

Exhibit A: Application For Financing



Application Cover Page

RFP Issued

DHCD/DMH Issued 4-10-09; Closed 5-18-09

Organization Name

4924 Nash Street LLC

Project Title

4924 Nash Street, NE

I certify that I am authorized to obligate _____ 4924 Nash Street LLC
(name of organization)

from the District of Columbia Department of Housing and Community Development. Furthermore,
I certify that all information contained herein is accurate to the best of my knowledge.



Authorized Organization Official

Therman Walker

Print Name

5/31/09

Date

President

Title



GENERAL INFORMATION

Funding Applied For

Housing Production Trust Fund
Low-Income Housing Tax Credit (LIHTC)
Department of Mental Health (DMH)
Other: _____

\$	-
\$	-
\$	
\$	

Proposed Use(s) of Funds, ie.,
new construction, rehabilitation

APPLICANT INFORMATION

Applicant Name 4924 Nash Street LLC

Mailing Address c/o North Capitol Collaborative, Inc., 200 K St NW, Suite 3, Washington, DC 20020

Contact Therman Walker Phone 202 438-3427

Title President Fax 202 588-1875

E-mail therman@innercity.org

OWNERSHIP ENTITY INFORMATION

Owner/Borrower Name 4924 Nash Street LLC

Taxpayer ID [REDACTED]

Type of Ownership (mark one box only)

- Individual General Partnership Limited Liability Corporation
- Corporation Limited Partnership Other: _____

Principals (complete information for corporations and controlling general partners)

Name	Taxpayer ID	Ownership Interest	Nonprofit
North Capitol Collaborative, Inc	[REDACTED]	100%	X Yes <input type="checkbox"/> No
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-	%	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT INFORMATION

Amenities (mark all that apply)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Cable Access | <input checked="" type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Transportation Services | <input checked="" type="checkbox"/> Washer/Dryer Hook-up |
| <input checked="" type="checkbox"/> Carpet | <input checked="" type="checkbox"/> Other: <u>Washer/Dryer in Unit</u> |
| <input type="checkbox"/> Dishwasher | <input checked="" type="checkbox"/> Other: <u>Individual HVAC units</u> |
| <input checked="" type="checkbox"/> Disposal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Other: _____ |

Type of Project (mark all that apply)

- | | |
|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Substantial Rehabilitation (over \$30,000 per unit) | |
| <input type="checkbox"/> Moderate Rehabilitation (under \$30,000 per unit) | <input type="checkbox"/> |

Existing Building Information (complete all that apply)

Percentage currently occupied 0%
 Project includes historic rehabilitation? Yes No
 Project involves the permanent relocation of tenants? Yes No
 Project involves the temporary relocation of tenants? Yes No
 Year the building was built 1,943

Number of Residential Buildings

Garden (walk-up) 1
 Townhouse _____
 Detached _____
 Semi-detached _____
 Elevator (< 5 floors) _____
 Mid-rise (5-10 floors) _____
 High-rise (> 10 floors) _____
 Total Buildings 1

Total Land Area (acres) 0.257254362 acres

Total Building Area (gross square footage)

Residential Units: Low-Income	<u>4,750</u>
Residential Units: Market	_____
Nonresidential Units	_____
Common Space:	
circulation (hallways, stairways etc.)	<u>500</u>
recreation:	_____
other:	_____
Total Gross Square Footage	<u>5,250</u>

Type of Occupancy (show number of units)

Families _____
 DMH Consumer 10
 Special Needs _____
 Total Units 10

Targeted Special Needs Population Met (show number of units)

Licensed assisted living facilities. _____
 Homeless shelters or transitional housing for the homeless. _____
 Housing targeted people with disabilities (barrier-free housing). _____
 Low-income persons with mental disabilities 10
 Other: _____
 Total Special Needs Units 10

Occupancy Restrictions of Project (*show number of units*)

Units to be occupied by households with income 30% or less of the area median	10
Units to be occupied by households with income at 31-40% of the area median	_____
Units to be occupied by households with income at 41-50% of the area median	_____
Units to be occupied by households with income at 51-60% of the area median	_____
Units to be occupied by households with income at 61-80% of the area median	_____
Units to be occupied by households with income at 81-100% of the area median	_____
Units that will be unrestricted (>100% of area median)	_____
Total Units	10

Low-Income Use Restrictions

What is the total number of years for the units to be restricted?	15
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ANTICIPATED DEVELOPMENT SCHEDULE

<i>Activity</i>	<i>Date (MM/YYYY)</i>
Site Control	
Date Acquired	06/01/09
Date site will be leased by the leasing entity	N/A
Zoning Status	
Current Zoning Classification <u>R5A</u>	
Describe Current Classification	
<u>Matter-of-right development of single-family residential, and with BZA approval, low density residential uses including apartments to a maximum lot occupancy of 40%, a maximum FAR of 0.9 and max height of 3 stories. This is an existing building.</u>	
Zoning change, variance or waiver required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date application for zoning change filed	N/A
Date of final hearing on zoning change	N/A
Date of final approval of zoning change	N/A
Date financing applications filed with other lenders (<i>public and private</i>)	06/01/09
Date of financing reservation from the Department (<i>60 days from application deadline</i>)	08/01/09
Date firm commitments received from other lenders (<i>public and private</i>)	08/01/09
Date final plans and specifications completed	08/01/09
Date 10% of project costs incurred (<i>no later than 5 months from carryover allocation</i>)	01/01/10
Date of construction loan closing (all sources)	01/15/10
Date construction or rehabilitation begins (<i>total construction period will be _____ months</i>)	02/01/10
Date 50% of construction or rehabilitation completed	05/01/10
Date of substantial completion of construction or rehabilitation	08/01/10
Date first certificate of occupancy received	09/01/10
Date final certificate of occupancy received	09/01/10
Date sustaining occupancy achieved	10/01/10
Date of permanent loan closing	10/01/10



DEVELOPMENT TEAM INFORMATION

DEVELOPMENT TEAM MEMBERS

Developer	4924 Nash Street LLC		
Mailing Address	c/o North Capitol Collaborative, Inc., 200 K Street, NW, Suite 3, Washington, DC 20020		
Contact	Therman Walker	Phone	202-438-3427 -
Title	President	Fax	202-588-1875 -
D&B Duns Number		E-mail	therman@innercity.org

Guarantor			
Mailing Address			
Contact		Phone	() -
Title		Fax	() -
D&B Duns Number		E-mail	

General Contractor	Capital Construction Group, LLC		
Mailing Address	3321 12th Street, NE, Washington, DC 20017		
Contact	Reginald Herndon	Phone	202-526-3420 -
Title	General Manager	Fax	202-526-3421 -
D&B Duns Number		E-mail	rherndon@ccg-wdc.com

Management Agent	Change All Souls Development Corporation		
Mailing Address	2900 14th St NW, Washington, DC 20009		
Contact	Herbert Collins	Phone	202-588-1831 -
Title	Secretary	Fax	202-588-1875 -
D&B Duns Number		E-mail	herb.collins@yahoo.com

Consultant	KeyUrban, LLC		
Mailing Address	908 Quincy St NW, Washington, DC 20011		
Contact	Dahn Warner	Phone	202-744-5309 -
Title	Principal Consultant	Fax	202-280-1002 -
D&B Duns Number		E-mail	warner@keyurban.com

Architect	Marc Harris, Architect		
Mailing Address	2325 42nd Street, NW, Suite #302, Washington, DC 20007		
Contact	Marc Harris	Phone	(202) 834-3900 -
Title	Principal Architect	Fax	() -
D&B Duns Number		E-mail	marcharris28@msn.com

Nonprofit Participant	North Capitol Collaborative, Inc.		
Mailing Address	200 K Street, NW, Suite 3, Washington, DC 20020		
Contact	Carmen Robles-Inman	Phone	(202) 588-180 -
Title	Executive Director	Fax	(202) 588-1802 -
D&B Duns Number		E-mail	therman@innercity.org

MBE/WBE Participant	Capital Construction Group, LLC		
Mailing Address	3321 12th Street, NE, Washington, DC 20017		
Contact	Reginald Herndon	Phone	202-526-3420 -
Title	General Manager	Fax	202-526-3421 -
D&B Duns Number		E-mail	rherndon@ccg-wdc.com

DEVELOPMENT TEAM MEMBERS

Equity Provider

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Closing Attorney

Mailing Address	Dolphin & Evans Title Company		
	4308 Georgia Ave NW, Washington, DC 20011		
Contact	Irene Dolphin	Phone	(202) 829-3500 -
Title	Manager	Fax	(202) 829-8045 -
D&B Duns Number		E-mail	verg99@aol.com

Private Lenders

Mailing Address	CityFirst Savings Bank		
	1432 U Street N.W., Washington, DC 20009		
Contact	Jeff Stout	Phone	202.243.7100 -
Title	Vice President	Fax	202.243.7197 -
D&B Duns Number		E-mail	Stout@cityfirstbank.com

Private Lenders

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

Private Lenders

Mailing Address			
Contact	Phone	()	-
Title	Fax	()	-
D&B Duns Number	E-mail		

DEVELOPMENT TEAM HISTORY

Are there direct or indirect identity of interests, financial or otherwise, among any members of the development team? If yes, explain. Yes No
North Capitol Collaborative is the sole member of the 4924 Nash Street LLC.

Has any development team member* participated in the development or operation of a project that has defaulted on a Department or other government or private sector loan in the previous ten (10) years? If yes, explain. Yes No

Has any development team member* consistently failed to provide documentation required by the Department in connection with other loan applications or the management and operation of other, existing developments? If yes, explain. Yes No

Does any development team member* have a limited denial of participation from HUD or is any development team member* debarred, suspended or voluntarily excluded from participation in any federal or state program, or have been involuntarily removed within the previous ten (10) years as a general partner or managing member from any affordable housing project whether or not financed or subsidized by the programs of this Department? If yes, explain. Yes No

Does any development team member* acting in the roles of sponsor, developer, guarantor or owner have any chronic past due accounts, substantial liens, judgments, foreclosures or bankruptcies within the past ten (10) years? If yes, explain. Yes No

Has any development team member* received a reservation, allocation or commitment of funding or a carryover allocation of tax credits from the Department within the last four years that it was unable to use, or place their project in service within the time allowed by the tax credit program? If yes, explain. Yes No

Does any development team member* have unpaid fees due to the Department on other projects, or for general partners or management agents, have tax credit compliance problems resulting in the issuance of an IRS Form 8823 and that are still outstanding in the following year? If yes, explain. Yes No

* i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.

LOCAL AND SMALL DISADVANTAGED BUSINESS ENTERPRISE (LSDBE) PARTICIPATION *(voluntary)*

Are any of the development team members LSDBEs? If yes, provide the following data on the business (mark all that apply):

XYes No

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Hispanic

- Black
- Female
- Other: _____

Is the entity an Office of Human Rights certified LSDBE?

XYes No

NONPROFIT PARTICIPATION *(voluntary)*

Are any development team members* nonprofit entities?

XYes No

Is a nonprofit entity involved in the project in a role other than as a development team member*? If yes, describe the entity's role.

XYes No

North Capitol Collaborative, Inc, a non-profit, is the sole member of 4924 Nash Street LLC. The LLC owns the property.

Is the nonprofit entity headquartered in the same community as the project?

XYes No

Washington, DC

Does the nonprofit entity provide services to the same community as the project? If yes, describe the services

XYes No

The North Capitol Collaborative provides services to individuals with mental disabilities.

Does the nonprofit entity have a board of directors that includes community residents or members of organizations

XYes No

Is the nonprofit entity affiliated with or controlled by a for-profit organization? If yes, describe the affiliation.

Yes XNo

Is the nonprofit entity tax-exempt under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code?

Yes XNo

Does the nonprofit entity's exempt purpose include the fostering of low income housing?

XYes No

COMMUNITY-BASED INVOLVEMENT *(voluntary)*

Does the project involve the DC Housing Authority or DC Housing Finance Agency? If yes, describe the DCHA/DCHFA's role.

Yes XNo

* i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.

COMMUNITY REVITALIZATION This Section is Not Applicable

Is the project in a neighborhood classified as one of the following:

- NIF Target Area 3, Deanwood Heights
- NRSA
- New Communities
- Great Streets

Is the project located in a qualified census tract as defined in Section 42(d)(5)(C) of the Internal Revenue Code? If yes, describe. X Yes No

CENSUS TRACT NUMBER 0078.06 (11001007806) is a qualified census tract by Income in years 2006, 2007, 2008, 2009.



PROJECT INCOME

RESIDENTIAL RENTAL INCOME

Low-Income Units

Unit Description		Median Income	Number of Units	Unit Size (Net Leasable Sq. Ft.)	Tenant Paid Utilities*	Contract Rent	Rent Subsidy	Income per Unit	Monthly Income	Annual Income
Bedrooms	Baths									
1	1	30%	10	550	\$50	\$538.75		539	\$ 5,388	\$ 64,650
		%								
		%								
		%								
		%								
		%								
		%								
		%								
		%								
Total			10	5,500					\$ 5,388	\$ 64,650
Vacancy Allowance (Total Annual Income x Vacancy Rate)						5.00%				\$ (3,233)
Effective Gross Income/Low Income Units (Total Annual Income - Vacancy Allowance)										\$ 61,418

Market Rate Units

NOT APPLICABLE

Unit Description		Number of Units	Unit Size (Net Leasable Sq. Ft.)	Contract Rent	Monthly Income	Annual Income	
Bedrooms	Baths						
					\$	\$	
Total Market Rate					\$	\$	
Vacancy Allowance (Total Annual Income x Vacancy Rate)							\$
Effective Gross Income/Market Rate Units (Total Annual Income - Vacancy Allowance)							\$

NONRESIDENTIAL INCOME

Description of Type and Size	Square footage	Monthly Income		Annual Income
				\$
Total Nonresidential		\$		
Vacancy Allowance (Total Annual Income x Vacancy Rate)		%		
Effective Gross Income/Nonresidential Space (Total Annual Income - Vacancy Allowance)				\$
Effective Gross Income (sum Low Income, Market Rate, Nonresidential totals)				61,418

NON-INCOME PRODUCING UNITS (including management units, tenant services units, recreation, etc.)

Description of Type and Size	Number of Units	Square Footage
Total Non-income		

* **Tenant Paid Utilities** (mark all utilities to be paid by tenants)

- Household Electric _____
- Air Conditioning _____
- Hot Water (describe): _____

- Cooking (describe): _____
- Heat (describe): _____
- Other (describe): _____