**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 |
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]
|  |  |  |[ ]
| Square footage and Unit information |
| Total Building Square Footage:  | Square footage of area to be rehabbed: |
| Number of residential unitson 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 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| rehab budget |
| SOURCESUse 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 |
|  |  |  |  |  |
|  |  |  |  |  |
| USESUse 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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 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 |
| [x]  | 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 |