



Greenville Housing Fund

local solutions for local people

SECTION 1: LOAN SUMMARY			
1. LOAN TYPE			
Predevelopment	<input type="checkbox"/>	Bridge	<input type="checkbox"/>
		Gap	<input type="checkbox"/>
2. ACTIVITY TYPE (Select All that Apply)			
Acquisition	<input type="checkbox"/>	Infrastructure	<input type="checkbox"/>
		Construction/ Redevelopment	<input type="checkbox"/>
		Rehabilitation	<input type="checkbox"/>
3. UNIT TYPE (Select All that Apply)			
Homeownership	<input type="checkbox"/>	Rental	<input type="checkbox"/>
Single Family	<input type="checkbox"/>	Multi Family	<input type="checkbox"/>
		Homeownership And Rental	<input type="checkbox"/>
		Mixed Use	<input type="checkbox"/>
		Transitional	<input type="checkbox"/>
		Mixed Income	<input type="checkbox"/>
4. PROJECT COST			
TOTAL PROJECT COST: _____			
5. LOAN TERMS			
Amount Requested: _____			
Loan Term Requested: _____			
When do you need the funds? _____			
How will you repay the GHF loan?		Construction Financing	<input type="checkbox"/>
		Permanent Financing	<input type="checkbox"/>
Source of Committed Funds _____			
What collateral is offered? _____		Valuation of collateral: _____ Less prior liens: _____	
SECTION 2B SUBSIDY SECTION (IF AVAILABLE*)			
Amount Requested: _____			
When do you need the funds? _____			
Why do you need subsidy funds? _____			

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 _____

2. 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.

3. 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.

4. 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)

5. UNIT DESCRIPTIONS

# Units	# Bedrms/Baths	Sq. Ft.	Sales/Rental Price	Moderate, Low, or Very Low

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	

2. CONTRACTOR/BUILDER

Organization		Contact Person	
Address		Telephone Number & Email Address	
City, State, Zip Code		Responsibility	

3. ARCHITECT

Organization		Contact Person	
Address		Telephone Number & Email Address	
City, State, Zip Code		Responsibility	

4. CONSULTANT/PLANNER

Organization		Contact Person	
Address		Telephone Number & Email Address	
City, State, Zip Code		Responsibility	

5. PROJECT COORDINATOR

Organization		Contact Person	
Address		Telephone Number & Email Address	
City, State, Zip Code		Responsibility	

6. ATTORNEY

Organization	_____	Contact Person	_____
Address	_____	Telephone Number & Email Address	_____
City, State, Zip Code	_____	Responsibility	_____

7. TAX CREDIT SYNDICATOR

Organization	_____	Contact Person	_____
Address	_____	Telephone Number & Email Address	_____
City, State, Zip Code	_____	Responsibility	_____

SECTION 5: PROJECT TIMETABLE AND READINESS TO PROCEED

1. CONSTRUCTION DATES

Anticipated length of construction, acquisition, or rehabilitation:

Start Date _____ End Date _____

2. SITE INFORMATION

- a. Do you have site control? YES NO
- b. If yes, identify form of control. Deed Title
 Purchase Agreement Option
 Other
- c. Are there any deed restrictions on the property?
 NO YES If yes, provide a copy of the restriction(s).
- d. 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? _____
- e. Is asbestos removal required?
 NO YES If yes, provide a copy of the study if available (executive summary and/or conclusions ONLY).
- f. Is lead paint removal required?
 NO YES If yes, provide a copy of the study if available (executive summary and/or conclusions ONLY).
- g. What was the prior use of this site? _____
- h. 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.)

3. LOCAL APPROVALS

- a. Is the site zoned to permit the proposed use?
 NO YES If no, what variances are needed and how long will it take?
- b. What variances have been acquired? _____
- c. 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.
- d. Are property taxes current?
 NO YES If no, what is the status/timing? _____

4. ADDITIONAL APPROVALS

List all additional local, county, and state approvals needed and status:

5. ARCHITECTURAL AND SITE PLANS (If Available)

- Status of Site Plans Conceptual Only Preliminary Final
- Status of Architectural Plans Conceptual Only Preliminary Final

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

2. 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:

3. Explain each checked item above.

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

<input type="checkbox"/>	Extremely Low Income Household (30% and below of AMI)	<input type="checkbox"/>	Low Income Household (51% to 80% of AMI)
<input type="checkbox"/>	Very Low Income Household (31% to 50% of AMI)	<input type="checkbox"/>	Moderate Income Household (81% to 120% of AMI)

Household Information

<input type="checkbox"/>	Single Parent Household	<input type="checkbox"/>	Female Head of Household
<input type="checkbox"/>	Senior Head of Household (Age 62 or older)	<input type="checkbox"/>	Dual Income Household
<input type="checkbox"/>	Disabled Household Member	<input type="checkbox"/>	Homeless

2. SITE SELECTION

Why did you select this site for your project?

3. OCCUPANTS

From what geographic area do you anticipate drawing occupants for this project?

4. SALES/RENTS OF SIMILAR UNITS IN THE AREA

# of Bedrooms	# of Bathrooms	Market Price or Rent	Your Proposed Sale Price or Rent

What methodology did you use for determining the values listed above?

5. SOURCES OF INFORMATION

Sources of Evidence of Project Need in Neighborhood	Check all that apply.	Provide contact person name where appropriate.
Area Realtors	<input type="checkbox"/>	_____
Neighborhood Groups, Churches, Other Developers	<input type="checkbox"/>	_____
Waiting List Data from Municipal or County Housing Authority	<input type="checkbox"/>	_____
Waiting List Data from Section 8 Program	<input type="checkbox"/>	_____
Waiting List Data from Other Affordable Housing Developments	<input type="checkbox"/>	_____
Census Data	<input type="checkbox"/>	_____
Other Source of Information ____ (please specify)	<input type="checkbox"/>	_____
Market Assessment/Analysis ____ (please specify)	<input type="checkbox"/>	_____

6. NEIGHBORHOOD DESCRIPTION

How would you describe the neighborhood? Check all that apply.

Severely Blighted <input type="checkbox"/>	Gentrifying <input type="checkbox"/>	Urban <input type="checkbox"/>
Blighted <input type="checkbox"/>	Well Kept <input type="checkbox"/>	Rural <input type="checkbox"/>

SECTION 8: CERTIFICATION

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

DATE

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 \$250. Only complete applications will be considered.

SECTION 1	LOAN SUMMARY
	<input type="checkbox"/> Development Budget Worksheet <input type="checkbox"/> Operating Pro Forma Worksheet <input type="checkbox"/> Sources and Uses Worksheet <input type="checkbox"/> Affordability Worksheet
SECTION 2	ORGANIZATION SUMMARY (IF MORE THAN ONE APPLICANT, FILL OUT SECTION 2 FOR EACH APPLICANT AND INCLUDE ATTACHMENTS)
	<input type="checkbox"/> 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 <input type="checkbox"/> If developer is a 501(c)(3) non-profit corporation attach list of the Board of Directors and the staff <input type="checkbox"/> W-9 Request for Taxpayer Identification Number and Certification <input type="checkbox"/> Copy of Annual Report (if applicable) <input type="checkbox"/> Copy of Most Recent Audited Financial Statement (if applicable) <input type="checkbox"/> Dunn & Bradstreet Report and Scored Credit Report on all principals <input type="checkbox"/> Status of other Projects <input type="checkbox"/> Three years of Tax Returns and Current Year to Date Financial Statements <input type="checkbox"/> 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
	<input type="checkbox"/> Attach maps of the neighborhood that clearly show the project site and the project's location within the municipality <input type="checkbox"/> Attach photographs of the site and structures, if available, and the adjacent properties <input type="checkbox"/> Directions to project site
SECTION 4	DEVELOPMENT TEAM
	<input type="checkbox"/> Resumes and relevant experience of the developer, contractor/builder, and the consultant/ planner (if applicable.) <input type="checkbox"/>
SECTION 5	PROJECT TIMETABLE
	<input type="checkbox"/> Attach copies of all available documents referenced in this section: <input type="checkbox"/> A copy of site control documentation and deed restrictions Title (if applicable) <input type="checkbox"/> A copy of the executive summary and/or conclusions of asbestos removal, paint removal, and/or environmental or soil surveys <input type="checkbox"/> Copies of additional approvals <input type="checkbox"/> For new construction, attach conceptual plans <input type="checkbox"/> 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 <input type="checkbox"/> Supplement this information to the greatest extent possible with site plans, floor plans and architects and/or engineer report <input type="checkbox"/> For Acquisition and Pre-development: Sales contract, site information
SECTION 6	ENERGY EFFICIENCY
SECTION 7	MARKET NEEDS ASSESSMENT
SECTION 8	CERTIFICATION