

# Multifamily Preservation Program

RENTAL REHABILITATION DEFERRED LOAN



## Rental Rehabilitation Deferred Loan (RRDL) Pilot Program – Borrowers Application

### APPLICANT INFORMATION:

Applicant Name:	Co-Applicant Name (if applicable):
Applicant Address (Street, City, State, Zip):  , MN	Co-Applicant Address (if different than applicant):  , MN

Applicant Contact Name and Telephone No.:	Co-Applicant Telephone No. (if different than applicant):
Name:	Name:
Home: ( ) Office: ( )	Home: ( ) Office: ( )
Cell Phone: ( )	Cell Phone: ( )
Email:	Email:
SSI Number:	SSI Number:

### OWNERSHIP/PARTNERSHIP:

Partnership/Corporation Name:
Partnership/Corporation Address:
Telephone Number: ( )
Cell Phone Number: ( )
Email:
Legal Status of Ownership Entity:
Federal Tax ID No.: (Not Social Security Number)
Name of General Partner(s)/Contact Person Telephone No.
( )
( )
( )
( )

### DEVELOPMENT TEAM:

	Name	Address	Phone	Email
Attorney			( )	
Architect			( )	
General Contractor			( )	
Management Co.			( )	
Other (specify):			( )	

Does an identity of interest exist between ownership and General Contractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the above entity manage the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PROPERTY INFORMATION:					
Property Name:					
Property Address (Street, City, State, Zip):			County:	Building Addresses (if multiple buildings)	
Gross Area of Bldg(s): (non residential - exclude basements, attics, etc.) Sq. ft.			Gross Area of Non-Residential: (commercial, office, parking etc.) Sq. ft.		
Purchase Price: \$			Current Estimated Market Value (EMV): \$		
Yr. Built:	# of Buildings:	# of Stories:	Total # of Units:	# of RRDL Units (subject to rent/income restrictions):	
Census Tract Number:					
Type of Site Control:					
Does Applicant currently own the property/building..... <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the property received prior Minnesota Housing Funding? <input type="checkbox"/> Yes <input type="checkbox"/> No					
if yes, identify program source and amount:					
If yes, did you successfully complete compliance period. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the property located in a historic district or designated a historic building? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Current Indebtedness on the Property/Building:						
Lender:	Loan Amount	Monthly Payment	Term	Interest Rate	Balance	Maturity Date
	\$	\$			\$	
	\$	\$			\$	
	\$	\$			\$	

Existing Subsidies:						
Type of Subsidy	Type	# of Units	Are any of these funds subject to long term use restrictions?	Are the assisted units at risk of conversion to market rents?	Is the contract for federal assistance at risk of expiring in 2 years or less, or is the building at risk due to physical deterioration?	Is the federal assistance at risk of loss due to deterioration of the capacity of the current ownership/management entity?

Estimated Annual Income & Expenses							
A. Housing Income							
Unit Type (0BR, 1BR, 2BR, etc.)	# of DU	Monthly Rent (including Tenant Paid Utilities)					
		Monthly Tenant Rent Contribution	Subsidy Amount (if applicable)	Total Annual Contract Rent (Contract Rent x # DU x 12)	Tenant Paid Utility Allocation (UA)	Total Gross Rent/Month (Tenant Rent Contribution + Subsidy + US)	RRDL Rent Limit
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$	\$
UNITS:		TOTAL GPR:	\$				

<b>1. Gross Potential Rent</b>		
a.	Rental Housing Potential	\$
b.	Parking/Garage Rent potential	\$
c.	Commercial Rent Potential (specify)	\$
d.	Miscellaneous Rent Potential (specify)	\$
e.	<b>Gross Potential Rent (total lines A1a thru A1d)</b>	<b>\$</b>
<b>2. Rental Loss</b>		
a.	Rental Housing Vacancy	\$
	Vacancy Factor 5% x line 1a	\$
b.	Parking/Garage Vacancy	\$
	Vacancy Factor x line 1b	\$
c.	Commercial Vacancy	\$
	Vacancy Factor x line 1c	\$
d.	Miscellaneous Unrealized Income	\$
e.	Employee Rent Credits	\$
f.	Out of Service Units	\$
g.	Rental Concession Adjustments	\$
h.	Bad Debt	\$
i.	<b>Total Rental Loss (total lines A2a thru A2h)</b>	<b>\$</b>
<b>3. NET RENTAL COLLECTIONS (Lines A1e – A2i)</b>		<b>\$</b>
<b>4. Other Income</b>		
a.	Tenant Fees	\$
b.	Other Income	\$
	Laundry Equipment	\$
	Annual Tax Increment Financing (TIF) Receipts	\$
	Other (Specify)	\$
c.	Forfeited Security Deposit	\$
d.	Interest Income	\$
e.	<b>Total Other Income (total lines A4a thru A4d)</b>	<b>\$</b>
<b>5. TOTAL REVENUE: (lines A3 + A4e)</b>		<b>\$</b>

<b>B. ANNUAL OPERATING EXPENSES</b>		
<b>1. Administrative Expenses</b>		
a.	Advertising and Marketing	\$
b.	Management Fee	\$
c.	Legal	\$
d.	Auditing	\$
e.	Telephone	\$
f.	On-Site management Payroll	\$
g.	Other administration	\$
h.	<b>Total Administration (total lines B1a thru B1g)</b>	<b>\$</b>
<b>2. Maintenance Expenses</b>		
a.	Elevator Maintenance/Contract	\$
b.	Exterminating	\$
c.	Rubbish Removal	\$
d.	Other contract Services	\$
e.	Janitor Supplies	\$
f.	Maintenance Supplies	\$
g.	Grounds Maintenance	\$
h.	Snow Removal	\$
i.	Heat & AC Repair Services	\$
j.	General Repair Services	\$
k.	Paint/Decorating Materials	\$
l.	Maintenance & Jan. Payroll	\$
m.	Other Maintenance and Operating	\$
n.	Other: (Specify)	\$
o.	<b>Total Maintenance (Total lines B2a thru B2n)</b>	<b>\$</b>

<b>3. Utilities</b>		
a.	Electricity	\$
b.	Water & Sewer	\$
c.	Gas & Oil	\$
d.	<b>Total Utilities (Total lines B3a thru B3c)</b>	\$
<b>4. Insurance</b>		\$
<b>5. Debt Service</b>		\$
<b>6. Total Management and Operating Expenses (total lines B, 1h, 2o, 3d, 4 &amp; 5)</b>		\$
<b>7. Reserves and Escrows</b>		\$
a.	Real Estate Taxes	\$
b.	Replacement Reserves	\$
c.	Painting & Dec Reserve	\$
d.	Miscellaneous Reserve	\$
e.	<b>Total Reserves &amp; Escrows (Total lines B7a thru B7d)</b>	\$
<b>8. Effective Gross Expenses (lines B6 &amp; B7e)</b>		\$
<b>9. NET OPERATING INCOME (lines A5 &amp; B8)</b>		\$

<b>PROPOSED REHABILITATION INFORMATION</b>	
Description of work:	Estimated Cost
<b>Total Estimated Cost of Proposed Rehabilitation Work</b>	\$

<b>Estimated Funding for Project</b>	
<b>Total Estimated Funding for Project</b>	\$

<b>Estimated Schedule for Project</b>	
Submittal of the application with all supporting documentation:	
Inspections:	
Bids:	
Construction Start Date:	
Construction End Date:	

<b>Relocation Information</b>	
Will the rehabilitation result in permanent displacement of any current residents? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the rehabilitation require any temporary relocation of current residents?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Narratives:**

1. Describe the proposed housing project, including:
  - a. Physical attributes of the building (i.e. duplex, three story, elevator, brick, parking);
  - b. Type of housing (i.e. general occupancy, rural development, supportive, elderly);
  - c. Support of local markets;
  - d. Proximity to jobs and services.

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2. Describe how the proposed improvements will address the needs of the property and the rental population(s) including:
  - a. Physical condition of property and utilization of existing infrastructure;
  - b. Enhance, preserve, or extend affordability
  - c. Tenant and local demand for affordable rental housing of this type.

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3. Describe past and current successful marketing techniques, tools and sales methods to reach target income levels.

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**DISCLOSURE STATEMENTS:**

1. Minnesota Housing or an authorized representative shall have the right to inspect the property to be improved at any time from the date of the Note, upon giving due notice to the occupants.
2. The information requested in this application is legally required to determine if you qualify for participation in this Minnesota Housing Program. A portion of the data requested is classified as "private data on individuals" under Minnesota Statutes Section 462A.065. Use of the data is limited to that necessary for the administration and management of this program by Minnesota Housing personnel, those under contract with Minnesota Housing, and other governmental agencies when authorized by state statute or federal law.
3. The disclosure of your Social Security Number or Minnesota Tax Identification Number is required for participation in this Minnesota Housing Program, by virtue of the Minnesota Revenue Recapture Act (Sections 270A.01 to 270A.12 of Minnesota Statutes). Supplying these numbers could result in the application of your taxpayer refunds to the payment of any delinquent indebtedness you may owe to Minnesota Housing under this or any other Minnesota Housing programs. These numbers may be made available to state or federal tax authorities, and state personnel involved in the collection of state obligations.
4. Under Minnesota law a person who obtains funds through false representation is guilty of theft and may be prosecuted and sentenced accordingly.
5. If the property ceases to comply with the program requirements, is sold, title is transferred or conveyed prior to the maturity date of the Note, the full amount of the loan will be due and payable.

**CERTIFICATIONS: Individually or as the general partner(s) or officer of the applicant entity:**

1. I (We) hereby certify that the information contained in this application is true, correct and complete. I (We) understand that any misrepresentations and/or fraudulent information made in this application may result in the termination of our application/project by the local administrator and/or Minnesota Housing and may bar me(us) and related parties from future program participation, and report such misrepresentation and fraudulent information to the IRS.
2. I/we, the applicant(s) hereby certify that I/we have read and understand the conditions, restrictions and compliance requirements associated with the receipt of RRDL funds, as outlined in the Rental Rehabilitation Deferred Loan Pilot Program Guide.
3. I/we hereby certify that it is the policy of the undersigned to comply with all existing laws prohibiting discrimination in all aspects of employment due to race, color, creed, sex, age, religion, and national origin, and marital status, sexual orientation, familial status, public assistance or disability. This shall be accomplished substantially by nondiscrimination in RECRUITING, HIRING, TRAINING, PROMOTING, CONTRACTING, DEMOTION, LAYOFF, and/or TERMINATION.
4. It is required that more than one comparable bid from a prime general contractor be obtained; each bidder should base his price on the same description of work to be done and on comparable materials. Each bidder must also state that bid prices will be valid for at least 90 days. The Scope of Work from which bids are solicited must be approved by the local administrator, and include correction of all housing and energy standard deficiencies cited by the Housing Quality Inspector, Architect, or Building

Code Inspector. The Scope of Work is simply a detailed description of work, materials and costs which may include drawings and specifications.

- Minnesota Housing will require the applicant to adhere to its tenant assistance policies in providing fair and equitable assistance to tenants at the time the owner makes an application for RRDL funds. The applicant must provide all tenants with an Initial Occupancy Statement by Tenant, Tenant Demographic Profile, Lead Based Paint Notification, Lead Addendum, Government Data Practices Act Disclosure Statement and all applicable notices, which must be completed by each tenant. The tenant information collected will be used in determining the eligibility for the applicant to receive funding under the RRDL program. Failure on the part of tenants to provide the requested information may jeopardize the rehabilitation project.

**Individual / Sole Proprietorship**

Applicant Signature	Applicant Name	Date
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Co - Applicant Signature	Co - Applicant Name	Date
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**Officer of Ownership Entity**

Name of Ownership Entity	Contact Name of Ownership Entity	Signature	Title	Date
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