**CalHFA Conduit Issuer Program Application Form**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Project Description** | | | | | | | | | | |
| Project Name: |  | | | | | | | | | |
| Street Address: |  | | | | | | | | | |
| City: |  | | | | | County: |  | | | |
| State: |  | | | | | Zip Code: |  | | | |
| Congress: | | | Assembly: | | | | | State Senate: | | |
| New Construction  Acquisition / Rehabilitation | | | | Occupancy Type: [Family, Senior, Special Needs] | | | | | | |
| Federal Minimum Set Aside Elections  20%/50%  40%/60%  40%/60% Average Income | | | | | | | | | | |
| Provide Detailed Project Description: | | | | | | | | | | |
| Number of Buildings: |  | Number of Stories: : | | |  | | Elevator Serviced: | | Yes  No | |
| Provide Detailed Summary of Public Benefits Associated with Project: | | | | | | | | | | |
| 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: | |  | | | | | | | | |
| Total Number of Units: |  | Restricted: | | |  | | Unrestricted: | |  | |
| Describe Amenities: |  | | | | | | | | | |
| Describe Services: |  | | | | | | | | | |

Please provide a breakdown of the following information:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Does Project include Project-Based Vouchers?  Yes  No | | | | If yes, who is contract administrator? | | | | |
| Initial Term of Voucher Contract: | | | | Extensions Available:  Yes  No  Extension Term: | | | | |
| Expiration date of PBV Contract: | | | | Are all units covered by PBV Contract, and if not how many: | | | | |
| **Please provide the full unit mix, including restricted, non-restricted, and Manager units:** | | | | | | | | |
| **Unit Type** | **No. of Units** | **Average Square Feet** | **% of AMI** | | | **Gross Rents (including utilities)** | | **Number of Voucher Units** |
|  |  |  | % | | | $ 0.00 | |  |
|  |  |  | % | | | 0.00 | |  |
|  |  |  | % | | | 0.00 | |  |
|  |  |  | % | | | 0.00 | |  |
|  |  |  | % | | | 0.00 | |  |
|  |  |  | % | | | 0.00 | |  |
| **Total Units** |  |  |  | | |  | |  |
| **II. Bond Issuance Information** | | | | | | | | |
| Anticipated Date of Issuance: | |  | | | Scheduled Maturity of Bonds: | |  | |
| Estimated Construction Start Date: | |  | | | Estimated Construction Completion Date: | |  | |
| Estimated Stabilization and Conversion to Perm Loan: | | | | |  | | | |
| Type of Financing: | | CDLAC Bonds (QRRP) Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Recycled Tax-Exempt Bonds Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Taxable Bonds Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  501(c)3 Bonds Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Type of Offering: | | Public  Private | | | | | | |
| Credit Enhancement: | | Letter of Credit  Bond Insurance  Other  None | | | | | | |
| CDLAC Pool/Set-Aside: | |  | | | | | | |
| Tax Credits | | State Tax Credits  Federal Tax Credits | | | | | | |
| Project Preserved DDA/QCT Status: Yes or No | | If yes, provide CDLAC designated Expiring DDA/QCT number ##-### | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Bond Purchaser / Underwriter (1):** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |
| **Bond Purchaser (2), if applicable:** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

|  |
| --- |
| **III. Summary of Project Costs** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Source of Funds (Construction)** | | **Amount** |  | **Summary of Projects Costs (Construction)** | | **Amount** |
| Tax-Exempt Bond Proceeds | | $ |  | Land Acquisition | | $ |
| Recycled Tax-Exempt Bond Proceeds | |  |  | Building Acquisition | |  |
| Taxable Bond Proceeds | |  |  | Hard Costs (Rehab/Construction) | |  |
| Other\* |  |  |  | New Machinery / Equipment | |  |
| Other\* |  |  |  | Used Machinery / Equipment | |  |
| Other\* |  |  |  | Architectural & Engineering | |  |
| Equity | |  |  | Legal & Professional | |  |
| **Total Source of Funds** | | **$ 0.00** |  | Other\* | |  |
|  | |  |  | 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.

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Guarantor’s Name (if different from Developer):** |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |

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

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Locality Contribution Letter:** |  | | |
| Locality Name: |  | | |
| Street Address: |  | | |
| City / State / Zip Code: |  | | |
| Contact Name: |  | Title: |  |
| Contact Phone: |  | E-Mail: |  |
| **Additional Requirements** | | | |

For projects applying to CDLAC, the following items are due on the CalHFA application deadline described at this link, <https://www.calhfa.ca.gov/multifamily/programs/dates.htm>.

1. **$5,000** Non-Refundable Application Fee made payable to the **California Housing Finance Agency**.

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. Current Preliminary Title Report including hyperlinks to exceptions.

5. Bond purchaser commitment (private placement) or Bond Underwriter commitment (public bond sales).

6. Developer proforma budget including sources & uses, operating income & expenses, and 15-year cashflow.

For projects that do not include CDLAC or TCAC, developers must submit the due diligence items at the following link along with this application form, <https://www.calhfa.ca.gov/multifamily/programs/forms/application-conduit-issuer-checklist.docx>. There is no specified application deadline.

|  |
| --- |
| **Certification** |

I hereby represent that all information contained in this document and attachments are true and correct to the best of my knowledge. I possess the legal authority to submit this application on behalf of the Project Sponsor/Borrower identified in the signature block below. In addition, I acknowledge that all information in this application and attachments is public and may be disclosed by the CalHFA.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Applications can be directed to CalHFA’s Multifamily Program’s Division: Ashley Carroll, Loan Administrator, [acarroll@calhfa.ca.gov](mailto:acarroll@calhfa.ca.gov).