



Application Cover Page

Organization Name

Project Title

I certify that I am authorized to obligate _____ to apply for funding
(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

Date

Print Name

Title



GENERAL INFORMATION

Stage of Processing (mark the appropriate box)

Preliminary Application for Funding

Final Application for Funding

Funding Applied For

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

#REF!
#REF!
#REF!
#REF!
\$

Agency ID (Internal Use)

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)

Name	Taxpayer ID	Ownership Interest	Nonprofit
	-	%	<input type="checkbox"/> 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 type="checkbox"/> Cable Access | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> Washer/Dryer Hook-up |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Other: _____ |
| <input 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"/> Acquisition of Existing Building(s) | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Substantial Rehabilitation (over \$30,000 per unit) | <input type="checkbox"/> Community/Commercial Facility |
| <input type="checkbox"/> Moderate Rehabilitation (under \$30,000 per unit) | <input type="checkbox"/> 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

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

Type of Occupancy (show number of units)

- Families _____
- Elderly _____
- Commercial _____
- Special Needs _____
- Total Units

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

- 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: _____
- other: _____
- Total Gross Square Footage

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

Units to be occupied by households with income 30% or less of the area median _____
 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 _____

Low-Income Use Restrictions

What is the total number of years for the units to be restricted? _____

ANTICIPATED DEVELOPMENT SCHEDULE

Activity	Date (MM/YYYY)
Site Control	
Sponsor has site control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date site control expires	/
Date site will be acquired by the ownership entity	/
Zoning Status	
Current Zoning Classification _____	
Describe Current Classification	

Zoning change, variance or waiver required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date application for zoning change filed	/
Date of final hearing on zoning change	/
Date of final approval of zoning change	/
Date financing applications filed with other lenders (<i>public and private</i>)	/
Date of financing reservation from the Department (<i>45 days from application deadline</i>)	/
Date firm commitments received from other lenders (<i>public and private</i>)	/
Date final plans and specifications completed	/
Date 10% of project costs incurred (<i>no later than 5 months from carryover allocation</i>)	/
Date of construction loan closing (all sources)	/
Date construction or rehabilitation begins (<i>total construction period will be _____ months</i>)	/
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

Developer

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

Guarantor

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

General Contractor

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

Management Agent

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

Consultant

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

Architect

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

Nonprofit Participant

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

MBE/WBE Participant

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

DEVELOPMENT TEAM MEMBERS

Equity Provider

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

Closing Attorney

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	_____

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

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): Yes No

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Female |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> 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. Yes No

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 Yes No

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. Yes No

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. Yes No

* *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
