



Multifamily Energy Efficiency Improvement Funding Application Form

Note: Information about the Maryland Multifamily Energy Efficiency Improvement Funding Rental Program can be found at <http://dhcd.maryland.gov/HousingDevelopment/Pages/EnergyEfficiencyWeatherization.aspx>

Please consult the program information web link before completing this application form.

Type of Application:		
<input type="checkbox"/> Pre-Application (Eligibility Screening): Complete Sections 1-3 and 7, attach Exhibits 2 & 4 <input type="checkbox"/> Energy Improvement Funding Application: Application should be completed in its entirety		
1. Contact Information for Person Completing this Application on Behalf of the Sponsor		
Name:		
Telephone:	Cell Phone:	Title:
Email:		

2. Information about the Sponsor		
Legal Name of Sponsor :		
Legal Structure (check one): <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other:		
Business address:		
City:	State:	Zip:
Main Telephone:	Main Fax:	Website:
Total Number of Residential Units Under Management::	State of Incorporation/Partnership:	
Is the Sponsor or any of its officers involved in any regulatory proceedings or other legal action, including lawsuits, with the State of Maryland or any other entity involving the business? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:		
Has the Sponsor or any of its officers been involved in bankruptcy or insolvency proceedings? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain:		

3. Information about the Property and the Property Owner

Property Name:

Property Address:

City:

State:

County:

ZIP Code:

Property Owner: Legal Name:

FEIN:

Legal Structure (check one): For-Profit Corporation Non Profit Corporation Limited Partnership General Partnership
 Limited Liability Company Sole Proprietorship Other:

Property Owner's Business Address : Street:

City

State:

Zip:

Main Telephone:

Main Fax:

Website:

Signature Block and Notice Address:

Property Information:

Year Building Built:

Date of Last Major Rehab:

Rehab Planned Over Next Five Years?: Yes No

Number of Floors:

Number of Buildings:

Building's Total Gross Square Footage: s.f.

Total Square Footage of Residential Units: s.f.

Total Square Footage of Common Areas and Other Spaces: s.f.

Building Addresses and Unit Numbers:

Total Number of Residential Units: _____

Number of Residential Units by Type: SRO: _____ Studio : _____ 1 BR: _____ 2 BR: _____ 3 BR: _____

4 BR: _____ Other: _____

Target Resident Population : Elderly Family Disabled Special Needs Other:

Occupancy Restrictions of Project (show number of units): _____ 30 % AMI _____ 31-40% AMI _____ 41%-50% AMI

_____ 51%-60% AMI _____ 61-85% AMI

Utility Provider:

Electric _____

Account #: _____

Gas _____

Account #: _____

Oil _____

Account #: _____

Water _____

Account #: _____

Meter Set up:

Master Metered

Individual Metered

Mix Metered

Sub-Metered

Responsibility for Energy Costs:

Space Heating: included in rent Paid by tenants in separate utility accounts Other: Explain

Air Conditioning: included in rent Paid by tenants in separate utility accounts Other: Explain

Water Heating : included in rent Paid by tenants in separate utility accounts Other: Explain

Electricity : included in rent Paid by tenants in separate utility accounts Other: Explain

Property's Income:					
Sources of Income	Total Units	Annual Gross Income	Years Sustaining Occupancy	Annual Trending	Trended Income
Low Income Units:		\$		%	\$
Market Rate Units:		\$		%	\$
Nonresidential Units:		\$		%	\$
Total:		\$		%	\$

4. Information about the Energy Project

Project Type: (check one) Energy Retrofit in Existing Building Major Rehab of Existing Building

Has the property previously participated in any utility programs (i.e. Quick Home Energy Check-up, Smart Savers, Business Energy Solutions)?
 Yes No Name of program: _____ Date Work Completed: _____

Work completed under this program:

Has a DHCD Pre-Audit been completed? Yes Date: _____ No In process

Has an energy audit been performed to demonstrate the project's potential energy savings? Yes No In Process

Estimated Project Construction Start Date: _____ Estimated Project Completion Date: _____

Energy Project Description/Project Scope Work:

5. Energy Project Budget

Energy Conservation Measure	Budget
	\$
	\$
	\$
	\$
	\$
Total:	\$

Important Comments about the Project Budget

6. Energy Funds Request and Other Expected Sources

Energy Funds Request: \$

Other Expected Project Financing:

	Amount	Source	Status
Applicant Equity	\$		
Other Loan	\$		
Public Grants	\$		
Utility Rebates*	\$		
Other	\$		
Total (Including Energy Funds)	\$		

Important Comments about the Project Financing:

*Projects who are awarded funding under DHCD's MEEHA-EmPOWER program are not eligible to also receive Utility Rebates for eligible measures.

7. Certification, Authorization and Signature

The undersigned(the “Sponsor”) hereby certifies:

1. That she or he has the legal authority to sign this application on behalf of the Sponsor.
2. That the information contained in this Application and the attached Exhibits is complete, true and correct.
3. That the Sponsor agrees to notify the Maryland Department of Housing and Community Development (“MDHCD”) promptly of any material changes to the Application and the attached Exhibits.
4. That the Sponsor has read the Application Instructions and understands that as part of the underwriting process, MDHCD may require the Sponsor to submit additional documents involving the creditworthiness of the Sponsor and the Property, the financing of the proposed project, and the energy analysis needed to support the estimates of the energy savings that will result from the proposed project, The Applicant agrees to submit these additional materials in a timely manner when requested.
5. That the Applicant hereby authorizes MDHCD to make all inquiries it deems necessary to verify the accuracy of the Application and the attached Exhibits and to determine the Applicant’s creditworthiness. The Applicant authorizes any individual, including the Sponsor’s attorney and accountant, or any credit reporting agency, or any other entity, to furnish MDHCD with any information it possesses with respect to the Sponsor, the Property, this Application and the attached Exhibits.
6. In the event the funding is provided as a loan a additional fee may apply,

Certified and Agreed To this day of , 20____.

Name:
Title

NOTE: A complete common energy funding application package consists of the following:

- Mail a paper copy of the completed application form and Exhibits
- One electronic copy of the completed application form.

Applicants should deliver or mail the complete application package to :

Attention: Danielle England
Maryland Department of Housing and Community Development
7800 Harkins Road
Lanham, MD 20706

Email: MultifamilyEnergy.DHCD@Maryland.gov

8. Exhibits That Must Accompany This Application

Exhibit	Attached	Not Available	Not Applicable
1. Energy Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proof of affordability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Organizational Documents (for all entities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Copy of commercial electric bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DHCD's MBE Form – forms can be located on the program website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. DRAFT Resolutions from Awardee (authorized to enter into the Grant Agreement on the terms & conditions required by DHCD). Please note that the resolutions are different depending on which type of entity is producing the document. Please send a drafted WORD document of these forms prior to execution for legal review- forms can be located on the program website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. DRAFT Incumbency Certificate - forms can be located on the program website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Contractor Bids – cost must identify both labor and material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Owner/Commercial Space Executed Customer Energy Usage Release Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Tenant Executed Customer Energy Usage Release Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Letter of Intent executed by all entity principals agreeing to enter the Loan/Grant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exhibits That Must be Submitted Prior to Execution of Award

Exhibit	Attached	Not Available	Not Applicable
12. Executed Resolutions from Awardee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Executed Incumbency Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Executed Contracts, proposals or bids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Contractor Licenses for each contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Permits or signed statement that permits are not required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Detailed schedule of values identifying corresponding approved Scope of Work ECMs and indicating which contractor(s) are responsible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Construction Progress Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Property Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Contractor(s) Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Certificate of Good Standing (must be dated within 30 days of the "closing" / execution of the loan/grant agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>