



**GATEWAY**

# Gateway Community Development Fund, Inc.

## Application for Predevelopment Loan Funds

Date:

### General Applicant Information

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**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**

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**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)

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## 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**

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

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**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)				

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

	<b>Check if M/WBE Firm</b>	
	<b>Yes</b>	<b>No</b>
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

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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

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**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: