**Application Cover Page**

| Organization Name |  
|-------------------|-----------------------------------------------|
| Project Title     |  

I certify that I am authorized to obligate [name of organization] to apply for funding 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.

<table>
<thead>
<tr>
<th>Authorized Organization Official</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
GENERAL INFORMATION

Stage of Processing *(mark the appropriate box)*

☐ Preliminary Application for Funding  ☐ Final Application for Funding

Funding Applied For

- Housing Production Trust Fund  #REF!
- Community Development Block Grant (CDBG)  #REF!
- HOME Investment Partnership Program (HOME)  #REF!
- Low-Income Housing Tax Credit (LIHTC)  #REF!
- Other: $  #REF!

PROJECT NAME AND LOCATION

Project Name

Street Address

If no street address indicate lot Parcel Tax Map

City and State Washington, DC Zip Code

Ward Census Tract

APPLICANT INFORMATION

Applicant Name

Mailing Address

Contact Phone (              ) -

Title Fax (              ) -

E-mail

OWNERSHIP ENTITY INFORMATION

Owner/Borrower Name

Taxpayer ID

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)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Taxpayer ID</th>
<th>Ownership Interest</th>
<th>Nonprofit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-</td>
<td>%</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>%</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>-</td>
<td>%</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Amenities (mark all that apply)

- Cable Access
- Transportation Services
- Carpet
- Dishwasher
- Disposal
- Microwave
- Laundry Facilities
- Washer/Dryer Hook-up
- Other: __________

### Type of Project (mark all that apply)

- Acquisition of Existing Building(s)
- Substantial Rehabilitation (over $30,000 per unit)
- Moderate Rehabilitation (under $30,000 per unit)
- New Construction
- Community/Commercial Facility
- Home Ownership Project

### Existing Building Information (complete all that apply)

- Percentage currently occupied: __________
- 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: __________

### Number of Residential Buildings

<table>
<thead>
<tr>
<th>Building Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garden (walk-up)</td>
<td></td>
</tr>
<tr>
<td>Townhouse</td>
<td></td>
</tr>
<tr>
<td>Detached</td>
<td></td>
</tr>
<tr>
<td>Semi-detached</td>
<td></td>
</tr>
<tr>
<td>Elevator (&lt; 5 floors)</td>
<td></td>
</tr>
<tr>
<td>Mid-rise (5-10 floors)</td>
<td></td>
</tr>
<tr>
<td>High-rise (&gt; 10 floors)</td>
<td></td>
</tr>
<tr>
<td>Total Buildings</td>
<td></td>
</tr>
</tbody>
</table>

### Total Land Area (acres)

- __________

### Total Building Area (gross square footage)

- Residential Units: Low-Income: #REF!
- Residential Units: Market: #REF!
- Nonresidential Units: #REF!
- Common Space: circulation (hallways, stairways etc.): __________
- recreation: __________
- Type of Occupancy (show number of units)

<table>
<thead>
<tr>
<th>Occupancy Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families</td>
<td></td>
</tr>
<tr>
<td>Elderly</td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td></td>
</tr>
<tr>
<td>Special Needs</td>
<td></td>
</tr>
<tr>
<td>Total Units</td>
<td></td>
</tr>
</tbody>
</table>

### Special Needs Met (show number of units)

- Licensed assisted living facilities: __________
- Homeless shelters or transitional housing for the homeless: __________
- Housing targeting people with disabilities (barrier-free housing): __________
- Other: __________
- Total Special Needs Units: __________

### Preservation of affordable units with expiring federal subsidies

- □ Yes □ No
Occupancy Restrictions of Project (show number of units)
Unites to be occupied by households with income 30% or less of the area median
Unites to be occupied by households with income at 31-40% of the area median
Unites to be occupied by households with income at 41-50% of the area median
Unites to be occupied by households with income at 51-60% of the area median
Unites to be occupied by households with income at 61-80% of the area median
Unites 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

Low-Income Use Restrictions
What is the total number of years for the units to be restricted?

ANTICIPATED DEVELOPMENT SCHEDULE

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date (MM/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Control</td>
<td></td>
</tr>
<tr>
<td>Sponsor has site control?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Date site control expires</td>
<td></td>
</tr>
<tr>
<td>Date site will be acquired by the ownership entity</td>
<td></td>
</tr>
<tr>
<td>Zoning Status</td>
<td></td>
</tr>
<tr>
<td>Current Zoning Classification</td>
<td></td>
</tr>
<tr>
<td>Describe Current Classification</td>
<td></td>
</tr>
<tr>
<td>Zoning change, variance or waiver required?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Date application for zoning change filed</td>
<td></td>
</tr>
<tr>
<td>Date of final hearing on zoning change</td>
<td></td>
</tr>
<tr>
<td>Date of final approval of zoning change</td>
<td></td>
</tr>
</tbody>
</table>
| Date financing applications filed with other lenders (public and private) | /
| Date of financing reservation from the Department (45 days from application deadline) | /
| Date firm commitments received from other lenders (public and private) | /
| Date final plans and specifications completed | /
| Date 10% of project costs incurred (no later than 5 months from carryover allocation) | /
| Date of construction loan closing (all sources) | /
| Date construction or rehabilitation begins (total construction period will be months) | /
| Date 50% of construction or rehabilitation completed | /
| Date of substantial completion of construction or rehabilitation | /
| Date first certificate of occupancy received | /
| Date final certificate of occupancy received | /
| Date sustaining occupancy achieved | /
| Date of permanent loan closing | /
## DEVELOPMENT TEAM INFORMATION

### DEVELOPMENT TEAM MEMBERS

<table>
<thead>
<tr>
<th>Category</th>
<th>Mailing Address</th>
<th>Contact</th>
<th>Title</th>
<th>Phone ( )</th>
<th>Fax ( )</th>
<th>D&amp;B Duns Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developer</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Guarantor</td>
<td></td>
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<tr>
<td>General Contractor</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Management Agent</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Consultant</td>
<td></td>
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<tr>
<td>Architect</td>
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<tr>
<td>Nonprofit Participant</td>
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</tr>
<tr>
<td>MBE/WBE Participant</td>
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</tr>
</tbody>
</table>

DHCD Form 202 (rev. August 2002) 4 DEVELOPMENT TEAM AND COMMUNITY REVITALIZATION
### DEVELOPMENT TEAM MEMBERS

#### Equity Provider
- **Mailing Address**
- **Contact**
- **Title**
- **D&B Duns Number**
- **Phone**
- **Fax**
- **E-mail**

#### Closing Attorney
- **Mailing Address**
- **Contact**
- **Title**
- **D&B Duns Number**
- **Phone**
- **Fax**
- **E-mail**

#### Private Lenders
- **Mailing Address**
- **Contact**
- **Title**
- **D&B Duns Number**
- **Phone**
- **Fax**
- **E-mail**

#### Private Lenders
- **Mailing Address**
- **Contact**
- **Title**
- **D&B Duns Number**
- **Phone**
- **Fax**
- **E-mail**

#### Private Lenders
- **Mailing Address**
- **Contact**
- **Title**
- **D&B Duns Number**
- **Phone**
- **Fax**
- **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

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):

☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Hispanic
☐ Black
☐ Female
☐ Other: __________________________

Is the entity an Office of Human Rights certified LSDBE?
☐ Yes ☐ No

NONPROFIT PARTICIPATION (voluntary)

Are any development team members* nonprofit entities?
☐ Yes ☐ 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.

Is the nonprofit entity headquartered in the same community as the project?
☐ Yes ☐ No

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

Does the nonprofit entity have a board of directors that includes community residents or members of organizations?
☐ Yes ☐ No

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

Is the nonprofit entity tax-exempt under Section 501(c)(3) or 501(c)(4) of the Internal Revenue Code?
☐ Yes ☐ No

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

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

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

- SNIPS
- NRSA
- Federal or District Enterprise Community/Empowerment Zones
- Main Street project area

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.

- Yes
- No