-Rental Income:			\$ _____				
Less Vacancy Allowance of:			(\$ _____)	_____ %			

Effective Monthly Income: \$ _____
 Effective Annual Income \$ _____
 What is the expected annual increase in net rent? _____ %

◆ **Monthly Utility Allowances**

Complete the following table of allowances for tenant paid utilities:

Expense Item	Elec.	Gas	Prop.	Paid By		Allowance by number of bedrooms				
				Owner	Tenant	0-BR	1-BR	2-BR	3-BR	-BR
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Water/Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Trash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____

Utility Provider Name: _____
 Local PHA Name: _____
 Other Name: _____

Source of utility allowance data:

◆ **Employee and Model Units**

Number of employee units planned: _____ Number of permanent model units planned: _____
 Included in unit count Included in unit count

Unit Type	Number of Units	Monthly Net Rent Reduction per Unit	Total Monthly Rent Reduction	Average Floor Area (square feet)
_____ BR	_____ units	\$ _____	\$ _____	_____ sq.ft.
_____ BR	_____ units	\$ _____	\$ _____	_____ sq.ft.
Total Monthly Rental Income Foregone			(\$ _____)	

◆ **Rental Assistance Information**

Do you expect to receive or are you currently receiving any rental subsidies for this development?

Yes No

If you answered yes, please check the types of subsidy expected:

Section 8 Moderate Rehabilitation

Section 8 Project Based Assistance

Other: _____

Number of units expected to receive assistance: _____ units

Number of years in assistance contract: _____ years

VII. Annual Operating Expense Budget

List number of employees by function: Office _____ Leasing _____ Maintenance _____
 Janitorial _____ Ground _____ Total Number of Employees _____

◆ **Administrative**

Accounting \$ _____
 Advertising \$ _____
 Legal Fees \$ _____
 Leased Furniture \$ _____
 Management Fee \$ _____
 Management Salaries & Benefits \$ _____
 Non-Residential Unit Rent \$ _____
 Office Supplies & Postage \$ _____
 Telephone \$ _____
 Miscellaneous Administrative Costs \$ _____

Subtotal - Administrative \$ _____

◆ **Maintenance**

Vacant Unit Preparation \$ _____
 Exterminating \$ _____
 Grounds \$ _____
 Maintenance Salaries & Benefits \$ _____
 Maintenance Supplies, Tools & Equipment \$ _____
 Pool \$ _____
 Repairs \$ _____
 Elevator Maintenance \$ _____
 Contract Service (describe) \$ _____
 Other: \$ _____

Subtotal - Maintenance \$ _____

◆ **Operating**

Owner-Supplied Cable TV \$ _____
 Owner-Supplied Electricity \$ _____
 Water and Sewer \$ _____
 Owner-Supplied Natural Gas \$ _____
 Garbage Collection \$ _____

Security	\$		
Other:	\$		
Subtotal - Operating			\$
◆ Fixed			
Real Estate Taxes (@ _____ mils)	\$		
Assessed Value _____ Rate _____	\$		
Insurances	\$		
Other Tax Assessments (Personal Property Taxes)	\$		
Other:	\$		
Subtotal - Fixed			\$
Total Annual Operating Expenses			\$
Annual Replacement Reserve Contribution			\$
Total Annual Operating Expenses & Reserve Payments			\$
Per Unit			\$

VIII. Proposed Sources and Uses of Funds

◆ **Proposed Sources of Funds**

Construction and Bridge Financing

Name of Lender, Investor or Funding Source	Amount	Interest Rate
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total	\$ _____	

◆ **Proposed Permanent Financing**

Name of Lender or Investor	Amort. Period (in months)	Loan Term	Amount	Interest Rate	Annual Debt Service
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
_____	_____	_____	\$ _____	_____ %	\$ _____
Federal Low-Income Housing Credit Equity Proceeds			\$ _____		
State Low-Income Housing Credit Equity Proceeds			\$ _____		
Historic Rehab Credit Equity Proceeds			\$ _____		

Other Cash Equity \$ _____
Totals \$ _____

Total Debt Service \$ _____

◆ **Government Subsidy**

If any of your development financing sources are provided directly or indirectly with Federal, State or local government funds (other than financing being requested by this application), enter the amounts in the following table.

	Loans		Grants
Tax Exempt Bonds	\$ _____	State Government	\$ _____
CDBG <input type="checkbox"/> State	\$ _____	CDBG <input type="checkbox"/> State	\$ _____
<input type="checkbox"/> From other local jurisdiction	\$ _____	<input type="checkbox"/> From other local juris.	\$ _____
MO. Housing Trust Fund	\$ _____	MO. Housing Trust Fund	\$ _____
HOME <input type="checkbox"/> State	\$ _____	HOME <input type="checkbox"/> State	\$ _____
<input type="checkbox"/> From other local jurisdiction	\$ _____	<input type="checkbox"/> From other local juris.	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____

◆ **Tax-Exempt Bond Financing**

If tax-exempt financing is to be used, what percentage of the total development cost will be financed with the proceeds of the Tax-Exempt Bonds Funds? _____ %

Will the proposed tax-exempt bond funding be:

new issue re-funding of an existing tax-exempt bond issue

What minimum low-income set-aside election will be made for purposes of satisfying the tax-exempt bond requirements?

20/50 _____ 40/60 _____

What entity is proposed to be the issuer of the bonds? _____

Has an inducement resolution been obtained from the bond issuer? Yes No

How will the bonds be credit-enhanced and what entity will provide the credit enhancement?

How does the sponsor anticipate that the bonds will be marketed?

Is there an investment banking entity that has been involved with the development financing process that is intended to be the bond underwriter? Yes No

What is the name and telephone number of the bond counsel for the transaction?

Name: _____ Phone: () _____

◆ **Existing Loan Subsidies in Developments to be Acquired**

Does your development plan include acquisition of units with existing subsidies? Yes No
 If yes, please indicate the kind of existing subsidy.

HUD Program _____
 Program Description _____

Other _____
 Program Description _____

Does your development plan seek to preserve federally-assisted low-income housing which would otherwise convert to market rate use through mortgage prepayment, foreclosure or expiring subsidies? Yes No

◆ **Proposed Uses of Funds**

For Site Work

- 1. Site Work _____
- 2. Off-Site Improvement _____
- 3. Demolition _____

For Rehabilitation and New Construction

- 4. New Building _____
- 5. Rehabilitation _____
- 6. Accessory Building _____
- 7. General Requirements (Including Construction _____
- 8. Builder's Overhead Assurance Bond or _____
- 9. Builder's Profit Letter of Credit) _____
- 10. Other _____
- 11. Other _____

Base Construction Cost (Total of Lines 1 - 11) _____

For Contingency

- 12. Construction Contingency _____

For Professional Fees

- 13. Architect and Engineering Fee - Design _____
- 14. Architect Fee - Supervision _____
- 15. Property Survey Fee _____
- 16. Engineering Fee (Geotechnical) _____
- 17. Engineering Fee (Environmental) _____
- 18. Attorney Fee _____

19. Consultant or Processing Agent	_____
20. Other	_____
21. Other	_____
For Interim Costs	
22. Construction Period Property Insurance	_____
23. Construction Interest (# of months) _____	_____
24. MHDC Construction Loan Fee (1%)	_____
25. Conventional Construction Loan Fee	_____
26. Construction Period Real Estate Taxes	_____
27. Other	_____
For Financing Fees and Expenses	
28. Other	_____
29. Other	_____
30. Credit Report	_____
31. Other	_____
32. Title, Recording and Disbursing	_____
33. Owner's Cost Certification Fee	_____
34. Other	_____
Subtotal (lines 1-34)	_____
For Soft Costs	
35. Property Appraisal	_____
36. Market Study	_____
37. Environmental Report	_____
38. Other	_____
39. Other	_____
40. Relocation Costs	_____
41. Other	_____
42. Other	_____
For Syndication Costs	
43. Organizational (Partnership)	_____
44. Bridge Loan Fee and Expenses*	_____
45. Other	_____
46. Other	_____
For Developer's Fee	
47. Developer's Fee	_____
For Development Reserves	
48. Other: _____	_____
49. Working Capital (2% of loan amount)	_____
50. Other Reserve	_____
To Purchase Land and Building	
51. Land	_____

52. Existing Building

Subtotal (lines 35 - 52)

=====

Subtotal from previous page (lines 1 - 34)

=====

Total Uses of Funds**

=====

* This line item relates to the initial cost to obtain a bridge loan and should not include bridge loan interest.

** Total Proposed Uses of Funds must equal Total Proposed Sources of Funds on Page 15.

IX. Relocation Information

◆ Relocation is the moving of residential or commercial occupants from their current space.

Please indicate which statements apply to your proposed development:

- Building on undeveloped site. Yes No
- All buildings have been vacant for at least 90 days prior to the submission of this application. Yes No
- Some or all of the buildings are (or were) occupied within 90 days prior to the submission of this application. Yes No
- Will your development plans require any occupants to move temporarily?
 If yes, number of households to move temporarily. _____ Yes No
- Will your development plans require any occupants to move permanently?
 If yes, number of households to move permanently. _____ Yes No
- Will your development plans require any commercial occupants to move?
 If yes, number of commercial occupants to move. _____ Yes No

If you answered yes to any of the above questions, submit your relocation plan.

X. Supportive Services Information

(Attach copies of letter of intent from service providers.)

If you plan to provide supportive services to your tenants, please provide the following:

Description of the population to be served:

Description of the services to be provided:

Description of the intended benefits of the services to be provided:

XI. Development Schedule

For each item in the chart below, enter the month and year that the item was accomplished, or for future events, the month and year when that item is expected to be accomplished. These are only projections. If an item does not apply to your development, enter N/A.

	Activity	Month / Year
◆ Site	Option	/
	Contract	/
	Closing	/
	Zoning	/
	Site Analysis	/
◆ Construction Financing	Source: _____	
	Application Submission	/
	Conditional Commitment	/
	Firm Commitment	/
◆ Plans	Preliminary Drawings	/
	Working Drawings	/
◆ Construction Loan Closing		/
◆ Construction Start		/
◆ Marketing Start-Up		/
◆ Construction Complete		/
◆ All Units Occupied		/

XII. Certification

The Undersigned applicant(s) hereby each certify that, to the best of my/our knowledge, all of the information in this application and all supporting documentation is correct, complete and accurate. I/We further certify that:

1. The costs listed above are based upon firm bids or estimates and are reasonable and sufficient to complete the proposed development project.
2. The costs listed above include only those costs that are reasonable and directly necessary to the construction and financing of the project.
3. The developer understands that OCD makes no representations or warranties regarding the financial feasibility of the development and that any and all OCD financing of the development is solely based on representations made by the developer. I therefore agree to hold harmless and indemnify OCD and the individual directors, employees, members, officers, and agents of OCD in the event that the developer or anyone acting on the developer's behalf, at the developer's request or by and through the developer incurs any loss in conjunction with the development.
4. The developer will provide any funds necessary to complete the development of the project over and above those shown in the Sources of Funds form as available to complete the project and it has such funds available to pay such costs.
5. The developer agrees not to take its profit from the project assistance applied for in this application.
6. But for the project assistance being applied for in this application, this project would not be developed.
7. I understand and agree that my application for financing, all attachments thereto, and all correspondence relating to my application are subject to a disclosure request and I expressly consent to such disclosure. I further understand that any and all correspondence to me from OCD or other OCD-generated documents relating to my application are subject to a request for disclosure and I expressly consent to such disclosure. I agree to hold harmless OCD and the individual directors, employees, members, officers, and agents of OCD against all losses, costs, damages, expenses, and liability of whatsoever nature or kind (including, but not limited to, attorney's fees, litigation, and court costs) directly or indirectly resulting from or arising out of the release of all information pertaining to my application pursuant to a disclosure request.
8. The information presented should not be construed as a complete list of the regulations and requirements governing OCD financing through the For-Sale Housing Production Program. Upon filing an application, you acknowledge that you assume all risks of change in OCD's rules and regulations or policies concerning this program, together with any adverse effects upon you therefrom and any resulting costs thereof.
9. I understand that any misrepresentations in this application or supporting documentation may result in a withdrawal of OCD financing and my (and related parties) being barred from future program participation.
10. All Federal, State and local subsidies have been disclosed and revealed.
11. All information provided in the application and all documents submitted are true, correct, and complete, to the best of my knowledge.

Signatures

The developer further recognizes and accepts its obligation to notify OCD immediately if it becomes aware of any subsequent events or information which would change any statements or representations previously submitted to OCD.

WARNING: The funds which are the subject of this application are administered by the U.S. Department of Housing and Urban Development. Section 1012 of Title 18 of the United States Code provides, "Whoever, with the intent to defraud... makes any false statement to or for such department... shall be fined not more than \$1,000 or imprisoned not more than one year, or both."

APPLICANT(S)

Printed Name

Signature

Title

Date
