

SPONSOR APPLICATION
(1-4 Units for MHRP, IPP, LHRGLP)

Name of Sponsor: _____

Address: _____

Contact Person: _____ Telephone No.: _____

SSN or Fed ID: _____ Fax Number: _____ E-Mail: _____

PROJECT

Project Name: _____ County: _____

Address: _____ City: _____ Zipcode: _____

Census Tract: _____ Congressional District: _____ Legislative District: _____

BUILDING CONTROL AND USE

Contract of Sale: _____ Deed: _____ Purchase Option: _____ Other: _____

Is the property properly zoned for proposed use? No: _____ Yes: _____ If no, is a rezoning hearing scheduled? No: _____ Yes: _____ If yes, indicate hearing date: _____

TYPE AND AGE OF BUILDING

Single Family House: _____ No. of Buildings: _____

Duplex: _____ No. of Floors: _____

Townhouse/Row home: _____ Total Square Footage: _____

Other: _____ Year Building was constructed: _____

NUMBER AND TYPE OF UNITS

Residential: _____ Number of Bedrooms: _____

Nonresidential: _____ Specify use: _____

Are any units currently occupied? No: _____ Yes: _____ If so, number and type: _____

RESIDENTIAL UNITS

Type/Size	No. of Units	Current Rent	Proposed Rent	Monthly Income

Check all utilities to be paid by tenant: Heat: _____ Type: _____ Water: _____

Water Heating: _____ Type: _____ Air Conditioning: _____ Lights: _____ Sewer: _____

RESIDENTIAL TENANTS (Complete this section only if property is occupied.)

Tenant Name	Address/Unit No.	Monthly Rent	Unit Size	Household Size	Annual Income

Will any of the tenants listed above be displaced or have any tenants been displaced without cause in the 12 months prior to the application? NO: _____ YES: _____ If yes, attach a copy of the proposed relocation plan for future displacement and an explanation of the nature of prior displacements.

OTHER FUNDING SOURCES

Fill in the following information for total development sources other than the DHCD loan.

Source	Amount	Rate	Term	Special Conditions
	\$	%	Yr.	
	\$	%	Yr.	
	\$	%	Yr.	
	\$	%	Yr.	



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EXISTING MORTGAGES

Mortgagee & Address	Original Amount	Balance	Term	Rate	Monthly Payment	Maturity Date

REHABILITATION

Provide a brief description/outline of the proposed scope of work for rehabilitation or construction. Continue on another paper if necessary.

Estimated Cost: \$ _____

SCHEDULE OF OTHER REAL ESTATE OWNED



ESTIMATED DEVELOPMENT COSTS

I. ACQUISITION COSTS

Purchase Price	\$	_____
Appraisal		_____
Relocation Expense		_____
Title and Recording		_____
TOTAL Acquisition Costs*	\$	_____

*Acquisition costs cannot be financed with MHRP funds.

II. REHABILITATION/CONSTRUCTION COSTS

Rehabilitation – Total Cost	\$	_____
Risk Reduction Treatments		_____
Site/Exterior Work		_____
General Requirements		_____
Builder’s General Overhead		_____
Builder’s Profit		_____
Bond Premium		_____
Contingency @___%		_____
TOTAL Rehabilitation/Construction Costs	\$	_____

III. FEES AND CHARGES

Architect’s Fee Design & Supervision	\$	_____
Borrower’s Legal Fees		_____
Lead Testing Costs		_____
Title and Recording		_____
DHCD Closing Fee		_____
Administrative Fee		_____
Other _____		_____
Other _____		_____
TOTAL Fees and Charges*	\$	_____

* For-profit sponsors must pay all fees and charges.

IV. **TOTAL DEVELOPMENT COSTS:**

\$	_____
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V. LESS FUNDS FROM OTHER SOURCES

_____	_____
_____	_____
_____	_____
_____	_____

VI. **LOAN REQUEST (IV, minus V)**

\$	_____
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INCOME EXPENSE PROFORMA AFTER REHABILITATION

Provide a statement of income and expenses for the first full year of operation upon substantial completion of the project if this is a rental project.

1.	ANNUAL INCOME	
a.	Gross Rental Income	\$ _____
b.	Other Income	_____
c.	Total Gross Income (line 1a. plus line 1b.)	_____
d.	Vacancy Allowance @ _____% of line a.	_____
e.	Effective Gross Income (line c. minus line d.)	_____
2.	EXPENSES	
a.	Management Fee (_____ % of gross annual income)	\$ _____
b.	Utilities paid by owner	_____
c.	Legal/Accounting	_____
d.	Maintenance and repair	_____
e.	Contract services (specify)	_____
	_____	_____
	_____	_____
f.	Insurance	_____
g.	Real Estate taxes	_____
h.	Reserve for Replacement	_____
i.	Other	_____
j.	TOTAL Operating Expenses (Add 2a. through 2i.)	_____
3.	NET OPERATING INCOME (Line 1e. minus 2j.)	\$ _____
4.	ANNUAL DEBT SERVICES (existing mortgages on property)	\$ _____
5.	AMOUNT AVAILABLE TO PAY ON STATE LOAN (line 3 minus 4)	\$ _____

DEVELOPMENT TEAM

Provide firm name/contact person/address/telephone number.

General Contractor: _____

Attorney: _____

Consultant: (if any): _____

Management Agency (if any): _____

Other:



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NOTICES

In accordance with Executive Order 01.01.1983.18, the Department of Housing and Community Development advises you as follows regarding the collection of personal information:

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for a Special Loan Programs loan. Your failure to disclose this information may result in the denial of your application for a loan. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et. seq. of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department, the staff of the local administrator for the loan, and participating mortgage lender, if any, for purposes directly connected with administration of the loan and the loan program. Such information is not routinely shared with state, federal or local government agencies, but would be made available to the extent consistent with the Maryland Public Information Act. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this loan application shall be subject to criminal prosecution, a fine of up to \$5,000 and/or imprisonment up to two years and if a loan has been made, immediate call of the loan requiring payment in full of all amounts disbursed, pursuant to Housing and Community Development Article, Section 4-933, Annotated Code of Maryland.

I/We authorize the Program or its agent to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in this loan..

CERTIFICATIONS

The undersigned applicant hereby makes application to the Department of Housing and Community Development's for a loan pursuant to Section 4-901 through 4-933 of the Housing and Community Development Article of the Annotated Code of Maryland, for the purpose of rehabilitating rental housing for occupancy by families of limited income. The undersigned certifies that all of the dwelling units in residential properties financed with the proceeds of the loan shall be occupied upon completion by families of limited or lower income.

- a) All interest and principal due on the loan is paid; OR
- b) 15 years after completion of rehabilitation.

Applicant further agrees he will not discriminate against any person on the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and to comply with all applicable federal, state and local laws regarding discrimination and equal opportunity in employment, housing and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto. Title VIII of the Civil Rights Act of 1968, as amended, requires a certification that the borrower's organizational documents contain a nondiscrimination clause.

Further, applicant agrees to comply with the Department's Minority Business Enterprise Program, if applicable. Copies of the MBE Program guidelines will be provided to the applicant.

Applicant certifies that no tenant living in any residential unit in the property to be rehabilitated has been forced to move without cause in the twelve month period preceding the submission of this application and that none will be forced to move without cause prior to loan closing. Applicant further agrees to comply with the relocation requirements of the Program in any residential tenant is required to be temporarily or permanently displaced as a result of the rehabilitation undertaken pursuant to the loan.



The undersigned hereby certifies that he believes he can rehabilitate the property within the development budget set forth in the application and further certified that the information set forth in this Application and all attachments in support of this Application are true, correct and complete to the best of his knowledge and belief.

IN WITNESS WHEREOF, the application has caused this document to be duly executed in its name on this _____ day of _____, _____.

Full Legal Name of Applicant

Signature

Typed/Printed Name



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SPONSOR APPLICATION TRANSMITTAL CHECKLIST

All of the following items on the checklist must be submitted with your application. Incomplete applications can result in substantial delays in the processing of your loan. Please check off each item to make sure your package is complete.

1. Application Fee – Payable to DHCD or County/City Housing Office	
2. Copy of Deed to the property	
3. Copy of Mortgages outstanding on the property	
4. Copy of the First Page of Fire Insurance Policy & Flood Insurance Policy, if any	
5. Copy of latest Property Tax Bill	
6. Copies of Organizational Documents of Borrowers – Article of Incorporation, By-Laws, Partnership Agreement, verification of 501(c)(3) Status, etc.	
7. Copies of 2 years Financial Statements or 2 years Certified Income Tax Returns of Borrower Entity	
8. Copy of Personal Financial Statement of owner or principals	
9. Copy of 2 years operating statements for project, if applicable	
10. Resolutions of Board authorizing application and signatories (corporations only)	
11. Photographs of building and site	
12. Evidence of Zoning Compliance	
13. Copy of Residential Lease	
14. Copy of Lead Testing Results	
15. Contractor's Proposal	
16. Evidence that property is registered with MDE Lead Poisoning Prevention Program:	
17. Other: _____	



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