

Application Number:

**APPLICATION FOR ASSISTANCE / FINANCING**

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| **I. Applicant Profile** |

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| **Borrower’s Name:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Point of Contact / Project Manager: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| --- | --- | --- | --- |
| Corporate Structure:  S Corporation  C Corporation  Partnership  501(c)3  Other | | | |
| Date of Incorporation: |  | State of Incorporation: |  |

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| **Guarantor’s Name:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| **II. Type of Activity** (Check Appropriate Box or Boxes) |

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| Nonprofit / Public Benefit  Housing  Manufacturing / Pollution Control  Government  Other |

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| **III. Financing Information** |

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| --- | --- | --- | --- |
| Maximum Amount of Bonds: | $ | Anticipated Date of Issuance: |  |
| Scheduled Maturity of Bonds: |  | | |
| Type of Financing: | New Money  Refunding | If Refunding, State Volume Cap Required: | $ |
| Type of Offering: | Public  Private | | |
| Credit Enhancement: | Letter of Credit  Bond Insurance  Other  None | | |
| Expected Rating on Bonds: |  | | |

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| **IV. Project Site Location** |

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| Street Address: |  | | | | |
| City: |  | | County: |  | |
| State: |  | | Zip Code: |  | |
| Current No. of Employees at this site: | |  | Full-Time Jobs Created / Retained: | |  |

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| **V. Project Description** |

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| New Construction  Acquisition / Rehabilitation |
| Provide Detailed Project Description: |
| Activity / Products Manufactured: |
| Provide Detailed Summary of Public Benefits Associated With Project: |

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| **VI. Summary of Project Costs** |

***For Affordable Housing, please use Construction Costs***

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| **Source of Funds** | | **Amount** |  | **Summary of Projects Costs** | | **Amount** |
| Tax-Exempt Bond Proceeds | | $ |  | Land Acquisition | | $ |
| Taxable Bond Proceeds | |  |  | Building Acquisition | |  |
| Other\* |  |  |  | Rehabilitation | |  |
| Other\* |  |  |  | New Construction | |  |
| Other\* |  |  |  | New Machinery / Equipment | |  |
| Other\* |  |  |  | Used Machinery / Equipment | |  |
| Equity | |  |  | Architectural & Engineering | |  |
| **Total Source of Funds** | | **$ 0.00** |  | Legal & Professional | |  |
|  | |  |  | Other\* |  |  |
|  | |  |  | Other\* |  |  |
|  | |  |  | Other\* |  |  |
|  | |  |  | Other\* |  |  |
|  | |  |  | Costs of Issuance | |  |
|  | |  |  | **Total Project Costs** | | **$ 0.00** |

\* Identify Other Sources: Equity, Bank Financing, use of Federal, State, or Local Financing Programs, etc.

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| **VII. Financing Team** |

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| **Borrower’s Counsel:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| **Financial Advisor:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| **Lender / Underwriter:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| --- | --- | --- | --- |
| **Lender / Underwriter:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| **Bond Counsel:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| **Credit Enhancement Provider:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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| **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 the past five years).

4. Financial Statements (or Annual Reports) 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.

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| **Certification** |

I hereby represent that all the information contained within this document 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](mailto:jstoecker@cmfa-ca.com)

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| **VIII. Housing Addendum** (For Housing Applications Only) |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | |  | | | | | |
| Does Project Require a Zoning Change: | | Yes  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:

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| --- | --- | --- | --- |
| **No. of Units** | **% of AMI** | **Market** | **Restricted Rents** |
|  | % | $ 0.00 | $ 0.00 |
|  | % | 0.00 | 0.00 |
|  | % | 0.00 | 0.00 |
|  | % | 0.00 | 0.00 |
|  | % | 0.00 | 0.00 |
|  | % | 0.00 | 0.00 |