



Angela Alsobrooks
County Executive



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

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

Contact Information:

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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)

*Other:

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

\$	-
\$	

Indicate Debt Financing or Cash Flow Financing

PROJECT NAME AND LOCATION

Project Name

Street Address

If no street address indicate lot

City

Zip Code

Parcel

County

Census Tract

Council District

Tax Map

APPLICANT INFORMATION

Applicant Name

Mailing Address

Contact

Title

Phone

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="checkbox"/> Yes <input type="checkbox"/> No
	-		%	<input type="checkbox"/> Yes <input type="checkbox"/> No
	-		%	<input type="checkbox"/> Yes <input type="checkbox"/> 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

_____ %

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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)

--

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

--

Total Land Area (acres) _____

Total Building Area (gross square footage)

Residential Units: Low-Income

--

Residential Units: Market

--

Nonresidential Units and Staff Units

--

Common Space:
circulation (hallways, stairways etc.)

--

recreation:

--

other:

--

Total Gross Square Footage

--

Type of Occupancy (show number of units)

Families

--

Elderly

--

**Commercial (see note below)

--

Special Needs or Alternative Housing

--

Total Units

--

****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 (value must be manually calculated and entered)

--

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) *(Enter in Project Income tab as Market Rate or Non-Income Producing)*

--

Total Units

--

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ANTICIPATED DEVELOPMENT SCHEDULE

<i>Activity</i>	<i>Date (MM/YYYY)</i>
Site Control	
Sponsor has site control? <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> 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: 1/0/00

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 () -

PRINCE GEORGE'S COUNTY DHCD

Title	Fax	()	-	_____
D&B Duns Number	E-mail	_____		
Section 3 Business Interest: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Closing Attorney

Mailing Address				

Contact	Phone	()	-	_____
Title	Fax	()	-	_____
D&B Duns Number	E-mail	_____		
Section 3 Business Interest: <input type="checkbox"/> Yes <input type="checkbox"/> 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?

<i>HOME Investment Partnerships (HOME)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Community Development Block Grant (CDBG)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Neighborhood Stabilization Partnership (NSP)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Community Development Block Grant Recovery (CDBG-R)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Homelessness Prevention and Rapid Re-housing Program (HPRP)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Other:</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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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

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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 (Net leasable Sq. Ft.)	Tenant Utilities	Contract Rent	Rent Subsidy	Rent Subsidy Source	Income Per Unit	Monthly Income	Annual Income	
		Bedrooms	Baths										
	%												
	%												
	%												
	%												
	%												
	%												
	%												
	%												
Total											\$	\$	
Vacancy Allowance Percentage:												(Total Annual Income x Vacancy Rate)	\$
Effective Gross Income: Low Income Units												(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 (Net Leasable Sq. Ft.)	Tenant Utilities	Contract Rent	Rent Subsidy	Rent Subsidy Source	Income Per Unit	Monthly Income	Annual Income	
	Bedrooms	Baths										
Total HITF										\$	\$	
Vacancy Allowance Percentage:											(Total Annual Income x Vacancy Rate)	\$
Effective Gross Income: HITF Units											(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					
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: 1/0/00

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 <u>County portion</u> of the tax assessment</i>			
Payroll Taxes (FICA)			
Miscellaneous Taxes, Licenses and Permits			

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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>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	\$

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	\$

PRINCE GEORGE'S COUNTY DHCD

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>

<input type="checkbox"/>	Contingent Interest Surplus Cash Repayment Terms
<input type="checkbox"/>	Standard Surplus Cash Repayment Terms

PRINCE GEORGE'S COUNTY DHCD

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)

<i>Source of Income</i>	<i>Total Units</i>	<i>Annual Gross Potential Income</i>	<i>Years Until Sustaining Occupancy</i>	<i>Annual Trending</i>	<i>Trended Income</i>
Low Income Units	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	% <input type="text"/>	\$ <input type="text"/>
HITF Units	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	% <input type="text"/>	\$ <input type="text"/>
Market Rate Units	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	% <input type="text"/>	\$ <input type="text"/>
Nonresidential	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	% <input type="text"/>	\$ <input type="text"/>
Total Gross Potential Income		\$ <input type="text"/>			\$ <input type="text"/>
Vacancy Allowance					\$ <input type="text"/>
Trended Effective Gross Income					\$ <input type="text"/>

PROJECT EXPENSES

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

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
Low Income Units												
HITF 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
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

Taxable 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 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

Must be listed in the order of payment

Formulas must be manually entered due to varying structure of cash flow payments

Housing Investment Trust Fund												
Developer's Equity (Deferred Developer's Fee)												
Rental Housing Funds												
HOME (County)												
Total Cash Flow Debt												
Remaining Cash Flow												
Debt Coverage Ratio												

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												
Total years to repay:												
Beginning balance:												
Payment made:												
Remaining balance:												

20-YEAR OPERATING PRO FORMA:

INCOME	<i>Year 13</i>	<i>Year 14</i>	<i>Year 15</i>	<i>Year 16</i>	<i>Year 17</i>	<i>Year 18</i>	<i>Year 19</i>	<i>Year 20</i>
Low Income Units								
HITF Units								
Market Rate Units								
Nonresidential								
Gross Project Income								
Vacancy Allowance								
Effective Gross Income								

EXPENSES								
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

Taxable 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

Must be listed in the order of payment

Housing Investment Trust Fund								
Developer's Equity (Deferred Developer's Fee)								
Rental Housing Funds								
HOME (County)								
Total Cash Flow Debt								
Remaining Cash Flow								
Debt Coverage Ratio								

Deferred Developer Fee			Year 15
<i>Total years to repay:</i>			
<i>Beginning balance:</i>			
<i>Payment made:</i>			
<i>Remaining balance:</i>			

Current Financing Information

Date: _____ 0 _____

Existing Debt on the Property:

<i>Lien Position</i>	<i>Mortgage</i>	<i>Loan Product</i>	<i>Approximate Balance</i>	<i>Loan Number</i>	<i>Credit Enhancement</i>

Total Existing Debt: \$ _____

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.)