



GATEWAY

Gateway Community Development Fund, Inc.

Application for Predevelopment Loan Funds

Date:

General Applicant Information

**Applicant Organization's
Legal Name**

Tax Identification Number

Street Address

City

State

Zip Code

Telephone Number

Executive Director

Contact Name & Title

Contact E-Mail Address

**Date of Incorporation of
Organization**

Is your Organization a:

Nonprofit

501(c)(3)

For-Profit

Primary Purpose of Organization

**Organization's Annual
Operating Budget**

**Number of Properties/ Number of
Units Owned by Applicant**

**Number of Properties/ Number of
Units Managed**

Other Housing Related Operations
(please explain)

**Members of your
Board of Directors**

(Note any special skills of housing
related experience they bring to your
organization)

Property/Project Proposal

Name of Proposed Property

Property Address

Neighborhood

**Ward & Alderman/
Council District & Council
Representative**

Existing Zoning

Changes to Zoning Needed? Yes No

**Does your organization
have ownership
of the proposed property?** Yes
No

If no, describe the plan, steps
and cost to acquire it

**Legal Name of Property's
Owner Entity**

Please Attach Site Map and List of Property Address(es)

**Loan Amount Requested for
Predevelopment Purposes**

For what will these funds be used?

**Provide general description of
project and explain its importance
to the community:**

**Has a market study been
conducted?** Yes No

If no, is one intended? Yes No

When will it be conducted?

Name of Firm

**Provide general description of the
marketability and target
population for this project:**

**Are supportive services part of the
development plan?** Yes No

If yes, please describe:

Complete the table below regarding the proposed unit mix of the property:

Unit Type	Rental Housing		For-Sale Housing	
	# of Income-Restricted Units	# of Market Rate Units	# of Income-Restricted Units	# of Market Rate Units
Studio				
1 Bedroom				
2 Bedroom				
3 Bedroom				
Other (specify size)				
Total Housing Units				
Commercial Space (specify details)				

Do you anticipate Low Income Housing Tax Credit financing?	Yes	
	No	
If yes, note type of credit anticipated:	9%	
	4% (with tax-exempt bonds)	
Does this project include Historic Tax Credit financing?	Yes	
	No	
Construction Type	New	Rehabilitation
Anticipated Date Funds Will be Needed		
Anticipated Term of Loan (#of months)		

**List Potential Mortgage
Debt Lenders and/or
Grant Providers Anticipated**

(provide phone numbers
for primary contacts)

**include copies of preliminary
commitment letters, if any*

Describe anticipated means and timing of repayment if:

Tax credit financing is awarded:

Funds have been advanced and the
anticipated plan for development
cannot be implemented:

Describe Site Conditions

(including environmental
concerns, if any)

**Describe Existing
Neighborhood Conditions**

State your estimated timeframe for the following:

Initial closing:

Start of construction:

Construction completion:

Full lease-up of property:

What barriers/obstacles do you anticipate during the development process?

Will the project require operating subsidy funds?

Yes
No

If yes, describe entity expected to provide subsidy:
**include copies of commitment letters, if any*

Will the applicant have partners in this project?

Yes
No

If yes, name each anticipated partner:

If yes, is partner a for-profit entity?

Yes No

Describe role of each partner during and after project completion:

Identify Members of the Development Team, Listing Name & Contact Number:

	Check if M/WBE Firm	
	Yes	No
Architect:	Yes	No
General Contractor:	Yes	No
Consultant:	Yes	No
Property Manager:	Yes	No
Social Service Provider:	Yes	No
Other Key Partner: (describe role)	Yes	No
Attorney:	Yes	No
Accountant:	Yes	No

Attachments

Please Include the Following Documents with this Application:

1. Project pro forma (including projected Sources and Uses of Funds)
2. Certificate of Incorporation and Certificate of Good Standing for the borrower, dated within 6 months of application
3. Most recent financial statements (audited and internal) of the applicant and operating budget for current year
4. Income tax return (form 990) for prior fiscal year
5. Internal procedures for financial management of organization
6. Strategic plan of organization, if available
7. Site control documentation, site map, and list of addresses
8. Experience Summary/Resume for each listed member of the development team

The undersigned applicant does hereby represent and warrant that the information contained in this application, along with any attachments, is complete and correct. The undersigned authorizes Gateway Community Development Fund, Inc. to obtain credit and professional reference and credit reports for the applicant organization. The undersigned does hereby certify that, to the best of his/her knowledge, as of the date of this loan application, neither the undersigned, nor any of the officers, directors, trustees or affiliates (collectively, the "Undersigned"), has ever been convicted of, or pled guilty to, a felony of any kind.

Signature of Authorized Officer: _____

Date

Title:

Printed Name:

Applicant Organization: