



Angela Alsobrooks
County Executive



Aspasia Xypolia
Acting Director

Prince George's County
Application for HOME Investment Partnership (HOME) Loans,
and Housing Investment Trust Fund (HITF) Loans

Aspasia Xypolia
Acting Director
Prince George's County Department of
Housing and Community Development

Contact Information:

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Housing Development Program Manager
pawilson@co.pg.md.us

Housing Development Division
9200 Basil Court, Suite 306
Largo, MD 20774

<https://www.princegeorgescountymd.gov/908/Housing-Community-Development>

GENERAL INFORMATION

Date:

Funding Applied For

HOME Funds
Housing Investment Trust Fund (HITF)

| | |
|----|---|
| \$ | - |
| \$ | |

Indicate Debt Financing or Cash Flow Financing

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| |
| |

*Other:

**Please note and inform DHCD if a PILOT is also being sought*

PROJECT NAME AND LOCATION

Project Name

Street Address _____
 If no street address indicate lot _____ Parcel _____ Tax Map _____
 City _____ County _____
 Zip Code _____ - _____ Census Tract _____
 Council District _____

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
- Corporation
- Limited Liability Corporation
- General Partnership
- Limited Partnership
- Local Government
- Other: _____

Principals (complete information for corporations and controlling general partners)

| Name | Taxpayer ID | GP/LP | Ownership Interest | Nonprofit |
|------|-------------|-------|--------------------|--|
| | - | | | % <input type="radio"/> Yes <input type="radio"/> No |
| | - | | | % <input type="radio"/> Yes <input type="radio"/> No |
| | - | | | % <input type="radio"/> Yes <input type="radio"/> No |

PROJECT INFORMATION

Amenities (mark all that apply)

- Cable Access
- Transportation Services
- Carpet
- Dishwasher
- Disposal
- Microwave
- Laundry Facilities
- Washer/Dryer Hook-up
- High Speed Internet Access
- Other: _____
- Other: _____
- Other: _____

Type of Project (mark all that apply)

- Acquisition of Existing Building(s)
- Rehabilitation
- New Construction
- Refinance

Existing Building Information (complete all that apply)

Year the building was built _____
 Percentage currently occupied _____ %
 Striping plan: number of parking spaces _____
 Project includes historic rehabilitation? Yes No
 Project involves the permanent relocation of tenants? Yes No
 Project involves the temporary relocation of tenants? Yes No

Amenities if located in a separate building? If yes, types:

If located in a separate building, square footage? _____

*Has a capital needs assessment been completed? If yes, date:

Note: Required for rehab projects with 26 or more units

**Source: <https://www.federalregister.gov/d/2013-17348/page-44647>*

Number of Residential Buildings

Garden (walk-up)

Total Land Area (acres)

PRINCE GEORGE'S COUNTY DHCD

| | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|
| Townhouse Cottage, single-family, or semi-detached Elevator (≤ 4 floors w/frame construction) Elevator (≥ 5 floors w/concrete construction) Units Stacked- no elevator Total Buildings | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr style="background-color: yellow;"><td style="height: 15px;"></td></tr> </table> | | | | | | | Total Building Area (<i>gross square footage</i>) Residential Units: Low-Income Residential Units: Market Nonresidential Units and Staff Units Common Space: circulation (hallways, stairways etc.) recreation: other: Total Gross Square Footage | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: yellow;"><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr><td style="height: 15px;"></td></tr> <tr style="background-color: yellow;"><td style="height: 15px;"></td></tr> </table> | | | | | | | | | | |
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****Note:** Buildings/projects may have commercial space, but HOME funds cannot be used for this purpose

Housing for People with Disabilities and Families (*show number of units*)

| | | |
|---|-------------------|-------------------|
| Special Needs: | | |
| Mobility Accessible Units | # Existing: _____ | # Proposed: _____ |
| Sensory Accessible Units | # Existing: _____ | # Proposed: _____ |
| Other (describe): _____ | | |
| Total Housing for People with Disabilities and Families (<i>value must be manually calculated and entered</i>) | | |

Units with Project Based Rental Subsidy

(Enter specific subsidy information in Rental Subsidy column in Project Income tab)

| |
|--|
| |
|--|

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

| | | |
|---|--|--|
| Units to be occupied by households with income 30% or less of the area median income | | |
| Units to be occupied by households with income at 31-40% of the area median income | | |
| Units to be occupied by households with income at 41-50% of the area median income | | |
| Units to be occupied by households with income at 51-60% of the area median income | | |
| Units to be occupied by households with income at 61-70% of the area median income | | |
| Units to be occupied by households with income at 71-80% of the area median income | | |
| Market Rate - Units to be occupied by households with no income restrictions | | |
| Staff Residential Unit(s) (<i>Enter in Project Income tab as Market Rate or Non-Income Producing</i>) | | |
| Total Units | | |

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PRINCE GEORGE'S COUNTY DHCD

ANTICIPATED DEVELOPMENT SCHEDULE

| Activity | Date (MM/YYYY) |
|--|------------------------------|
| Site Control Sponsor has site control? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No Date application for zoning change, variance or waiver filed _____ Date of final hearing on zoning change, variance or waiver _____ Date of final approval of zoning change, variance or waiver _____ | |
| Date of local planning approval | / |
| If LIHTC financing is involved, date that the financing reservation is anticipated: | |
| Date financing applications filed with other lenders (<i>public and private</i>) | / |
| Date firm commitments received from other lenders (<i>public and private</i>) | / |
| Date final plans and specifications completed | / |
| Date of construction loan closing | / |
| 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

Date: 12/31/99

DEVELOPMENT TEAM MEMBERS

Developer

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

Developer

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

Guarantor

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

General Contractor

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

Management Agent

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

Other Party

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

Architect

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

Nonprofit Participant

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

MBE/WBE Participant

Mailing Address _____
 Contact _____ Phone () -
 Title _____ Fax () -
 D&B Duns Number _____ E-mail _____
 Section 3 Business Interest: Yes No

Closing Attorney

Mailing Address _____

Contact _____ Phone () -

Title _____ Fax () -

D&B Duns Number _____ E-mail _____

Section 3 Business Interest: Yes No

LENDING AND INVESTMENT PARTNERS

Private/Public Lender

Mailing Address _____

Contact _____ Phone () -

Title _____ Fax () -

D&B Duns Number _____ E-mail _____

Private/Public Lender

Mailing Address _____

Contact _____ Phone () -

Title _____ Fax () -

D&B Duns Number _____ E-mail _____

Private/Public Lender

Mailing Address _____

Contact _____ Phone () -

Title _____ Fax () -

D&B Duns Number _____ E-mail _____

Equity Provider

Mailing Address _____

Contact _____ Phone () -

Title _____ Fax () -

D&B Duns Number _____ E-mail _____

DEVELOPMENT TEAM HISTORY

1a.) Has the Applicant, sponsor or ownership entity ever been awarded any of the following Federal funds for any project in the past? Yes No

HOME Investment Partnerships (HOME) Yes No

Community Development Block Grant (CDBG) Yes No

Neighborhood Stabilization Partnership (NSP) Yes No

Community Development Block Grant Recovery (CDBG-R) Yes No

Homelessness Prevention and Rapid Re-housing Program (HPRP) Yes No

Other: _____ Yes No

1b.) If answered "Yes" to any of the items listed above, please describe the project(s) that were funded by program year and include as **Attachment "T"**.

2a.) **Related Party Transactions:** Are there direct or indirect identity of interests, financial or otherwise, among any members of the development team? If yes, explain, and discuss steps taken to ensure fair rates or pricing is offered that is reflective of the current market. Yes No

2b.) Within the development team entities or financiers, are there any familial, business, controlling interests, or other close ties that exist prior to the transaction i.e. the General Contractor is 20% owned by the executive management of the Developer, a common party has an ownership interest in the tax credit investor and developer, or there is common ownership of both the developer and property manager? If yes, please explain, include percentage ownership, and include a flowchart illustrating related or common ownership. Yes No

3a.) Has any development team member participated as owner or manager in the development or operation of a project that has *EVER* defaulted on a HOME loan, or defaulted on any Department or other government or private sector loan in the previous five years? Yes No

3b.) Have you or any entity in which you have an ownership interest ever requested a waiver, for any reason, under the HOME Program? Yes No
If a waiver was requested, was the waiver granted? Yes No

3c.) Have you or any development team member participated as owner or manager in the development or operation of *ANY* affordable or market-rate project within Prince George's County? Yes No

3d.) If you answered "Yes" to any of the items listed above, please provide a detailed description for each "Yes" box marked and list the names and dates of projects in question. If additional space is needed, please include as **Attachment "U"**.

4.) 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

5.) 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 5 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. If additional space is needed, please include as **Attachment "V"**. Yes No

6.) Does any development team member acting in the roles of sponsor, developer, guarantor or owner have any chronic past due accounts, substantial liens, judgments, three or more instances of unpaid taxes (even if cured prior to the application date), foreclosures or bankruptcies within the past five years? If yes, explain. Yes No

7.) Has any development team member acting in the roles of sponsor, developer, guarantor or owner *EVER* been a named party to a lawsuit or court case, separate and apart from any circumstance described by question 6? If yes, what was the outcome? Please include any pertinent attachments or additional explanation as **Attachment "W"**. Yes No

8.) Has any development team member acting in the roles of sponsor, developer, guarantor or owner been involved with any project placed on the Department's defaulted loans watch list due to actions that are attributable to the sponsor or development team? If yes, explain. Yes No

9.) Does any development team member have unpaid fees, loan arrearages or other obligations 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

10.) Has any development team member participated as owner or manager in the development or operation of a project that has *EVER* been subject to a Federal or State audit? If yes, were there any audit findings? Please include any supporting documentation as **Attachment "X."** Yes No

PROJECT INCOME

Date: _____

Note: Development projects may be assisted with both County HOME and HITF funds, however HOME and HITF funds may not be used for the same unit.

RESIDENTIAL RENTAL INCOME

1) Low-Income and Rent-Restricted Units

| HOME Units (enter #) | Median Income | Unit Description | | Number of Units | Unit Size | | Contract Rent | Rent Subsidy | Rent Subsidy Source | Income Per Unit | Monthly Income | Annual Income |
|---|---------------|------------------|-------|-----------------|------------------------|------------------|---------------|--------------|---------------------|-----------------|---|---------------|
| | | Bedrooms | Baths | | (Net Leasable Sq. Ft.) | Tenant Utilities | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| | % | | | | | | | | | | | |
| Total | | | | | | | | | | | \$ | \$ |
| Vacancy Allowance Percentage: | | | | | | | | | | | | |
| Effective Gross Income: Low Income Units | | | | | | | | | | | (Total Annual Income x Vacancy Rate) | |
| | | | | | | | | | | | (Total Annual Income - Vacancy Allowance) | |
| | | | | | | | | | | | \$ | \$ |

2) Housing Investment Trust Funds (HITF) Units: 40-80% of AMI

| Median Income | Unit Description | | Number of Units | Unit Size | | Contract Rent | Rent Subsidy | Rent Subsidy Source | Income Per Unit | Monthly Income | Annual Income | |
|---|------------------|-------|-----------------|------------------------|------------------|---------------|--------------|---------------------|-----------------|----------------|---|----|
| | Bedrooms | Baths | | (Net Leasable Sq. Ft.) | Tenant Utilities | | | | | | | |
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| | | | | | | | | | | | | |
| Total HITF | | | | | | | | | | | \$ | \$ |
| Vacancy Allowance Percentage: | | | | | | | | | | | | |
| Effective Gross Income: HITF Units | | | | | | | | | | | (Total Annual Income x Vacancy Rate) | |
| | | | | | | | | | | | (Total Annual Income - Vacancy Allowance) | |
| | | | | | | | | | | | \$ | \$ |

3) Market Rate Units

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

Effective Gross Income: All Residential Units (Effective Gross Income: Low Income Units + Effective Gross Income: HITF Units + Effective Gross Income: Market Rate Units)

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

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Household Electric | _____ | <input type="checkbox"/> Cooking (describe): | _____ |
| <input type="checkbox"/> Air Conditioning | _____ | <input type="checkbox"/> Heat (describe): | _____ |
| <input type="checkbox"/> Hot Water (describe): | _____ | <input type="checkbox"/> Other (describe): | _____ |

4) NONRESIDENTIAL INCOME

| Description of Type and Size | Square footage | Monthly Income | | Annual Income | |
|---|----------------|----------------|--|---------------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total Nonresidential | | \$ | | \$ | |
| Vacancy Allowance (Total Annual Income x Vacancy Rate) | | | | | |
| Percentage | | | | | |
| Effective Gross Income/Nonresidential Space (Total Annual Income - Vacancy Allowance) | | | | \$ | |

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 | | |

| | |
|--|----|
| Effective Gross Income: Sum of 1) Low Income units; 2) HITF units; 3) Market Rate units; and 4) Nonresidential income | \$ |
|--|----|

PROJECT EXPENSES

Date: 12/31/99

ADMINISTRATIVE EXPENSES

| | | |
|---|-------|-----------------|
| Advertising and Marketing | | \$ |
| Other Administrative Expense (<i>describe</i>) | _____ | _____ |
| Office Salaries | | _____ |
| Office Supplies | | _____ |
| Office or Model Apartment Rent | | _____ |
| Management Fee (<i>Effective Gross Income x Annual Rate of</i> _____) | | _____ |
| Manager or Superintendent Rent Free Unit | | _____ |
| Legal Expenses (<i>project only</i>) | | _____ |
| Auditing Expenses (<i>project only</i>) | | _____ |
| Bookkeeping Fees and Accounting Services | | _____ |
| Telephone and Answering Services | | _____ |
| Bad Debts | | _____ |
| Miscellaneous Administrative Expenses (<i>describe</i>) | _____ | _____ |
| Annual Tax Credit Monitoring Fee (\$30.00 per tax credit unit) | | _____ |
| Total Administrative Expenses | | \$ _____ |

UTILITY EXPENSES (*paid by owner*)

| | | |
|-------------------------------|--|-----------------|
| Fuel Oil | | \$ |
| Electricity | | _____ |
| Gas | | _____ |
| Water | | _____ |
| Sewer | | _____ |
| Total Utility Expenses | | \$ _____ |

OPERATING AND MAINTENANCE EXPENSES

| | | |
|--|-------|-----------------|
| Janitor and Cleaning Payroll | | \$ |
| Janitor and Cleaning Supplies | | _____ |
| Janitor and Cleaning Contract | | _____ |
| Exterminating Payroll or Contract | | _____ |
| Exterminating Supplies | | _____ |
| Garbage and Trash Removal | | _____ |
| Security Payroll or Contract | | _____ |
| Grounds Payroll | | _____ |
| Grounds Supplies | | _____ |
| Grounds Contract | | _____ |
| Repairs Payroll | | _____ |
| Repairs Material | | _____ |
| Repairs Contract | | _____ |
| Elevator Maintenance or Contract | | _____ |
| Heating and Air Conditioning Maintenance or Contract | | _____ |
| Swimming Pool Maintenance or Contract | | _____ |
| Snow Removal | | _____ |
| Decorating Payroll or Contract | | _____ |
| Decorating Supplies | | _____ |
| Other Operating and Maintenance Expenses (<i>describe</i>) | _____ | _____ |
| Miscellaneous Operating and Maintenance Expenses | | _____ |
| Total Operating and Maintenance Expenses | | \$ _____ |

TAXES AND INSURANCE

| | | |
|---|--------------|--------------|
| Real Estate Taxes | | \$ |
| <i>Note: include County AND non-County portions, as applicable</i> | | |
| Payment in Lieu of Real Estate Taxes (Annual) | Total: _____ | Years: _____ |
| <i>Note: PILOTS can only be offered by the County on the County portion of the tax assessment</i> | | |
| Payroll Taxes (FICA) | | _____ |

PRINCE GEORGE'S COUNTY DHCD

| | |
|--|-----------|
| Miscellaneous Taxes, Licenses and Permits | |
| Property and Liability Insurance (<i>hazard</i>) | |
| Fidelity Bond Insurance | |
| Workmen's Compensation | |
| Health Insurance and Other Employee Benefits | |
| Other Insurance (<i>describe</i>) | |
| Total Taxes and Insurance | \$ |
| Reserve for Replacement | |
| Total Operating Expenses | \$ |
| Net Operating Income (<i>Effective Gross Income - Total Operating Expenses</i>) | \$ |

USES OF FUNDS

Date: _____

TOTAL DEVELOPMENT COSTS

Construction or Rehabilitation Costs

| <i>Type of Uses</i> | <i>Percentage</i> | <i>Total Budgeted Cost</i> |
|------------------------------------|-------------------|----------------------------|
| 01 Net Construction Costs | | |
| 02 General Requirements | | |
| 03 Builder's Profit | | |
| 04 Builder's General Overhead | | |
| 05 Bond Premium | | |
| 06 Other | | |
| 07 Total Construction Contract | | \$ |
| 08 Construction Contingency | <i>Percentage</i> | |
| 09 Total Construction Costs | | \$ |

Fees Related to Construction or Rehabilitation

| <i>Type of Uses</i> | <i>Percentage</i> | <i>Total Budgeted Cost</i> |
|---|-------------------|----------------------------|
| 10 Architect's Design Fee | | |
| 11 Architect's Supervision Fee | | |
| 12 Architect Reimbursable Additional Design | | |
| 13 Real Estate Attorney | | |
| 14 Civil Engineering Fee | | |
| 15 Marketing | | |
| 16 Surveys | | |
| 17 Soil Borings | | |
| 18 Appraisal | | |
| 19 Market Study | | |
| 20 Environmental Report | | |
| 21 Tap Fees | | |
| 22 Other: | | |
| 23 Total Fees | | \$ |

Financing Fees and Charges

| <i>Type of Uses</i> | <i>Percentage</i> | <i>Total Budgeted Cost</i> |
|---|-------------------|----------------------------|
| 24 Construction Interest | | |
| 25 Real Estate Taxes | | |
| 26 Insurance Premium | | |
| 27 Mortgage Insurance Premium | | |
| 28 Title and Recording | | |
| 29 Financing (soft cost) Contingency | | |
| 30 CDA Administrative Fee | | |
| 31 CDA Closing Fee | | |
| 32 Other Lenders' Origination Fees (non-syndication only) | | |
| 33 Other Lenders' Legal Fees (non-syndication only) | | |
| 34 Bond Issuance Costs | | |
| 35 Other | | |
| 36 Total Financing Fees and Charges | | \$ |

PRINCE GEORGE'S COUNTY DHCD

Acquisition Costs

| <i>Type of Uses</i> | | <i>Total Budgeted Cost</i> |
|---------------------|--------------------------------------|----------------------------|
| 37 | Building Acquisition | |
| 38 | Land Acquisition | |
| 39 | Special Assessment | |
| 40 | Carrying Charges | |
| 41 | Relocation Costs | |
| 42 | Off-Site Improvements | |
| 43 | Other | |
| 44 | Total Acquisition Costs | \$ |
| 45 | Total Development Costs (TDC) | \$ |

OTHER USES OF FUNDS

Developer's Fee

| <i>Type of Uses</i> | | <i>Total Budgeted Cost</i> |
|---|--|----------------------------|
| 48 | Total Developer's Fee (\$2.5 million maximum, | |
| <i>Note: \$2.5M max for projects with competitive RFHP & LIHTC; ranges from 10-15% of TDC</i> | | |

Syndication Related Costs

| <i>Type of Uses</i> | | <i>Total Budgeted Cost</i> |
|---------------------|--|----------------------------|
| 49 | Syndication Fee | |
| 50 | Legal (syndication only) | |
| 51 | Bridge Loan Fees | |
| 52 | Bridge Loan Interest | |
| 53 | Organizational Costs | |
| 54 | Tax Credit Application Fee (if applicable) | |
| 55 | Tax Credit Allocation Fee (if applicable) | |
| 56 | Tax Credit Reservation Fee (if applicable) | |
| 57 | Accounting and Auditing Fee | |
| 58 | Partnership Management Fee | |
| 59 | Other | |
| 60 | Total Syndication Related Costs | \$ |

Guarantees and Reserves (funded amounts only)

| <i>Type of Uses</i> | | <i>Total Budgeted Cost</i> |
|---------------------|--------------------------------------|----------------------------|
| 61 | Construction Guarantee | |
| 62 | Operating Reserve | |
| 63 | Rent-up Reserve | |
| 64 | Negative Arbitrage | |
| 65 | Other | |
| 66 | Total Guarantees and Reserves | \$ |
| 67 | Total Uses of Funds | \$ |

SOURCES OF FUNDS

Date: _____

DEBT

Debt Service Financing

| Type of Funds | Source of Funds | Debt Coverage | Annual Payment | Interest Rate | Amortization Term | Loan Term | Loan Amount |
|---|-----------------|---------------|----------------|---------------|-------------------|-----------|-------------|
| Taxable Bonds | | | | % | | | |
| Tax-exempt Bonds (Long Term Only) | | | | % | | | |
| Private Loan | | | | % | | | |
| Rental Housing Program Funds | | | | % | | | |
| Other | | | | % | | | |
| Credit Enhancement | | | | | | | |
| Total Debt Service Financing - Annual Payments | | | \$ | | | | \$ |

Cash Flow Financing and Grants

| Type of Funds | Source of Funds | Annual Payment | Interest Rate | Amortization Term | Loan Term | Loan Amount |
|--|-----------------|----------------|---------------|-------------------|-----------|-------------|
| Housing Investment Trust Fund | PGC DHCD | | % | | | |
| Rental Housing Funds | Maryland DHCD | | % | | | |
| HOME | PGC DHCD | | % | | | |
| HOME (non-DHCD) | | | % | | | |
| Partnership Rental Housing | Maryland DHCD | | | | | |
| Other | | | | | | |
| Other | | | | | | |
| Total Cash Flow Financing | | | \$ | | | \$ |
| Total Debt - Annual Payments (Debt Service + Cash Flow Financing) | | | \$ | | | \$ |

EQUITY

| Type of Equity | Source of Equity | Amount |
|---|------------------|--------|
| Historic Tax Credit Proceeds | | |
| Low Income Housing Tax Credit Proceeds | | |
| Developer's Equity (Deferred Developer's Fee) | | |
| Interim Income (occupied rehabilitation projects) | | |
| Other | | |
| Total Equity Financing | | \$ |
| Total Sources of Funds (Total Debt + Equity) | | \$ |

NOTE: Payment amounts must align with the State of Maryland DHCD's permitted repayment models when using soft Rental Housing Program financing. Please indicate whether the Standard Cash Flow Repayment Terms or Contingent Interest Repayment Terms will be used:

Refer to pgs. 24 - 27:

<https://dhcd.maryland.gov/HousingDevelopment/Documents/lihtc/NEW-Final2019MDMFRentalFinancingProgramGuideSignedbyGovernor2-13-2019.pdf>

- Contingent Interest Surplus Cash Repayment Terms
- Standard Surplus Cash Repayment Terms

PROJECT SUMMARY INFORMATION

Date: _____
GENERAL INFORMATION

Project Information

Project Name _____
 Address _____
 City _____ County _____
 Sponsor _____

Funding Applied For

HOME Funds _____
Housing Investment Trust Fund (HITF) _____
***Other:** \$ _____

Occupancy Restrictions

Units 30% or less of AMI _____
 Units at 31-40% of AMI _____
 Units at 41-50% of AMI _____
 Units at 51-60% of AMI _____
 Units at 61-70% of AMI _____
 Units at 71-80% of AMI _____
 Market-rate units _____
 Staff Unit(s) _____
 Total Units _____

PROJECT INCOME (Effective Gross Income)

| Source of Income | Total Units | Annual Gross Potential Income | Years Until Sustaining Occupancy | Annual Trending | Trended Income |
|---------------------------------------|-------------|-------------------------------|----------------------------------|-----------------|----------------|
| Low Income Units | | \$ | | % | \$ |
| HITF Units | | \$ | | % | \$ |
| Market Rate Units | | \$ | | % | \$ |
| Nonresidential | | \$ | | % | \$ |
| Total Gross Potential Income | | \$ | | | \$ |
| Vacancy Allowance | | | | | \$ |
| Trended Effective Gross Income | | | | | \$ |

PROJECT EXPENSES

| | Annual Expense | Years Until Sustaining Occupancy | Annual Trending | Trended Expense |
|---|----------------|----------------------------------|-----------------|-----------------|
| Administrative | \$ | | % | \$ |
| Management Fee (Effective Gross Income x percentage) | \$ | | | \$ |
| Utilities | \$ | | % | \$ |
| Operating and Maintenance | \$ | | % | \$ |
| Taxes and Insurance | \$ | | % | \$ |
| Reserve for Replacement (generally not trended) | \$ | | | \$ |
| Total Project Expenses | \$ | | | \$ |
| Trended Net Operating Income (Effective Gross Income - Project Expenses) | | | | \$ |
| Annual Debt Service Financing Payments | | | | \$ |
| Annual Cash Flow Financing Payments | | | | \$ |
| Remaining Cash Flow (Net Operating Income - Financing Payments) | | | | \$ |

PRINCE GEORGE'S COUNTY DHCD

SOURCES OF FUNDS

Debt Service Financing

Note: Cells adjusted to feed from prior worksheets

| <i>Source of Funds</i> | <i>Lender</i> | <i>Debt Coverage</i> | <i>Interest Rate</i> | <i>Amortization Term</i> | <i>Loan Term</i> | <i>Annual Payment</i> | <i>Amount</i> |
|-------------------------------------|---------------|----------------------|----------------------|--------------------------|------------------|-----------------------|---------------|
| Taxable Bonds | | | % | | | | \$ |
| Tax-exempt Bonds (Long Term Only) | | | % | | | | \$ |
| Private Loan | | | % | | | | \$ |
| Rental Housing Program Funds | | | % | | | | \$ |
| Other | | | % | | | | \$ |
| Total Debt Service Financing | | | | | | | \$ |

Cash Flow Financing and Grants

| <i>Source of Funds</i> | <i>Lender</i> | <i>Interest Rate</i> | <i>Amortization Term</i> | <i>Loan Term</i> | <i>Annual Payment</i> | <i>Amount</i> |
|--------------------------------------|-----------------|----------------------|--------------------------|------------------|-----------------------|---------------|
| Housing Investment Trust Fund | PGC DHCD | | | | | \$ |
| Rental Housing Funds | Maryland DHCD | % | | | | \$ |
| HOME | PGC DHCD | % | | | | \$ |
| HOME (non-DHCD) | | % | | | | \$ |
| Partnership Rental Housing | Maryland DHCD | | | | | \$ |
| Other | | | | | | \$ |
| Other | | | | | | \$ |
| Total Cash Flow Financing | | | | | | \$ |

Equity

| <i>Type of Equity</i> | <i>Source of Equity</i> | <i>Amount</i> |
|---|-------------------------|---------------|
| Historic Tax Credit Proceeds | | \$ |
| Low Income Housing Tax Credit Proceeds | | \$ |
| Developer's Equity (Deferred Developer's Fee) | | \$ |
| Interim Income (occupied rehabilitation projects) | | \$ |
| Other | | \$ |
| Total Equity | | \$ |
| Total Sources of Funds <i>(must equal Total Uses of Funds)</i> | | \$ |

USES OF FUNDS

| <i>Type of Uses</i> | <i>Amount</i> |
|--|---------------|
| Construction or Rehabilitation Costs | \$ |
| Fees Related to Construction or Rehabilitation | \$ |
| Financing Fees and Charges | \$ |
| Acquisition Costs | \$ |
| Total Development Costs <i>Sum: Construction or Rehab Costs, Fee Related to Construction/Rehab, Acquisition Costs</i> | \$ |
| Developer's Fee | \$ |
| Syndication Related Costs | \$ |
| Guarantees and Reserves | \$ |
| Total Uses of Funds <i>Sum: TDC + Developer's Fee, Syndication Related Costs, Guarantees and Reserves</i> | \$ |

PROJECT DESCRIPTION

20-YEAR OPERATING PRO FORMA:

| INCOME | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 | Year 16 | Year 17 | Year 18 | Year 19 | Year 20 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Lease Income Units | | | | | | | | | | | | | | | | | | | | |
| HFFP Units | | | | | | | | | | | | | | | | | | | | |
| Market Rate Units | | | | | | | | | | | | | | | | | | | | |
| Nonresidential | | | | | | | | | | | | | | | | | | | | |
| Gross Project Income | | | | | | | | | | | | | | | | | | | | |
| Vacancy Allowance | | | | | | | | | | | | | | | | | | | | |
| Effective Gross Income | | | | | | | | | | | | | | | | | | | | |

| EXPENSES | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 | Year 16 | Year 17 | Year 18 | Year 19 | Year 20 |
|----------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Administrative | | | | | | | | | | | | | | | | | | | | |
| Management Fee | | | | | | | | | | | | | | | | | | | | |
| Utilities | | | | | | | | | | | | | | | | | | | | |
| Maintenance | | | | | | | | | | | | | | | | | | | | |
| Taxes and Insurance | | | | | | | | | | | | | | | | | | | | |
| Replacement Reserve | | | | | | | | | | | | | | | | | | | | |
| Total Expenses | | | | | | | | | | | | | | | | | | | | |
| Net Operating Income | | | | | | | | | | | | | | | | | | | | |

DEBT SERVICE FINANCING

| Must be listed in the order of payment | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 | Year 16 | Year 17 | Year 18 | Year 19 | Year 20 |
|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Variable Bonds | | | | | | | | | | | | | | | | | | | | |
| Tax-exempt Bonds (Long Term Only) | | | | | | | | | | | | | | | | | | | | |
| Private Loan | | | | | | | | | | | | | | | | | | | | |
| Rental Housing Program Funds | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | |
| Total Debt Service | | | | | | | | | | | | | | | | | | | | |
| Cash Flow | | | | | | | | | | | | | | | | | | | | |
| Debt Coverage Ratio | | | | | | | | | | | | | | | | | | | | |

CASH FLOW FINANCING

Payment amounts must align with the State of Maryland DHCD's permitted repayment models when using soft Rental Housing Program financing. Please indicate whether the Standard Cash Flow Repayment Terms or Contingent Interest Repayment Terms will be used:
 Refer to pp. 24-27: <https://www.dhcd.state.md.us/Portals/0/Debt/Debt/DebtRepaymentTerms.pdf> -SIFW-Fin2019MCFP-Plan/FinancingProgramGuidance/Governor-2-12-2019.pdf
 Contingent Interest Surplus Cash Repayment Terms
 Standard Surplus Cash Repayment Terms

| Must be listed in the order of payment | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 | Year 16 | Year 17 | Year 18 | Year 19 | Year 20 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Housing Investment Trust Fund | | | | | | | | | | | | | | | | | | | | |
| Developer's Equity (Deferring Developer's Fees) | | | | | | | | | | | | | | | | | | | | |
| Rental Housing Funds (County) | | | | | | | | | | | | | | | | | | | | |
| HOME | | | | | | | | | | | | | | | | | | | | |
| Total Cash Flow Debt | | | | | | | | | | | | | | | | | | | | |
| Remaining Cash Flow | | | | | | | | | | | | | | | | | | | | |
| Debt Coverage Ratio | | | | | | | | | | | | | | | | | | | | |

20-YEAR OPERATING PRO FORMA:

Enter only the amount of the annual repayment of the deferred developer's fee and repayment period of the deferred developer's fee

| Deferred Developer Fee | | | | | | | | | | | | | | Year 15 | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|
| Total fees to repay: | | | | | | | | | | | | | | | |
| Remaining balance: | | | | | | | | | | | | | | | |
| Payments made: | | | | | | | | | | | | | | | |
| Remaining balance: | | | | | | | | | | | | | | | |

CERTIFICATIONS

The undersigned applicant hereby makes application to the Prince George's County, Department of Housing and Community Development for a loan in the amount of \$ _ for a term of _ years pursuant to the regulations of the HOME program. The undersigned acknowledges that if the HOME loan is approved it will be secured by a lien on the property herein described and evidenced by a promissory note. Applicant acknowledges that the HOME loan will be subject to certain restrictive covenants.

Applicant certifies that the purpose of the HOME loan is to () acquire, () construct, () rehabilitate housing for occupancy by lower income households for _ % of the dwelling units in the development. The undersigned certifies that housing produced with the proceeds of the HOME loan will be () rented or () sold to income eligible households within the income limits set by the county for the specific program for a specified period.

LOAN REQUIREMENTS

The undersigned acknowledges the loan may be secured by the lien on the property herein described and evidenced by a promissory note. The undersigned certifies that housing produced with the proceeds of the loan will be rented to income eligible households within the income limits set by the Department for the specific period.

EQUAL OPPORTUNITY

The applicant agrees that it will not discriminate on the basis of race, color, religion, national origin, sex, marital status, sexual orientation, physical or mental disability, or age, except with regard to age as permitted under the federal Housing for Older Persons Act, as amended from time to time or other similar federal laws, in the leasing of or otherwise providing dwelling accommodations at the property or in any other aspect of the development, administration, operation, construction, repair or maintenance of the property or in any aspect of employment by the applicant.

The applicant agrees that it will comply with all applicable provisions of federal, State and local laws and the Department of Housing and Community Development policies regarding discrimination, equal opportunity in employment, housing and credit practices, and drug and alcohol free workplaces including, but not limited to: Title VI and VII of the Civil Rights Act of 1964, as amended; Title VIII of the Civil Rights Act of 1968, as amended; the Fair Housing Act Amendments of 1988, as amended; Title 20 of the State Government Article of the Annotated Code of Maryland, as amended; State of Maryland Executive Order 01.01.1989.18 relating to drug and alcohol free workplaces; the Secretary's Minority Business Enterprise Program, as amended; and the Americans with Disabilities Act of 1990, as amended.

TENANT RELOCATION

Applicant certifies that no tenant living in any residential unit in the property to be rehabilitated with the proceeds of a HOME loan has been forced to move by the applicant without cause in the twelve month period preceding the submission of this application, and that no tenants will be forced to move without cause prior to loan closing except to rehabilitate the project in compliance with an approved relocation plan. Applicant further agrees to comply with the relocation requirements of the County if any residential tenant is required to be temporarily or permanently displaced as a result of the rehabilitation undertaken pursuant to this loan application.

ACCESS TO PUBLIC ACT NOTICE AND WAIVER

Applicants should give specific attention to the identification of information furnished to the Department under this application which they deem confidential, commercial or financial information, proprietary information, or trade secrets and provide any justification of why this information should not be disclosed under the Maryland Public Information Act, State General Provisions Article, Title 4 of the Annotated Code of Maryland. Applicants are advised that, upon request from a third party, the Department is required to make an independent determination as to whether the information may or must be divulged to that third party.

The information in this application will be disclosed to appropriate staff of the Department or the public officials for purposes directly connected with the administration of the programs for which its use is intended. Such information may be shared with State, Federal, or local government agencies that have a financial role on the project.

PRINCE GEORGE'S COUNTY DHCD

The Department intends to make available to the public certain information regarding projects submitting applications regardless of whether or not the project is recommended for reservation of funds by the Department. Some of this information may not be disclosed under Maryland's Access to Public Records Act. By signing and delivering this application to the Department, you hereby AGREE TO WAIVE ANY RIGHTS TO OBJECT TO OR PREVENT THE DISCLOSURE TO THE PUBLIC OF THE FOLLOWING INFORMATION: applicant's and sponsor names; name and address of the project; loan and /or tax credit amounts and terms (requested and/or approved); amounts and sources of other financing; total project cost; waivers (requested and/or received); explanation of amount and reason for State Bonus Points received (if any); total number of units; population served (elderly or family); and number of units reserved for persons with disabilities or special needs.

GENERAL

The undersigned hereby certifies that the development proposed in this application can be developed in accordance with the development budget set forth herein and operated in accordance with the operating budget set forth herein and further certifies that the information set forth herein and in any attachments in support hereof is true, correct, and complete to the best of his/ her knowledge and belief. The undersigned authorizes the Department to obtain credit information for the purpose of evaluating this application.

IN WITNESS WHEREOF, the applicant has caused this document to be duly executed in its name of this

_____ day of _____, 20_____.

(Full legal name of sponsor)

Signature: _____

Name: _____

Title: _____

APPLICATION CHECKLIST

All applicants are required to submit the attachments listed below, as applicable to the proposed project (check if applicable).

- Attachment: A HOME/HITF Application Form
- Attachment: B CDA Form 202 – Multifamily Rental Financing Application (form provided on MD DHCD website): Submit ALL copies when applying to the State for both 9% and 4% LIHTC ("twinned" projects)

- Attachment: C Project Narrative
- Attachment: D Evidence of other funding (application(s) to lenders, conditional commitment(s), etc.)
- Attachment: E Cash Flow Analysis (Homebuyer Projects)
- Attachment: F Spreadsheet of Unit Types, Sale Prices, Closing Costs, etc. (Homeowner Projects)
- Attachment: G Description of Applicant/Owner/Borrower (with organizational documents and evidence of Good Standing with SDAT, Audited Financial Statements for the last three (3) years, copy of most recent Dunn & Bradstreet profile and, if applicable, current CHDO certification). Flowchart illustrating ownership and common parties, as appropriate

- Attachment: H Evidence of Partnerships with other Non-profits or Community Housing Development Orgs
- Attachment: I Background and Experience of Development Team-Summary of Projects last 5 years (Identify minority/women business partners and Section 3 business engaged)

- Attachment: J Market Feasibility Study
- Attachment: K Evidence of Site Control: () Deed () Purchase Option () Contract of Sale () Other____ -
- Attachment: L Evidence of Zoning/land use approval (if pending, submit evidence of application & status)
- Attachment: M Preliminary Plans/Site Plan/Scope of Work (and Physical Needs Assessment if rehabilitation)
- Attachment: N Section 3 Business Plan
- Attachment: O Letters of Support from Community Stakeholders
- Attachment: P Management Plan and Marketing Plan for Affordable Housing Component
- Attachment: Q Identification of Supportive Services and/or Tenant Services Plan
- Attachment: R Relocation Plan
- Attachment: S Certification and Agreement (attachment provided in Section X of this Application)

ADDITIONAL ATTACHMENTS REQUIRED BY "THE DEVELOPMENT TEAM" SECTION OF THE APPLICATION (check if applicable)

- Attachment: T Awards of Federal Funds
- Attachment: U Previous HOME funds - loan defaults or waivers
- Attachment: V Debarment or Suspension
- Attachment: W Lawsuits pending
- Attachment: X Federal or State audit

NOTE: Additional documentation that must be submitted prior to any commitment and/or loan approval will include, but not be limited to:

Final Architectural Plans/Site Plan/Scope of Work, Environmental Assessment; Evidence of Firm Financing Commitments; Building Permit; Appraisal; Affirmative Marketing Plan; Updated Certificates of Good Standing; Certificates of Hazard; Liability and Workman's Comp. Insurance; Commitment for Title Insurance on any HOME loan; Operating Agreements and/or Management Agreements; Loan Documents for superior lien holders; Evidence of Adequate Utilities, etc. (All financial statements and Dunn & Bradstreet profiles will be handled confidentially.)