



LLOYD WINNECKE
MAYOR

DEPARTMENT OF METROPOLITAN DEVELOPMENT

One N.W. Martin Luther King, Jr. Blvd.
306 Civic Center Complex Evansville, IN 47708
(812) 436-7823 TDD: (812) 436-4928 Fax: (812) 436-7809

KELLEY M. COURES
EXECUTIVE DIRECTOR

Dear Applicant.

The Affordable Housing Fund Advisory Committee (AHFAC) Developer Program has been established by the City of Evansville, Department of Metropolitan Development (DMD) to assist developers with their rental projects. Information regarding the AHFAC housing development program is available at the DMD office. Staff will be glad to discuss the program criteria by appointment by calling (812) 436-7823. To begin the application process, all applicants must submit to the Department of Metropolitan Development a completed application, including all supporting documentation requested before the Affordable Housing Fund Advisory Committee will begin the review of the housing project.

1. Completed and signed Loan Application
2. All supporting documents described in the Loan Application and checklist
3. Additional documentation requested by DMD and City Council

Submit the completed application, including all supporting document to:

The Department of Metropolitan Development

Attn: Kolbi Jackson, Community Development Coordinator

1 N.W. Martin Luther King Jr. Blvd., Room 306 Civic Center Complex
Evansville, IN 47708-1869

DMD and the AHFAC will take reasonable steps to keep all application information confidential and shall not make it available for access by the general public except as required by the Freedom of Information Act, and other applicable state and federal disclosure laws. However, appropriate review staff of DMD, and AHFAC will review all of the information and documents submitted.

Once a completed loan application is received, a meeting is held with the applicant, DMD staff, and the AHFAC finance team to discuss housing project objectives and AHFAC program guidelines. The application will then be reviewed by the entire AHFAC where a decision is made by the committee in a public meeting. Approved applications will be submitted to City Council for final authorization. The application review process may take 4-6 weeks from the time a completed application is received. The applicant will be notified in writing describing the reason(s) for delays in the loan approval process. An additional 4-6 weeks after City Council approval will be needed to prepare loan closing documents.

FINANCIAL DISCLOSURE STATEMENT

APPLICATION FEE:

Non-Refundable Application Fee: \$100.00 must be submitted with Loan Application

1. The applicant is responsible for the payment of all loan processing documentation needed to analyze the project request and determine program eligibility. The applicant will provide current documents to DMD for review. The applicant may use current documentation generated by the lender for DMD review. All project pre-development costs must be paid by the applicants prior to receiving project funds from the City
2. The applicant is responsible for providing a certified verification to DMD of the non-City fund resources being used for the housing development.
3. If the applicant seeks to refinance, amend, or renegotiate an AHFAC loan, the loan analysis process will be repeated, as required in the initial request. The owner will be required to provide current pre-development documentation or pay for documentation on an as needed basis.
4. If the applicant seeks to refinance, amend or renegotiate an AHFAC loan, or submits documentation that requires committee and City Council review, consent or execution, the applicant must pay a non-refundable fee of \$500.00 when the request is made.
5. As a condition of AHFAC funding, applicants are required to periodically submit to the Department of Metropolitan Development (DMD) certain additional information and documentation as may be required for compliance with the AHFA Guidelines.

**APPLICATION
AFFORDABLE HOUSING FUND
Schedule A**

APPLICANT INFORMATION:

Company Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Title:** _____

Phone Number: (____) _____ **Fax Number:** (____) _____

E-Mail: _____

Federal ID Number: _____

CORPORATE STRUCTURE

Attach schematic if Applicant is subsidiary or otherwise affiliated with another entity.

Corporation: Type of Corporation _____

Partnership: General OR

Limited Number of general partners _____
_____ and, if applicable Number of
limited partners _____

Limited Liability Company/Partnership:

Number of members/partners: _____

Sole Proprietorship:

Date of establishment/incorporation: _____/_____/_____

Place of organization: **City:** _____ **State:** _____

Is the applicant authorized to do business in the State of Indiana? NoYes

Verify with the Indiana Secretary of State – provide a copy with the application

LEGAL & REGULATORY COMPLIANCE:

- Has the applicant, any of its principal officers, filed bankruptcy? Yes No.
- Is the applicant, or any of its principal officers, subject to any litigation, which would have an adverse effect on the applicant's financial position?
 Yes No.
- Is the applicant or any of its principal officers subject to judgment(s)? Yes No.
- Has the applicant or any of its principal officers ever been cited for material non-compliance with any law, regulation or ordinance? Yes
- Is the applicant or any of its principal's delinquent on any Indiana State, federal or local tax obligations?
Yes No.
- Has the applicant or any of its principals ever been the subject of investigation by civil or criminal authorities?
Yes No.
- Has any officer, principal of the applicant or any of its principals ever been convicted of any felony or misdemeanor, other than a minor traffic violation, or are any such charges pending? Yes
- Has the applicant, its principals ever been declared in default by a creditor on any loan or other debt instrument? Yes

If the answer is "Yes" for any of the above questions, please attach an explanation.

APPLICANT OWNERSHIP:

List the name, title, residential address, phone number and percentage of ownership for all owners.

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Title:** _____

Phone Number: (____) _____ **Fax Number:** (____) _____

Name of Spouse (if owned jointly): _____

Name: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Title:** _____

Phone Number: (____) _____ **Fax Number:** (____) _____

Percentage Ownership: _____ **Number of Shares:** _____

Name of Spouse (if stock owned jointly): _____

If additional space is required, please continue on a separate sheet. Please complete an "Authorization for Personal Credit Report and Review" form for each individual included in the "Applicant Ownership" section who has 20% or greater ownership in the applicant.

PROFESSIONALS:

List the names, addresses and phone numbers of applicant's accountant(s), attorney(s), banker(s) and any other outside professionals, including but not limited to contact information related to other agencies providing funding assistance with this project:

Attorney:

Firm Name: _____ **Attorney Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____ **Fax Number:** (____) _____

E-Mail: _____

Accountant:

Firm Name: _____ **Accountant Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____ **Fax Number:** (____) _____

E-Mail: _____

Banker:

Firm Name: _____ **Banker Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____ **Fax Number:** (____) _____

E-Mail: _____

'Others':

Firm Name: _____ **Name-Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (_____) _____ **Fax Number:** (_____) _____

E-Mail: _____

FACILITY:

Please list the current owner(s) of the land and buildings owned by the applicant. If the project to be funded with AHFAC funds consists of acquisition and construction of a new facility at a new location, list the current owner(s) of that real property as well as the name of the applicant or persons that will be acquiring the property for this project. The AHFAC will not loan funds for acquisition.

Current Facility Location: _____

Current Facility Owner(s): _____

New Facility Location: _____

Current Property Owner(s): _____

New Property Owner(s): _____

Facility Description – Schedule B

Please attach as Schedule A a description of the applicant's current facility, including a plot plan or photo, if available. If this project consists of the acquisition of new property, provide a description of the new property and proposed construction along with a plot plan or photo, if available. It is the responsibility of the applicant to provide approval upon application approval from the necessary local, state, and federal agencies; site plans approved by the Area Plan Commission, City Engineer's Office, Water and Sewer Department, NEPA Environmental Report and Archeological Surveys from licensed organizations.

Deed or Lease to Property – Schedule C

If applicant owns the facility and underlying real estate, please attach a copy of the deed to the property as Schedule B. If applicant leases the facility, please attach, as Schedule B, a copy of the lease. If the project consists of the construction of a new facility, please attach a copy of the lease or deed to the underlying real property, whichever is appropriate.

Copy of Mortgage(s) – Schedule D

If the facility and/or underlying real estate is subject to a mortgage or mortgages, please attach a copy of the mortgage(s) as Schedule C.

PROJECT DESCRIPTION:

Describe the overall project for which financing assistance is being requested (i.e., constructing a new housing/ rehabbing an existing housing structure for the development of rental or homebuyer occupancy). Include a project timeline using approximated dates for the various states of construction from beginning to completions. Architectural drawing and project bids, if available. Provide as an attachment to the application.

SOURCE OF FUNDS:

SOURCE	AMOUNT	TERM	PURPOSE	SECURITY	TYPE
Bank:					
Private:					
Equity:					
CITY/AHFAC:					
Other:					
TOTAL:					

USE OF FUNDS:

Building:	
Renovation	\$
Acquisition	\$
Expansion	\$
New Building	\$
Equipment:	
Purchase capital equipment	\$
Product Development:	\$
Working Capital: (explain)	
	\$
	\$
	\$
TOTAL:	\$

balance sheets for the current fiscal year ending and for the prior three (3) years. Include a monthly cash flow projection for the current fiscal year and for the prior three (3) years. Please provide the current fiscal year-ending rent rolls and for the prior three (3) years.

Schedule I: Proof of Need

Please attach documentation of the applicant's efforts to obtain project funding from non-AHFAC sources. This includes funding request(s) that were either denied or which funding the applicant elected not to pursue because of prohibitively expensive terms. For all such funding, include amount sought/granted, interest rate and term.

Schedule J: Financials of Shareholders or Partners

Please submit current financial statements of the principal owners as well as the last three (3) years Federal income tax returns.

REPRESENTATION BY THE APPLICANT

The undersigned certifies that all information, which has been or will be furnished in support of this application, is given for the purpose of obtaining a loan from the Affordable Housing Fund. I further certify that all information submitted has been examined and approved by me and is true, correct and complete. I understand that the AHFAC will rely upon the information submitted with this application, along with any additional information submitted during the loan application process, in making its loan decision and/or in extending any loan. I agree to abide by all requirements to be set forth in connection with said loan program and the penalties and provisions of all applicable local, state and federal laws pertaining to falsification of any item contained herein or fraudulent misrepresentation of my business. I understand that incomplete applications may be rejected and at the very least will delay the decision on the requested loan. I agree that verification of any information contained herein, or to be provided in support of this loan request, may be obtained.

I authorize DMD, the AHFAC, and City Council to investigate the applicant's and its principals' credit and financial records including banking records. As part of such investigation, I will obtain an updated credit report from a financial organization designated by DMD in connection with the opening, monitoring, renewal and extension of this and other loan requests with AHFAC.

The loan applicant agrees to pay all closing costs associated with the Project. Closing costs may be included as an eligible expense under the loan, and the loan request may be increased by the amount of the closing costs.

Type or Print Name & Title

Signature

Date

APPLICATION CHECKLIST

To assist in assembling and submitting a complete application, please review the items below and check when complete.
Please note that incomplete applications may not be accepted.

Application Selection	<i>Check When Complete</i>
Application Fee:\$ 100 payable to the Dept. Metropolitan Development_____	<input type="checkbox"/>
Schedule A Applicant Background attached	<input type="checkbox"/>
Schedule A Corporate Structure – attach current Indiana Secretary of State Entity Report	<input type="checkbox"/>
Schedule B Property attached (including appraisal)	<input type="checkbox"/>
Schedule C – Signed and recorded Deed or lease (attached)	<input type="checkbox"/>
Schedule D Mortgage (attached)	<input type="checkbox"/>
Schedule E Commitment Letter or Equity Certification	<input type="checkbox"/>
Schedule F Cost Estimates attached	<input type="checkbox"/>
Schedule G Applicant Financial Statements (3 years)	<input type="checkbox"/>
Schedule G Applicant Interim Financial Statements	<input type="checkbox"/>
Schedule G Applicant Federal Tax Returns (3 years)	<input type="checkbox"/>
Schedule H: Income Statement Projection (3 years)	<input type="checkbox"/>
Balance Sheet Projection (3 years)	<input type="checkbox"/>
Cash Flow Projection (3 years)	<input type="checkbox"/>
Schedule I non -CITY Sources attached	<input type="checkbox"/>
Schedule J Owner’s Financial Statements	<input type="checkbox"/>
Schedule J Owner’s Federal Tax Returns (3 years)	<input type="checkbox"/>
Legal & Regulatory Compliance Checklist complete	<input type="checkbox"/>
Application Representation signed	<input type="checkbox"/>
Authorization for Personal Credit Report & Review completed and signed	<input type="checkbox"/>
Short Form Environmental Assessment Form (or other appropriate EAF) completed and signed	<input type="checkbox"/>

AUTHORIZATION FOR PERSONAL CREDIT REPORT

Applicant Name: _____

Principal Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

I authorize the Department of Metropolitan Development, DMD, or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize DMD to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other loan requests with the Affordable Housing Fund Advisory Committee fund. If I request, you will tell me whether my consumer credit report was obtained and, if so, the name and contact information of the consumer credit reporting agency that furnished the report.

Applicant

Signature

Date

Co-Applicant

Signature

Date

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, 55 West Monroe Street, Suite 1825. Chicago IL 60603.

I have received, read and understood this notice.

Applicant

Applicant