

**Annual Operating Budget** 

## **Gateway Community Development Fund, Inc.**

### Application for Purchase/Rehabilitation Loan

			Date:	
General Applicant I	nformation	1		
Applicant Organization's Legal Name				
Tax Identification Number				
Street Address				
City		State	Zip Code	
<b>Telephone Number</b>				
Executive Director/ Owner of Company				
Contact Person & Title (if different from above)				
Contact Person E-mail				
Date of Incorporation of Organization, if applicable				
Is your organization a:	Nonprofit			
	501(c)(3)			
	For-Profit			
Primary Purpose of Organization				

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

Number of Properties/Units Managed by Applicant

> Other Housing-Related Operations (please explain)

If applicable, list all members of your Board of Directors
(Please note any special skills / housing-related experience they bring to your organization)

#### Property/Project Proposal

#### **Property Address**

# **General Property Description**

(# of bedrooms, # of bathrooms, etc.) \*include photos of property's interior and exterior

## **Describe Neighborhood, Including Conditions**

\*include photos of neighborhood surrounding the property

Council District & Council Representative

Do you own the property? Yes No If no, describe the plan, steps and cost to acquire it: **Legal Name of Property's Owner Entity Purchase Price of Property** Cost to Rehabilitate **Property Loan Amount Required** Has the property been Yes appraised? No As rehabilitated? If yes, what is the appraised value as is? Provide a brief description of the rehabilitation planned for the property: \*attach a scope of work and cost estimate Has a buyer been identified Yes for the rehabilitated No property? If yes, has he/she been pre-Yes qualified for a mortgage? No If no buyer has been identified, what are your plans for the rehabilitated property?

Yes

Tax Credit financing? No

Do you plan to use Historic

### Anticipated Date Funds Will be Needed

#### Anticipated Term of Loan

(# of months)

State your Estimated	Time Frame	for the Fo	llowing:
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Initial Closing of Loan:

Start of Construction:

**Construction Completion:** 

Loan Repayment:

Describe anticipated means and timing of repayment:

This loan is for the purpose of purchase and rehabilitation only.

## List potential long-term debt provider(s):

(telephone number & email address for primary contact)

\*include copies of preliminary commitment letters, if any

Will any phase of this purchase/ rehabilitation/ sale require a subsidy?

Yes No

If yes, describe entity expected to provide subsidy:

\*provide copies of commitment letters, if any

Will the applicant have partners in this development?	Yes No
If yes, name each anticipated partner:	
If yes, is a partner a for-profit entity?  Describe role of each partner:	Yes No
Identify members of the develo	pment team where applicable:

Architect:

General Contractor:

#### 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, if applicable, dated within 6 months of application
- 3. If applicable, most recent financial statements (internal and audited) 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. Site control documentation, site map, and address(es) for property
- 7. Experience Summary/Resume for applicant and each member of the development team, if applicable

The undersigned applicant does hereby represent and warrant that the information contained in this application, along with any attachments, is compete and correct. The undersigned authorizes Gateway Community Development Fund, Inc. to obtain credit and professional references and credit reports for the applicant.

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:		