**Application for Financing and Certification**

**from Arundel Community Development Services, Inc.**

**for Community Housing Development Organization (CHDO) Rental Housing Projects**

Please provide the information requested below in detail. If additional pages are necessary, attach them to the application.

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| **ORGANIZATION** |  |
| CONTACT PERSON |  |
| MAILING ADDRESS  |  |
| CITY, STATE, ZIP CODE |  |
| TELEPHONE NUMBER |  | FAX NUMBER |  |
| SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER |
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| **STRUCTURE** | Is the organization a subsidiary of a for-profit organization? [ ] Yes [ ] NoIs the organization a government entity or controlled by a government entity? [ ] Yes [ ] No |
| **CHDO ROLE** | The organization must show capacity in **one** of the following roles in accordance with HOME Regulations §92.300 (2) – (6). Choose **one** role:* **[**  **] Owner:** **Owns and provides management services for CHDO project.** What organization will provide development services?

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security or Federal ID\_\_\_\_\_\_\_\_\_\_\_\_\_* **[** **] Developer: Owns and develops CHDO project.**

 * **[ ] Sponsor: Develops rental housing on behalf of another non-profit or CHDO and transfers title after completion of construction.**

Has an organization been identified that will own and provide management services for CHDO project after completion? [ ] Yes [ ] NoAn organization must be identified before commitment of HOME funds.Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security or Federal ID\_\_\_\_\_\_\_\_\_\_\_\_\_Is this organization a non-profit? [ ] Yes [ ] NoIs this organization an existing CHDO? [ ] Yes [ ] NoIs this organization a wholly-owned subsidiary of the CHDO applicant? [ ] Yes [ ] NoIs this organization in a limited partnership in which the CHDO applicant or its subsidiary is the sole general partner? [ ] Yes [ ] NoIs this organization in a limited liability company in which the CHDO applicant or its subsidiary is the sole managing member? [ ] Yes [ ] No |
| **STAFF CAPACITY** | Does organization have paid staff? [ ] Yes [ ] No If Yes, how many?­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cannot include volunteers, donated staff, or board members. |

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| **EXPERIENCE AND STAFF CAPACITY** |
| Describe the capacity of the organization to fulfill the responsibilities of the selected role (owner, developer, or sponsor). Describe experience and past projects. Describe the organization’s staff capacity including job description and expected responsibilities with the proposed CHDO project. Attach additional pages if necessary. |
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| The following information concerning minority and gender is requested for statistical purposes so we may determine the degree our programs are utilized by minority individuals and business. If a business, check the category applicable to 51% or more of the ownership. |
| **Borrower: I do not wish to furnish this information. \_\_\_\_\_\_\_(Initials)**[ ] American Indian / Alaska Native [ ] Asian/Pacific Islander [ ] Hispanic [ ] Black [ ] White[ ] Male [ ] Female |
| **Co-Borrower: I do not wish to furnish this information. \_\_\_\_\_\_\_(Initials)**[ ] American Indian / Alaska Native [ ] Asian/Pacific Islander [ ] Hispanic [ ] Black [ ] White[ ] Male [ ] Female |

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| **PROPERTY INFORMATION** |
| ADDRESS | CITY, STATE, ZIP CODE |
| Deed Reference: Date | Liber | Folio |
| Property Titled to: | Lot Number(s) |
| Property Tax Acct. # |  | Current Tax Amount |
| Flood Zone? [ ] Yes [ ] No | Zoning Classification | Census Tract |
| Describe the property and its current use. |
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| Estimated Current Property Value |
| Site Control Documentation? [ ] Owner - Deed to Property [ ] Purchasing - Contract of Sale [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **NEIGHBORHOOD ASSESSMENT** |
| Describe the adequate need for this type of project and the population it serves. How are clients determined (waitlist)? What other special needs projects are in the area? What amenities and services does the neighborhood and surrounding area offer in terms of transportation, health services, shopping? Does the community support this type of development? Also indicate what type of research has been completed that supports the need for this project. |
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| **PROJECT INFORMATION** |
| Provide a complete description of the proposed project indicating the type of development (i.e. new construction, acquisition, rehabilitation, etc.) the proposed structure (i.e. townhouse, garden apartment, single family unit, etc.), the layout of the structure including the number of bedrooms, etc. |
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| Describe how this project meets or will meet federal and local handicap accessibility requirements as well as the needs of the potential clients. |
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| **PROJECT AMENITIES INFORMATION -** Describe the project amenities and/or tenant services. |
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| **RESIDENTIAL UNITS** |
| Units by Bedroom Size | Number of Units | Square Footage  | Number of Handicap Units |
| Efficiency |  |  |  |
| 1 - bedroom |  |  |  |
| 2 - bedroom |  |  |  |
| 3 - bedroom |  |  |  |
| If any of the units will be occupied by resident manager, please indicate the number of units \_\_\_\_\_\_ and the bedroom size \_\_\_\_\_\_ . |
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| **PROPERTY MANAGEMENT INFORMATION -** Describe how the property will be managed in regards to the special population being served. How many existing properties does organization currently manage? Indicate if property management services will be contracted out. |
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| **PROJECT BENEFICIARY INFORMATION -** Describe the project beneficiaries. Indicate income, age group, special needs and other demographics of those to be served.  |
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| **SOURCES AND USES** |
|  | I. USES *\* Please describe, in detail, the cost of the project by the categories listed below. Utilize additional sheets as needed.* |
| ***USES*** |  | ***DOLLAR AMOUNT*** |
|  | Acquisition |
|  |  | Building | $ |
|  |  | Settlement | $ |
|  |  | Appraisal | $ |
|  |  | Legal | $ |
|  |  | Survey | $ |
|  |  | Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Subtotal | $ |
|  | Rehabilitation and Improvements |
|  |  | Handicap Accessibility Rehabilitation (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Other renovations / improvements (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Subtotal | $ |
|  |  |  | **TOTAL USES** | **$** |
|  |
|  | II. SOURCES OTHER THAN ACDS |
|  |  | *SOURCES* | *DOLLAR AMOUNT* |
|  |  | 1. | $ |
|  |  | 2. | $ |
|  |  | 3. | $ |
|  |  |  | **TOTAL SOURCES** | **$** |
|  |
|  |  | TOTAL USES (fill in amount from above) | $ |
| *minus* | TOTAL SOURCES (fill in amount from above) | $ ( ) |
|  |  | **GAP FINANCING NEEDED FROM ACDS’ CHDO GROUP HOME ACQUISITION AND REHABILITATION PROGRAM****(total amount requested from ACDS)** | **$** |
| What will the requested funds from ACDS be used for? |
| Will the requested funds from ACDS be used exclusively for land acquisition? [ ] YES [ ] NO |
| *\*Please note that if the requested funds are to be utilized* ***totally*** *or* ***partially*** *for acquisition, documentation will have to be provided that demonstrates compliance with all Uniform Relocation Act (URA) requirements. Please check with ACDS for further clarification.* |

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| **INCOME AND EXPENSES** |
|  | *\* Applicant must attach a detailed description of each item listed below with an explanation of how the income and expenses were calculated including how monthly rent rates are established.* |
|  | **I. INCOME** |
| *DESCRIPTION* | *DOLLAR AMOUNT* |
|  | **Rents**Efficiency ( \_\_\_\_\_\_\_\_\_ # of units) X ( \_\_\_\_\_\_\_\_\_ monthly rent) X (12 months) 1-bedroom ( \_\_\_\_\_\_\_\_\_ # of units) X ( \_\_\_\_\_\_\_\_\_ monthly rent) X (12 months) 2-bedroom ( \_\_\_\_\_\_\_\_\_ # of units) X ( \_\_\_\_\_\_\_\_\_ monthly rent) X (12 months) 3-bedroom ( \_\_\_\_\_\_\_\_\_ # of units) X ( \_\_\_\_\_\_\_\_\_ monthly rent) X (12 months)  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Vacancy (indicate percentage) | $ ( ) |
|  |  |  | TOTAL INCOME | $ |
|  | **II. EXPENSES** |
| *DESCRIPTION* | *DOLLAR AMOUNT* |
|  | Administration Costs (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Advertising and Marketing | $ |
|  | Salaries, Benefits, and Overhead of Staff (list detail staff costs for annual salaries) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Office Supplies and Equipment | $ |
|  | Management Fee | $ |
|  | Insurance | $ |
|  | Real Estate Taxes | $ |
|  | Legal and Accounting | $ |
|  | Utilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Maintenance | $ |
|  | Operating Costs (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Other (list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | Subtotal | $ |
|  | Reserve for Replacement  | $ |
|  | **TOTAL EXPENSES** | **$** |

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| **ATTACHMENTS** |
| SECTION I: The following items must be attached to your application to be considered complete. Please clearly label each item. |
|  | 1. | For Community Housing Development Organization (CHDO) certification: Refer to CHDO Certification Checklist(1) Articles of Incorporation (2) Copy of the 501(c)(3) determination letter(3) Bylaws(4) Evidence of conformance with financial accountability standards(5) Staff capacity: Job descriptions and resume/statements that describes experience (6) Statement that documents at least one year of experience serving the community.(7) List of Board Members with address and third party income verification of those Board Members who are part of the one-third low-income required representation(8) Resolution of the Board authorizing this application and authorizing the execution of all legal documents associated with the approval and security of the loan by an officer of the corporation |
|  | 2. | Certificate of Good Standing |
|  | 3. | Financial statements for previous three years |
|  | 4. | Copy of the Contract of Sale or Deed\* |
|  | 5. | Copy of the executed Addendum to the Contract of Sale regarding federal funds\* |
|  | 6. | Evidence of Zoning Compliance\* |
|  | 7. | Copy of the latest tax bill and assessment |
|  | 8. | Copy of the multiple listing for the property\* |
|  | 9. | Photographs of the property |
|  | 10. | Ten (10) year Income and Expense Proforma with an explanation of any trending factors |
|  | 11. | Explanation of tenant payment for housing and services |
|  | 12. | Copy of approval letters from State or Federal government agencies for operating funds or tenant assistance and copy of Operating License  |
|  | 13. | Explanation of how clients are referred for housing and services and the selection process for accepting clients |
|  | 14. | Copy of the proposed tenant lease and beneficiary leases |
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| SECTION II: The following items need to be received prior to settlement for review. Please clearly label each item. |
|  | 1. | Certified appraisal (ACDS to order)\* |
|  | 2. | Survey\* |
|  | 3. | Copy of termite inspection\* |
|  | 4. | Title insurance policy with lender’s coverage (required at settlement) |
|  | 5. | Evidence of property insurance, with Arundel Community Development Services, Inc. named as additional insured |
|  | 6. | Income verifications for each proposed tenant |
|  | *\*Items required if project involves the acquisition of property.* |

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| The applicant certifies that h/she will comply with all applicable federal, state, and local laws relating to non-discrimination, equal employment opportunity, minority business enterprise and Section 3 outreach, handicap accessibility, affirmative marketing, fair housing, and relocation and displacement. These laws and other requirements relating to tenant income restrictions, monthly rental limits and lease restriction, and compliance procedures will be delineated fully in the settlement documents that may include, but not be limited to: a recorded declaration of covenants, a deed of trust, and a deed of trust note, and if funds are to be used for construction, a construction loan agreement.The applicant authorizes Arundel Community Development Services, Inc. to obtain credit information for the purpose of evaluating this application. |

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| In accordance with Executive Order 01.01.1983.18, Arundel Community Development Services, Inc. advises you as follows regarding the collection of personal information: |
| Certain information requested is necessary in determining your eligibility for a loan. Your failure to disclose this information may result in the denial of the loan. This information will be disclosed to appropriate staff of ACDS, the Board of Directors of ACDS and local public officials for purposes directly connected with the administration of the program for which its use is intended. Such information is routinely shared with Federal, State and local government agencies. |
| Any person who knowingly makes, or causes to make a false statement or representation relative to this loan application shall be subject to criminal prosecution, a five of up to $5,000 an/or imprisonment up to two (2) years; and if a loan has bee commenced regardless of loan status, immediate call of the loan, requiring payment in full of all amounts disbursed, pursuant to Article 41, Sections 11-702 of the Annotated Code of Maryland. |
| IN WITNESS WHEREOF, the applicant has caused this document to be duly executed in this name of the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_20\_\_\_. |
|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Authorized Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title  |
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