



Application Number: _____

APPLICATION FOR ASSISTANCE / FINANCING

I. APPLICANT PROFILE

Borrower's Name:			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		Fax:	
Contact E-Mail:			

Corporate Structure:	<input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> Other			
Date of Incorporation:		State of Incorporation:		

Guarantor's Name:			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		Fax:	
Contact E-Mail:			

II. TYPE OF ACTIVITY (Check appropriate box or boxes)

- Nonprofit or Public Benefit
 Housing
 Manufacturing or Pollution Control
 Government
 Other

III. FINANCING INFORMATION

Maximum Amount of Bonds:	\$	Approximate Date of Sale of Bonds:	
Scheduled Maturity of Bonds:			
Type of Financing:	<input type="checkbox"/> New Money <input type="checkbox"/> Refunding	If Refunding, State Volume Cap Required:	\$
Type of Offering:	<input type="checkbox"/> Public <input type="checkbox"/> Private		
Credit Enhancement:	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> None <input type="checkbox"/> Bond Insurance <input type="checkbox"/> Other: _____		
Expected Rating on Bonds:			

IV. PROJECT DESCRIPTION

Is this Application related to another previously submitted project? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide Detailed Description of Project:	
Activity/Products Manufactured:	
Provide Detailed Summary of Public Benefits Associated with Project:	

V. PROJECT SITE LOCATION (Please attach separate sheet labeled "Project Site Locations" for multiple site projects.)

Street Address:			
City:		County:	
State:		Zip Code:	
Current # of Employees at this site:		Full-Time Jobs Created/Retained:	

VI. SUMMARY OF PROJECT COSTS

Sources of Funds:	Amount
Tax-Exempt Bond Proceeds:	\$
Taxable Bond Proceeds:	
Other*: _____	
Other*: _____	
Other*: _____	
Other*: _____	
Equity:	
Total Source of Funds:	\$

Summary of Project Costs:	Amount
Land Acquisition:	\$
Building Acquisition:	
Rehabilitation:	
New Construction:	
New Machinery & Equipment:	
Used Machinery & Equipment:	
Architectural & Engineering:	
Legal and Professional:	
Other: _____	
Other: _____	
Other: _____	
Other: _____	
Costs of Issuance:	
Total Project Costs:	\$

* Identify other sources: Equity, Bank Financing, use of Federal, State or Local Financing Programs, etc.

VII. FINANCING TEAM

BORROWER'S COUNSEL:					
Street Address:					
City / State / Zip Code:					
Contact Name:				Title:	
Contact Phone:		Fax:		E-Mail:	

FINANCIAL ADVISOR:					
Street Address:					
City / State / Zip Code:					
Contact Name:				Title:	
Contact Phone:		Fax:		E-Mail:	

UNDERWRITER:					
Street Address:					
City / State / Zip Code:					
Contact Name:				Title:	
Contact Phone:		Fax:		E-Mail:	

UNDERWRITER'S COUNSEL:					
Street Address:					
City / State / Zip Code:					
Contact Name:				Title:	
Contact Phone:		Fax:		E-Mail:	

BOND COUNSEL:					
Street Address:					
City / State / Zip Code:					
Contact Name:				Title:	
Contact E-Mail:					
Contact Phone:		Fax:		E-Mail:	

CREDIT ENHANCEMENT PROVIDER:					
Street Address:					
City / State / Zip Code:					
Contact Name:				Title:	
Contact Phone:		Fax:		E-Mail:	

ADDITIONAL REQUIREMENTS:

1. \$2,500.00 Non-Refundable Application Fee made payable to the **California Municipal Finance Authority**.
2. Provide Description of Borrower and/or its Affiliates.
3. Provide Description of Developer's Experience (including a summary of other multi-family housing development projects completed within past five years).
4. Financial Statements (or Annual Report) for most recent three years and most recent quarterly statement.
5. Provide Financial Forecast of the Project (including income statement, balance sheet, summary of cash flows, and forecasted sources and uses of financing).
6. For Housing Applications only – please complete Section VIII.

CERTIFICATION

I hereby represent that all the information contained in this documentation and attachments are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Print Title: _____

**FOR MORE INFORMATION OR TO SUBMIT AN APPLICATION
PLEASE CONTACT:**

CALIFORNIA MUNICIPAL FINANCE AUTHORITY
 Attention: John P. Stoecker
 2111 Palomar Airport Road, Suite 320
 Carlsbad, CA 92011
 Tel: (760) 930-1221 • Fax: (760) 683-3390
 E-Mail: jstoecker@cmfa-ca.com

VIII. HOUSING ADDENDUM (For Housing Applications Only)

PROJECT NAME:					
Street Address:					
City:		County:			
State:		Zip Code:			
Land Owned / Date Acquired or Option:		Land Leased or Lease Option Date:			
Current Zoning of Project Site:		Will Project Require a Zoning Change:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Describe Changes Required:					
Other Entitlements:					
Number of Units:		Restricted:		Market:	
% of Restricted Units:		% of Area Median Income for Low Income Housing:			
Describe Amenities:					
Describe Services:					

Please provide a breakdown of the following information:

Unit Size	Market	Restricted Rents	% of AMI
	\$	\$	
	\$	\$	