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| **SECTION 1: LOAN SUMMARY** | | | | | | | | | | | | | | | |
| 1. **LOAN TYPE** | | | | | | | | | | | | | | | |
|  | **Predevelopment** | | |  | **Bridge** | | |  | **Gap** | |  | |  | |  |
|  | | | | | | | | | | | | | | | |
| 1. **ACTIVITY TYPE (Select All that Apply)** | | | | | | | | | | | | | | | |
|  | **Acquisition** | | |  | **Infrastructure** | | |  | **Construction/**  **Redevelopment** | |  | | **Rehabilitation** | |  |
|  | | | | | | | | | | | | | | | |
| 1. **UNIT TYPE (Select All that Apply)** | | | | | | | | | | | | | | | |
|  | **Homeownership** | | |  | **Rental** | | |  | **Homeownership**  **And Rental** | |  | | **Transitional** | |  |
|  | **Single Family** | | |  | **Multi Family** | | |  | **Mixed Use** | |  | | **Mixed Income** | |  |
|  | | | | | | | | | | | | | | | |
| 1. **PROJECT COST** | | | | | | | | | | | | | | | |
| **TOTAL PROJECT COST:** | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **LOAN TERMS** | | | | | | | | | | | | | | | |
| **Amount Requested:** | | |  | | | | | | | | | | | | |
| **Loan Term Requested:** | | |  | | | | | | | | | | | | |
| **When do you need the funds?** | | |  | | | | | | | | | | | | |
| **How will you repay the GHF loan?** | | **Construction Financing** | | | |  | **Permanent Financing** | | |  | |  | |  | |
| **Source of Committed Funds** | | |  | | | | | | | | | | | | |
| **What collateral is offered?** | |  | | | | **Valuation of collateral:** | | | |  | | **Less prior liens:** | |  | |
|  | | | | | | | | | | | | | | | |
| **Section 2B SUBSIDY section (If availabile\*)** | | | | | | | | | | | | | | | |
| **Amount Requested:** | | |  | | | | | | | | | | | | |
| **When do you need the funds?** | | |  | | | | | | | | | | | | |
| **Why do you need subsidy funds?** | | |  | | | | | | | | | | | | |
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| **SECTION 2: ORGANIZATION SUMMARY** | | | | | | | |
| 1. **APplicant Information (If more than one applicant, fill out section 3 for each applicant and include attachments)** | | | | | | | |
| **Applicant Name:** |  | | | | | | |
| **Contact Name And Title:** |  | | | | | | |
| **Street Address:** |  | | | | | | |
| **City And State:** |  | | | | | | |
| **Zip Code:** |  | | | | | | |
| **Telephone Number:** |  | | | | | | |
| **Fax Number:** |  | | | | | | |
| **Email Address:** |  | | | | | | |
| **Federal Tax Identification #:** |  | | | | | | |
| **Developer Status:** | **Non-Profit** | |  | | **Joint Venture** | |  |
|  | **For Profit** | |  | | **Government Entity** | |  |
|  | | | | | | | |
| 1. **ORGANIZATIONAL CAPACITY** | | | | | | | |
| **Please provide a brief history of the applicant, related experience, and a description of previous projects successfully completed. If the applicant is not the developer, provide this information for both the applicant and the developer.** | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| 1. **REFERENCES** | | | | | | | |
| 1. **Name** | |  | | **Email Address** | |  | |
| **Address** | |  | | **Telephone Number** | |  | |
| **Prior Project(s) in which reference has participated:** | | | |  | | | |
| 1. **Name** | |  | | **Email Address** | |  | |
| **Address** | |  | | **Telephone Number** | |  | |
| **Prior Project(s) in which reference has participated:** | | | |  | | | |
| 1. **Name** | |  | | **Email Address** | |  | |
| **Address** | |  | | **Telephone Number** | |  | |
| **Prior Project(s) in which reference has participated:** | | | |  | | | |
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| ***SECTION 3: PROJECT SUMMARY*** | | | | | | | | | | | | |
| 1. **PROJECT INFORMATION** | | | | | | | | | | | | |
| **Project Name:** | |  | | | | | | | | | | |
| **Street Address:** | |  | | | | | | | | | | |
| **City and State:** | |  | | | | | | | | | | |
| **Zip Code:** | |  | | | | | | | | | | |
| **County:** | |  | | | | | | | | | | |
| **TMS Number:** | |  | | | | | | | | | | |
| **Census Tract:** | |  | | | | | | | | | | |
| **Legislative District Number:** | | **SC Senate** | | | |  | **SC House** | |  | | **US Congress** |  |
|  | | | | | | | | | | | | |
| 1. **PROJECT DISCUSSION** | | | | | | | | | | | | |
| **Include a brief discussion of the project for which you are seeking funding. Your discussion should incorporate, but not be limited to: a description of the activity, size and scope of the project; the project location and why it is appropriate; the impact of the project on the neighborhood; anticipated funding sources; when the project construction will begin and when it will be completed. Include other relevant issues not discussed elsewhere in the application.** | | | | | | | | | | | | |
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| 1. **HOUSING UNITS** | | | | | | | | | | | | |
| **The Recipient shall create (number)** | | |  | | **housing units,** | | | | | | | |
| **of which (number)** | | |  | | **will be affordable to very low income households, (50% of median and below)** | | | | | | | |
| **(number)** | | |  | | **will be affordable to low income households, (51% to 80% of median)** | | | | | | | |
| **(number)** | | |  | | **will be affordable to moderate income households, (81% to 120% of median)** | | | | | | | |
| **and (number)** | | |  | | **will be market rate.** | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **GHF FINANCED UNITS** | | | | | | | | | | | | |
| **GHF will finance** | | |  | | **housing units,** | | | | | | | |
| **of which (number)** | | |  | | **will be affordable to very low income households, (50% of median and below)** | | | | | | | |
| **(number)** | | |  | | **will be affordable to low income households, (51% to 80% of median)** | | | | | | | |
| **(number)** | | |  | | **will be affordable to moderate income households, (81% to 120% of median)** | | | | | | | |
|  | | | | | | | | | | | | |
| 1. **UNIT DESCRIPTIONS** | | | | | | | | | | | | |
| **# Units** | **# Bedrms/Baths** | | | **Sq. Ft.** | | | | **Sales/Rental Price** | | **Moderate, Low, or Very Low** | | |
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| **SECTION 4: DEVELOPMENT TEAM** | | | |
| 1. **DEVELOPER** | | | |
| **Please identify the project developer(s) and other members of the development team. If more than one firm or individual is being identified, please indicate for what portion or phase of the project they will be responsible.** | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
|  | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
|  | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
|  | | | |
| 1. **CONTRACTOR/BUILDER** | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
| 1. **ARCHITECT** | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
|  | | | |
| 1. **CONSULTANT/PLANNER** | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
|  | | | |
| 1. **PROJECT COORDINATOR** | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
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| 1. **ATTORNEY** | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
|  | | | |
| 1. **TAX CREDIT SYNIDCATOR** | | | |
| **Organization** |  | **Contact Person** |  |
| **Address** |  | **Telephone Number & Email Address** |  |
| **City, State, Zip Code** |  | **Responsibility** |  |
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| **SECTION 5: PROJECT TIMETABLE AND READINESS TO PROCEED** | | | | | | | | | |
| 1. **CONSTRUCTION DATES** | | | | | | | | | |
| **Anticipated length of construction, acquisition, or rehabilitation:** | | | | | | | | | |
| **Start Date** |  | | | | **End Date** | |  | | |
|  | | | | | | | | | |
| 1. **SITE INFORMATION** | | | | | | | | | |
| 1. **Do you have site control?** | | | | **YES** | |  | | **NO** |  |
| 1. **If yes, identify form of control.** | | | | **Deed** | |  | | **Title** |  |
|  | | | | **Purchase Agreement** | |  | | **Option** |  |
|  | | | | **Other** | |  | |  |  |
| 1. **Are there any deed restrictions on the property?** | | | | | | | | | |
| **NO** |  | **YES** |  | **If yes, provide a copy of the restriction(s).** | | | | | |
| 1. **Is there sewer and water at the site?** | | | | | | | | | |
| **NO** |  | **YES** |  | **If no, what is the estimated cost of bringing water and sewer to the site?** | | | | |  |
| 1. **Is asbestos removal required?** | | | | | | | | | |
| **NO** |  | **YES** |  | **If yes, provide a copy of the study if available (executive summary and/or conclusions ONLY).** | | | | | |
| 1. **Is lead paint removal required?** | | | | | | | | | |
| **NO** |  | **YES** |  | **If yes, provide a copy of the study if available (executive summary and/or conclusions ONLY).** | | | | | |
| 1. **What was the prior use of this site?** | | | |  | | | | | |
| 1. **Have any environmental or soils surveys been done on this site** | | | | | | | | | |
| **NO** |  | **YES** |  | **If yes, provide a copy of the study if available (executive summary and/or conclusions ONLY.)** | | | | | |
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| 1. **LOCAL APPROVALS** | | | | | | | | | | | | |
| * 1. **Is the site zoned to permit the proposed use?** | | | | | | | | | | | | |
| **NO** |  | **YES** |  | | **If no, what variances are needed and how long will it take?** | |  | | | | | |
| * 1. **What variances have been acquired?** | | | | |  | | | | | | | |
| * 1. **Is site plan approval required?** | | | | | | | | | | | | |
| **NO** |  | **YES** |  | **If yes, what is the status/timing?** | |  | | | | | | |
| **If scattered sites, or a phased project, give information on each.** | | | | | | | | | | | | |
| * 1. **Are property taxes current?** | | | | | | | | | | | | |
| **NO** |  | **YES** |  | **If no, what is the status/timing?** | |  | | | | | | |
|  | | | | | | | | | | | | |
| 1. **ADDITIONAL APPROVALS** | | | | | | | | | | | | |
| **List all additional local, county, and state approvals needed and status:** | | | | | | | | | | | | |
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| 1. **ARCHITECTURAL AND SITE PLANS (If Available)** | | | | | | | | | | | | |
| **Status of Site Plans** | | | | **Conceptual Only** | | | |  | **Preliminary** |  | **Final** |  |
| **Status of Architectural Plans** | | | | **Conceptual Only** | | | |  | **Preliminary** |  | **Final** |  |
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| **SECTION 6: ENERGY EFFICIENCY, ENVIROMENTALLY FRIENDLY STRATEGIES** | |
| 1. **Check all of the following certifications you are seeking to obtain for your project and explain each checked item.** | |
|  | **LEED** |
|  | **Earth Craft** |
|  | **Energy Star** |
|  | **Green Communities** |
|  | **NAHB** |
| 1. **Check all of the following strategies you have incorporated into your project and explain each checked item.** | |
|  | **Use durable materials to minimize maintenance cost, e.g. long lasting exterior finish materials.** |
|  | **Increase energy and water efficiency by using:** |
|  | **Properly sized high efficiency *Energy Star*-compliant heating, cooling, and hot water equipment** |
|  | **Fully sealed duct system, insulated pipes, water heater jackets** |
|  | **Passive solar Strategies** |
|  | **Low e/ low-solar-gain windows** |
|  | **Water efficient shower heads and toilets** |
|  | ***Energy Star*-compliant appliances** |
|  | **Energy efficient lighting using day lighting when possible and *Energy Star* compliant lighting fixtures** |
|  | **Home Energy Rating System (HERS) testing** |
|  | **Other:** |
|  | **Increase health and safety with:** |
|  | **Low toxicity interior paints, finishes, carpets** |
|  | **Effective mechanical ventilation** |
|  | **Other:** |
| 1. **Explain each checked item above.** | |
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| **SECTION 7: MARKET/NEEDS ASSESSMENT** | | | | | | |
| 1. **INTENDED POPULATION** | | | | | | |
| **What is the population that you intend to serve with this project? Check all that apply** | | | | | | |
| **Income Level** | | | | | | |
|  | Extremely Low Income Household (30% and below of AMI) | | |  | Low Income Household (51% to 80% of AMI) | |
|  | Very Low Income Household (31% to 50% of AMI) | | |  | Moderate Income Household (81% to 120% of AMI) | |
| **Household Information** | | | | | | |
|  | Single Parent Household | | |  | Female Head of Household | |
|  | Senior Head of Household (Age 62 or older) | | |  | Dual Income Household | |
|  | Disabled Household Member | | |  | Homeless | |
|  | | | | | | |
| 1. **SITE SELECTION** | | | | | | |
| **Why did you select this site for your project?** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 1. **OCCUPANTS** | | | | | | |
| **From what geographic area do you anticipate drawing occupants for this project?** | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 1. **SALES/RENTS OF SIMILAR UNITS IN THE AREA** | | | | | | |
| **# of Bedrooms** | | **# of Bathrooms** | **Market Price or Rent** | | | **Your Proposed Sale Price or Rent** |
|  | |  |  | | |  |
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| **What methodology did you use for determining the values listed above?** | | | | | | |
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| 1. **SOURCES OF INFORMATION** | | | | | | | |
| **Sources of Evidence of Project Need in Neighborhood** | | | **Check all that apply.** | | **Provide contact person name where appropriate.** | | |
| **Area Realtors** | | |  | |  | | |
| **Neighborhood Groups, Churches, Other Developers** | | |  | |  | | |
| **Waiting List Data from Municipal or County Housing Authority** | | |  | |  | | |
| **Waiting List Data from Section 8 Program** | | |  | |  | | |
| **Waiting List Data from Other Affordable Housing Developments** | | |  | |  | | |
| **Census Data** | | |  | |  | | |
| **Other Source of Information**       **(please specify)** | | |  | |  | | |
| **Market Assessment/Analysis**       **(please specify)** | | |  | |  | | |
|  | | | | | | | |
| 1. **NEIGHBORHOOD DESCRIPTION** | | | | | | | |
| **How would you describe the neighborhood?** | | **Check all that apply.** | | | | | |
| **Severely Blighted** |  | **Gentrifying** | |  | | **Urban** |  |
| **Blighted** |  | **Well Kept** | |  | | **Rural** |  |
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| **SECTION 8: CERTIFICATION** | | | | |
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| **The undersigned hereby represents that all of the information contained in this application and any additional information given to GHF is true, complete, and correct. The person whose name, title and signature appears below is authorized to sign the application and that they or their successor in said title are authorized to sign the contract and any other documents necessary in connection therewith:** | | | | |
| **SIGNED** |  |  |  |  |
|  | **NAME** |  |  |  |
|  |  |  |  |  |
|  | **TITLE** |  |  |  |
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|  | **DATE** |  |  |  |
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**ATTACHMENTS CHECKLIST**

**Complete and submit forms for all sections of the application. All attachments are required except those listed as “if applicable”. Place attachments at the end of the application in the following order. Label each attachment with the section and title that identifies it in the application. Check all attachments you are submitting. Application is complete when all sections are filled out and all appropriate attachments are included along with an application fee of $500. Only complete applications will be considered.**

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| **SECTION 1** | **LOAN SUMMARY** |
|  | * Development Budget Worksheet * Operating Pro Forma Worksheet * Sources and Uses Worksheet * Affordability Worksheet |
| **SECTION 2** | **ORGANIZATION SUMMARY (If more than one applicant, fill out section 2 for each applicant and include attachments)** |
|  | * Copy of 501(c)(3) Designation Letter (if applicable) Copy of Articles of Incorporation (if applicable) Certificate of Good Standing from the SC Secretary of State * If developer is a 501(c)(3) non-profit corporation attach list of the Board of Directors and the staff * W-9 Request for Taxpayer Identification Number and Certification * Copy of Annual Report (if applicable) * Copy of Most Recent Audited Financial Statement (if applicable) * Dunn & Bradstreet Report and Scored Credit Report on all principals * Status of other Projects * Three years of Tax Returns and Current Year to Date Financial Statements * List any litigation the company or its principals are involved in or litigation on the project and the disposition of this litigation |
| **SECTION 3** | **PROJECT SUMMARY** |
|  | * Attach maps of the neighborhood that clearly show the project site and the project’s location within the municipality * Attach photographs of the site and structures, if available, and the adjacent properties * Directions to project site |
| **SECTION 4** | **DEVELOPMENT TEAM** |
|  | * Resumes and relevant experience of the developer, contractor/builder, and the consultant/ planner (if applicable.) |
|  |  |
| **SECTION 5** | **PROJECT TIMETABLE** |
|  | * Attach copies of all available documents referenced in this section: * A copy of site control documentation and deed restrictions Title (if applicable) * A copy of the executive summary and/or conclusions of asbestos removal, paint removal, and/or environmental or soil surveys * Copies of additional approvals * For new construction, attach conceptual plans * For rehabilitation or adaptive reuse of a vacant building, attach work write-up(s) and cost estimate and attach certification from a licensed architect or engineer that the building is structurally sound and appropriate for the intended use and that the reconstruction is achievable or within the cost structure proposed in this application * Supplement this information to the greatest extent possible with site plans, floor plans and architects and/or engineer report * For Acquisition and Pre-development: Sales contract, site information |
| **SECTION 6** | **ENERGY EFFICIENCY** |
| **SECTION 7** | **MARKET NEEDS ASSESSMENT** |
| **SECTION 8** | **CERTIFICATION** |