**GOVERNMENT OF THE DISTRICT OF COLUMBIA**

**DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT**



Development Finance Division

1800 Martin Luther King Jr, Ave, SE

Washington, DC 20020

202-442-7200

| Great spaces healthy places Application for Financing | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant information | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Phone: | | | | E-mail | | | | | | |
| Applicant’s Address: | | | | | | | | | | |
| project location | | | | | | | | | | |
| Project Address: | | | | | | | | | | |
| Square: | | | | Lot: | | | | | | |
| property description | | | | | | | | | | |
| Date Property was Purchased: Click here to enter a date. | | | | | | | | | | |
| Describe needed property improvements (250 word maximum). | | | | | | | | | | |
| Describe any property improvements made to the building since the purchase date (250 word maximum). | | | | | | | | | | |
| Describe financial reasons why funds are needed and why project has been unable to support preventative capital improvements (250 word maximum). | | | | | | | | | | |
| How will residents be impacted? Choose an item. | | | | | | | | | | |
| If rehab will result in the temporary relocation of any tenants, describe your relocation and anti-displacement strategy, including a relocation budget. DHCD will not fund projects that result in permanent displacement of tenants. | | | | | | | | | | |
| If rehab will occur while tenants are living in a unit undergoing rehab, describe a tenant-in-place renovation strategy. | | | | | | | | | | |
| ownership information | | | | | | | | | | |
| Type of Ownership: Choose an item. | | | | | | | Nonprofit? | | | |
| Owner/Borrower Name: | | | | | | | | | Taxpayer ID: | |
| If Ownership Type is not Individual, complete information below and add fields as necessary. Note, Ownership interest for each principal must add to 100%. | | | | | | | | | | |
| Name | | Taxpayer ID | | Ownership Interest | | | | Check a box next to any  Nonprofit entity | | |
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| Square footage and Unit information | | | | | | | | | | |
| Total Building Square Footage: | | | | | Square footage of area to  be rehabbed: | | | | | |
| Number of residential units  on the property: | | | | | Number of units to be rehabbed: | | | | | |
| Number of vacant units: | | | | | Number of vacant units as a  result of needed repairs: | | | | | |
| Estimated Building Utility Costs: | | | | | | | | | | |
| Who is Responsible for Paying Utilities? Choose an item. | | | | | | | | | | |
| If both Landlords and Tenants pay for certain utilities, describe the responsibility of each.  Landlord:  Tenant: | | | | | | | | | | |
| Unit breakdown  Separate units by unit size and by rent paid | | | | | | | | | | |
| Bedroom Size | | Number of Units | | Unit Square Footage | | Current Monthly Rent | | | | Proposed Monthly Rent |
|  | |  | |  | |  | | | |  |
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|  | |  | |  | |  | | | |  |
| rehab budget | | | | | | | | | | |
| SOURCES  Use the table below to identify all funding resources used to pay for rehab, including DHCD funding request. For all non-DHCD funding sources, you will need to attach supporting documentation showing evidence of commitment level. | | | | | | | | | | |
| Amount | | Source | | Collateral Position | | Funding Type | | | | Commitment Level |
|  | |  | |  | |  | | | |  |
|  | |  | |  | |  | | | |  |
| USES  Use this section to identify all proposed rehab needs/uses of funds as part of your project. Add Budget Line Items as needed | | | | | | | | | | |
| Budget Item | | | | | Cost | | | | | |
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| Financial information | | | | | | | | | | |
| Do you have an operating subsidy on the property? Choose an item. | | | | | | | | | | |
| Lender | Collateral Position | | Original Loan Amount | Unpaid Balance | | Loan Terms | | | | |
|  |  | |  |  | |  | | | | |
|  |  | |  |  | |  | | | | |
|  |  | |  |  | |  | | | | |
| signature | | | | | | | | | | |
| I certify that the above statements are true. | | | | | | | | | | |
| Signature of applicant: | | | | | | | | | | Date: |

**Great Spaces Healthy Places Attachments Checklist**

|  |  |  |
| --- | --- | --- |
| **Project Description** | | |
| Yes | N/A | Relocation Record Keeping and Monitoring Checklist, including tenant name and associated unit (only applies to projects that result in the temporary relocation of any tenants) |
|  | | Photographs of property to be repaired |
| **Ownership Information** | | |
|  | | Contract Affidavit |
| Yes | N/A | Articles of Incorporation, if an LLC, Partnership, Limited Partnership, or Other Corporation |
|  | | Certificate of Clean Hands |
|  | | Certificate of Good Standing |
| Yes | N/A | An organizational chart, if one exists |
|  | | Dun and Bradstreet Business Information Report |
|  | | Green Building Acknowledgement |
|  | | Title Report |
| **Rehab Budget** | | |
| Yes | N/A | Letters of Commitment for each non-DHCD Funding Source to pay for repairs |
| **Evidence of Ownership** | | |
|  | | Deed |
| **DCRA Notice of Violation/Inspection Report** | | |
|  | | DCRA Notice of Violation and Inspection Report |
| **Contractor Information** | | |
|  | | Copy of the scope of work |
|  | | Three bids from three different contractors |
|  | | Summary of qualifications for the contractor selected |
|  | | Evidence that the contractor is licensed and bonded |
| **Financial Information** | | |
|  | | Past two years of rent roll for the property |
| Yes | N/A | Information on any current operating subsidy (if applicable) |
|  | | Past two years of income and expense statements for the property |
| Yes | N/A | Supporting documentation for all loans secured at the property |