

Housing Trust Fund of Santa Barbara County
Revolving Loan Fund Program –
Application for Initial Project Review

Name of Project Sponsor and Partners:

Contact Person & Information:

Name/Title:
Address:
Telephone/Fax:
Email:

Organizational Type: (Please check appropriate box):

Non-profit organization Public Agency Non-profit/private partnership
 Private developer Other (please indicate) _____

Project Name and Location/Address:

Requested Loan Amount: \$ _____

Loan Category: *Please check all that apply*

Acquisition Predevelopment expenses Construction financing or
rehabilitation Permanent bridge-financing Tax credit loan Combined use

Proposed Use of Fund:

Summary Project Description: (Briefly describe the proposed project, including: location, project type, number of units, unit size and bedroom mix, targeted clientele, any project amenities and services, green building or energy efficiency features, proposed ownership and management structure.)

Development Capacity: Briefly describe the sponsor organizational purpose and the development experience of the sponsor and proposed development team.

Project Affordability: Total number of project units: _____. Number of units that will be affordable to extremely low-income households with incomes up to 30% of Area Median Income (AMI): _____. Number of units for very low-income households with incomes up to 50% of Area Median Income (AMI): _____. Number of units that will be affordable to low-income households with incomes between 50-80% AMI _____. and number of units affordable to moderate-income households earning between 120%-200% AMI: _____. Please complete the Table below for all project units to indicate proposed bedroom mix and affordability levels¹.

# Bedrooms	# Units	% AMI	% of Total Units	Comments

What is the proposed term of affordability for the project? _____

Estimated Total Project Development Cost: _____

Funding Sources: Describe committed, pending and proposed project funding sources:

HTF Funding Need: Describe why the HTF loan is needed. What other funding sources is the applicant currently seeking?

¹ Please indicate if the project does not yet have a unit breakdown and targeted affordability levels.

Land Use and Zoning: Indicate the status of local entitlements and whether any General Plan, zoning change, Conditional Use Permit or occupancy permit is required for the project.

Project Timeline: Briefly describe the project timeline, key milestones (e.g. site control, local application process, funding applications, etc.) and when loan funds are needed.

Project Due Diligence: Please check the appropriate box.

Do you have site control? If so, indicate the form.

Yes No Form: _____

Has an appraisal for the property/project been completed?

Yes No

Has a Phase I Environmental Report been completed for the property?

Yes No

What development challenges exist for the project? (e.g. environmental issues, relocation assistance, required zoning changes, variances or modifications.)

Please describe any unusual site conditions (e.g. noise, groundwater levels, archeological artifacts, historic building, seismic, etc.):

Other relevant information:

You may attach a project site map and design schematics, if available.

Please submit this completed form along with a cover letter on agency letterhead summarizing your request to the address below. Applications may also be emailed or faxed:

Jennifer McGovern, Coordination
Housing Trust Fund of Santa Barbara
P. O. Box 60909
Santa Barbara, CA 93160-0909
Phone: (805) 685-1949 Fax: (805) 685-6449
Email: J.McGovern@sbhousingtrust.org

ATTACHMENT

GOOD STANDING STATEMENT²

Please indicate by circling the appropriate answers to the following questions.

- | | | |
|--|-----|----|
| 1. In the past ten years, has your organization ever had its non-profit status revoked or withheld by the IRS, the Secretary of State, the State Attorney General, or the Franchise Tax Board? | Yes | No |
| 2. Has your organization or firm been sued in the last five years? | Yes | No |
| 3. Are any of your managers or staff with fiscal responsibilities presently involved in litigation that has any bearing on fiduciary trust or employee relations? | Yes | No |
| 4. In the last five years, has any court handed down any unfavorable rulings against your Executive Director, CEO or organization? | Yes | No |
| 5. Does your organization currently have any unresolved fiscal, reporting, or program issues with any of its current or past funding sources? | Yes | No |
| 6. Has your organization been a past recipient of assistance local, state or federal housing assistance programs? | Yes | No |
| 7. If you answered "yes" to #6, has your agency experienced any project or construction delay, finding or outstanding audit that local, state or federal funding sources deem serious regarding the administration of the housing assistance or program resources? | Yes | No |

Please explain any yes answers on a separate sheet and attach to this application. (A "yes" answer to #6 does not require a response other than requested in #7).

² If selected to submit a full application, the applicant will need to obtain a Statement of Good Standing from the California Secretary of State.