

# DEVELOPMENT FINANCE DIVISION FINANCING APPLICATION

FORM 202

App	lication Cover Page	
Organization Name		
organization runne		
Project Title		
I certify that I am authorized to obli	gate	to apply for funding
•	(name of organization)	
from the District of Columbia Dana	stment of Henring and Community	Davidanment Funthammen
from the District of Columbia Depar		-
I certify that all information contain	ed herein is accurate to the best of	my knowledge.
Authorized Organization Official	Date	
Print Name	Title	



# DEVELOPMENT FINANCE DIVISION APPLICATION

**FINANCING** 

FORM 202

## **GENERAL INFORMATION**

Stage of Processing (mark  Preliminary A	the appropriate box) Application for Funding		☐ Final Applica	tion for F	unding		
Funding Applied For Housing Production Trust F Community Development B HOME Investment Partners Low-Income Housing Tax O Other:	lock Grant (CDBG) hip Program (HOME)	#REF! #REF! #REF! \$		Agency	D (Intern	nal Use)	
PROJECT NAME AND I	OCATION						
Project Name Street Address If no street address indicate City and State	lot Washington, DC		Parcel Zip Code			Tax Map	
Ward	washington, DC		Census Tract				
APPLICANT INFORMA	ΓΙΟΝ						
Applicant Name Mailing Address							
Contact Title			Phone Fax		)	-	
Title			E-mail		)		
OWNERSHIP ENTITY II	NFORMATION						
<b>Owner/Borrower Name</b> Taxpayer ID							
Type of Ownership (mark	one box only)	_			_		
☐ Individual☐ Corporation☐		☐ General Par☐ Limited Par	_		☐ Li		ity Corporation
Principals (complete inform	nation for corporations ar	nd controlling gen	neral partners)				
N	ате		Taxpayer ID			Ownership Interest %	Nonprofit □Yes □No
			-			%	□Yes □No
			-			%	□Yes □No

#### PROJECT INFORMATION

Amenities (mark all that apply)	
☐ Cable Access ☐ Laundry Facilities	
☐ Transportation Services ☐ Washer/Dryer Hook-up	
Carpet Other:	
☐ Dishwasher ☐ Other:	
☐ Disposal ☐ Other:	
☐ Microwave ☐ Other:	
Type of Project (mark all that apply)	
☐ Acquisition of Existing Building(s) ☐ New Construction	
☐ Substantial Rehabilitation (over \$30,000 per unit) ☐ Community/Commercial Faci	lity
☐ Moderate Rehabilitation (under \$30,000 per unit) ☐ Home Ownership Project	
Existing Building Information (complete all that apply)	
Percentage currently occupied %	
Project includes historic rehabilitation?	
Project involves the permanent relocation of tenants? □Yes □No	
Project involves the temporary relocation of tenants?	
Year the building was built	
Number of Residential Buildings Total Land Area (acres)	
Garden (walk-up)	
Townhouse Total Building Area (gross square footage)	
Detached Residential Units: Low-Income	#REF!
Semi-detached Residential Units: Market	#REF!
Elevator (< 5 floors)  Nonresidential Units	#REF!
Mid-rise (5-10 floors) Common Space:	
High-rise (> 10 floors) circulation (hallways, stairways etc.)	
Total Buildings recreation:	
Type of Occupancy (show number of units)	
Families other:	
Elderly	
Commercial	
Special Needs Total Gross Square Footage	#REF!
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	

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? □Yes □No	
Date site control expires	/
Date site will be acquired by the ownership entity	/
Zoning Status	
Current Zoning Clasification	
Describe Current Classification	
Zoning change, variance or waiver required?	<u> </u>
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 (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**

Phone	Developer					
Fax	Mailing Address					
D&B Duns Number	Contact	Phone	(	)	-	
Mailing Address	Title	Fax	(	)	-	
Mailing Address	D&B Duns Number	E-mail				
Mailing Address	Cuarantar					
Phone						
Title         Fax         ( )		Dhono	(			
D&B Duns Number   E-mail		-				
Contact				)	-	
Mailing Address Contact	D&B Duns Number	E-mail				
Phone   (	General Contractor					
Title         Fax         ( ) -           D&B Duns Number         E-mail           Management Agent           Mailing Address	Mailing Address					
D&B Duns Number   E-mail	Contact	Phone	(	)	-	
Management Agent           Mailing Address         Phone ( ) -           Contact         Phone ( ) -           D&B Duns Number         E-mail           Consultant           Mailing Address         Phone ( ) -           Contact         Phone ( ) -           D&B Duns Number         E-mail           Architect           Mailing Address         Contact           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 ( ) -         -           Contact         Phone ( ) -         -           Title         Fax ( ) -         -	Title	Fax	(	)	-	
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D&B Duns Number E-mail			(	)	-	
	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	(	)	-	
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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 bankrupticies 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

 $<sup>*\</sup> i.e., Applicant, Developer, Guarantor\ Owner, Architect,\ General\ Contractor,\ Management\ Agent,\ Consultant.$ 

# 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 ☐ American Indian or Alaskan Native □ Black ☐ Asian or Pacific Islander ☐ Female ☐ Hispanic ☐ Other: □Yes □No Is the entity an Office of Human Rights certified LSDBE? NONPROFIT PARTICIPATION (voluntary) □Yes □No Are any development team members\* nonprofit entities? Is a nonprofit entity involved in the project in a role other than as a development team member\*? If yes, describe the □Yes □No entity's role. □Yes □No Is the nonprofit entity headquartered in the same community as the project? 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 □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? 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, decribe the DCHA/DCHFA's role. □Yes □No

#### **COMMUNITY REVITALIZATION**

<sup>\*</sup> i.e., Applicant, Developer, Guarantor Owner, Architect, General Contractor, Management Agent, Consultant.

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

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