

Loan Application DREAM II

We encourage applicants to contact CommunityWorks North Dakota staff at (701) 667-7600.

I. GENERAL INFORMATION

Legal Name of Applicant (Borrower):			Application Date:	
<input type="checkbox"/> Non Profit Corporation <input type="checkbox"/> For Profit Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Individual(s) <input type="checkbox"/> Other:				
Tax ID#:		Formation Date:		DUNS #:
Address				
City			State	Zip
Primary Contact Person		Email	Phone	Fax
Secondary Contact Person		Email	Phone	Fax
Number of existing full-time employees: _____		Number of existing part-time employees: _____	Number of jobs to be created: _____	Number of jobs to be retained: _____
Have you reviewed a recent copy of your Credit Bureau Report? If yes, please explain _____			Yes	No
Have you, or any of the principals of the business, been involved in bankruptcy or insolvency proceedings? If yes, please explain: _____			Yes	No

II. FINANCING INFORMATION: Check as many as applicable.

<input type="checkbox"/> Predevelopment (non profits only) <input type="checkbox"/> Stage I <input type="checkbox"/> Stage II Amount: _____ Rate: _____ Term: _____	<input type="checkbox"/> Acquisition Amount: _____ Rate: _____ Term: _____	<input type="checkbox"/> Construction/ Bridge Amount: _____ Rate: _____ Term: _____	<input type="checkbox"/> Infrastructure Amount: _____ Rate: _____ Term: _____	<input type="checkbox"/> Permanent Amount: _____ Rate: _____ Term: _____
Date Financing Needed By:				
Purpose of the loan				

Amount of this loan request \$ _____

Breakdown of the expected sources and uses of all loans:

Source	Use	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

Proposed repayment term _____ Months

Source of repayment

Other Sources of Income

Amount of personal (non-loan) funds you have invested in the project

Proposed collateral

III. PROJECT INFORMATION

Project Name:

Project Address (include zip code):

County:

Census Tract(s):

Ownership Type: Homeownership Rental Condo or Cooperative Mixed Use

Type of Construction: New Construction Manufactured/Modular Units Rehabilitation

Target Population:	<input type="checkbox"/> Elderly	<input type="checkbox"/> Family	<input type="checkbox"/> Disabled	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Other:
Targeted Area Median Income: (AMI)	<input type="checkbox"/> 50% AMI	<input type="checkbox"/> 60% AMI	<input type="checkbox"/> 80% AMI	<input type="checkbox"/> AMI	<input type="checkbox"/> 120% AMI
	<input type="checkbox"/> Other:				

Total Number of Units: _____	Total Square Footage: _____
Breakdown of Units:	Residential SF: _____
_____ SRO Studio 1 BR 2 BR	Non-residential/commercial SF: _____
_____ 3 BR 4 BR Other:	
If rental, range of rents, low to high:	If homeownership, range of sales prices, low to high:

IV. SITE INFORMATION

Status of Site Control:	
<input type="checkbox"/> Currently Owned	<input type="checkbox"/> Under Agreement
<input type="checkbox"/> To be acquired from public agency	<input type="checkbox"/> Specific Properties Not Yet Identified
Purchase price:	
Value As Is:	Value As Complete:
Describe how value was determined:	
<input type="checkbox"/> Appraisal (attach) <input type="checkbox"/> Comparable Sales/Rentals <input type="checkbox"/> Market Study (attach) <input type="checkbox"/> Other, please describe:	
Is the property available as collateral? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe other collateral options.	
Current zoning on the property:	
Are there any zoning changes, use permits or variances required? Please describe.	
Has the property been inspected or tested for environmental hazards (lead-based paint, asbestos, underground storage tanks, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a report and briefly describe.	

V. ORGANIZATIONAL REFERENCES

Name	Organization	Phone	Email
1.			
2.			
3.			

VI. CIVIL RIGHTS COMPLIANCE

The following information is requested by the Federal Government in order to monitor compliance with applicable Federal Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law states that a provider of services may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the provider of services is required to note race, ethnicity, and sex on the basis of visual observation or surname.

Ethnicity (mark one)	Race (mark one or more)
<input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran

VII: CERTIFICATION AND AUTHORIZATION

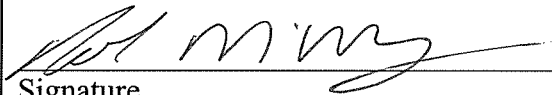
Please read the following and sign the application form below. All owners, officers or partners must sign this application:

The information in the loan application is provided for the purpose of applying for funds under the revolving loan funds of CommunityWorks North Dakota. The undersigned says he/she is duly authorized to verify the foregoing application, that he/she has read the same and is familiar with the statements contained herein and that the same are true in substance and in fact. The undersigned specifically authorizes CommunityWorks North Dakota to do a background check on the applicant, including the checking of references and the verification of any information on the application.

I understand that personal and/or business information may be requested pursuant to this loan application and I hereby give my consent for such information to be provided to the **CommunityWorks North Dakota staff, committee and board**. It is my right to accept or decline the loan amount, rate and terms approved by the program.

RELEASE OF INFORMATION

The applicant hereby authorizes any third party to release to CommunityWorks North Dakota, without limit, any and all financial information regarding the applicant that is requested by CommunityWorks North Dakota, its representatives or employees. Further, the applicant hereby authorizes release of said records and information by CommunityWorks North Dakota to a third party, as deemed necessary by CommunityWorks North Dakota, its representatives or employees.



Signature

4-19-16

Date

Signature

Date

HOUSING LOAN APPLICATION CHECKLIST

APPLICANT: _____
PROJECT: _____

ITEM	Attached	Not Available	Not Applicable
APPLICANT INFORMATION			
Borrower/Sponsor history and summary of development experience (Maximum one page preferred). Attach brochures, annual reports if available.			
Key Staff Resumes: Must include Executive Director/President, Chief Financial Officer/Controller, Project Manager, as applicable.			
Board of Directors List: Include occupations, addresses and indicate minorities and community representatives.			
Copy of 501(c) 3 letter if non-profit organization.			
Copy of Articles of Incorporation or Certification of Formation.			
Corporate By-Laws or Operating or Partnership Agreement.			
Corporate Resolution			
FINANCIAL INFORMATION			
Organizational Budget for current and next fiscal year, if available.			
Financial Audits for the last 3 fiscal years.			
Internal Financial Statements ending the most recent quarter.			
Federal income tax returns for the last 3 years.			
Personal Financial Statements for principals of for-profit borrowers. Not more than 90 days old.			
PROJECT INFORMATION			
Project Description: Describe project, scope of work, target population, market, and neighborhood. (Maximum two pages).			
Project Timeline: Include development timeline for acquisition, financial packaging, design development, construction start/end dates, and lease-up and/or sales.			
Development Team Members: Include contact information, qualifications, and resume for all members: Developer/Sponsor, Architect (submit AIA form), General Contractor (submit AIA form), Leasing/Marketing Agent, development consultants, etc.			
Evidence of Site Control: Deed, Agreement of Sale, Option Agreement, Letter of Commitment from Public Agency, as applicable.			
Schematics: Site plan, floor plans and elevations if available.			
Predevelopment Budget. (Predevelopment loans only).			
Development Budget (sources and uses). List project funding sources, contact information, and status. Include copies of existing funding commitments.			
Construction Cost Estimate if available. Include breakdown of costs by trade.			
Rental Projects: Multi-Year Operating Budget, break out revenue, expenses and debt service.			
Sales Projects: Project cash flow analysis showing expenditures, loans and other sources being advanced, sales, and loan repayments.			
Appraisal and/or market study if available.			
At least 3 sales or rent comparables to demonstrate market if appraisal is not available.			
Phase 1 Environmental if available. (Summary, Findings & Conclusion only).			
Site photo if available (digital preferred).			

Please call CWND with any questions at (701) 667-7600. Attachments can be also emailed or submitted as paper copies. Send to CommunityWorks North Dakota 200 1st Avenue NW, Mandan ND 58554.