

Community Loans Program

	SECTION 1: LOAN SUMMARY							
1.	LOAN TYPE							
	Predevelopment	: 🗆	Bridge		Gap			
2.	ACTIVITY TYPE (Select All that Apply)							
	Acquisition		Infrastructure		Construction/ Redevelopment		Rehabilitation	
3.	UNIT TYPE (Select All that Apply)							
	Homeownership Single Family		Rental Multi Family		Homeownership And Rental Mixed Use		Transitional Mixed Income	
4.	PROJECT COST							
	TOTAL PROJECT COST:							
5.	LOAN TERMS							
	Amount Requested:							
	Loan Term Requested:							
	When do you need the funds?							
	How will you repay the CWC loan? _ Source of Committed Funds	Construc Financi		Perman Financi				
	What collateral is offered?		Valuatio	n of colla	teral:	[ess prior liens:	
	SECTION 2B SUBSIDY SECTION (IF AVAILABILE*)							
	Amount Requested:			(11 11)				
	When do you need the funds?							
	Why do you need subsidy funds?							

	SECTION 2: ORGANIZATION SUMMARY				
1. AF	PPLICANT INFORMATION (IF N	NORE THAN ONE APPLICANT, F	ILL OUT SECTION 3 FO	OR EACH APPLICANT AND INCLUDE ATTACH	MENTS)
	Applicant Name: _				
	Contact Name And Title:				
					
	Street Address:				
	City And State: _				
	Zip Code: _				
	Telephone Number:				
	_				
	Fax Number:				
	_				
	Email Address:				
	_				
Fe	ederal Tax Identification #:				
	Developer Status:	Non-Profit		Joint Venture	
		For Profit		Government Entity	
2. OR	RGANIZATIONAL CAPACITY				
		applicant, related experience	e, and a description of	f previous projects successfully completed	I. If the
applica	nt is <u>not</u> the developer, prov	ride this information for both t	the applicant and the	developer.	
	EFERENCES				
1) Na	ame		Email Address	;	

	Address	Telephone Number
	Prior Project(s) in which reference has participated:	
2)	Name	Email Address
	Address	Telephone Number
	Prior Project(s) in which reference has participated:	
3)	Name	Email Address
	Address	Telephone Number
	Prior Project(s) in which reference has participated:	

	SECTION 3: PROJECT SUMMARY	
PROJECT INFORMATION		
Project Name:		
Street Address:		
City and State:		
Zip Code:		
County:		
TMS Number:		
Census Tract:		
Legislative District Number:		
Legislative District Number.	3c Senate Sc House 03 Congress	
description of the activity, size a	project for which you are seeking funding. Your discussion should incorporate, but not be limited to and scope of the project; the project location and why it is appropriate; the impact of the project on g sources; when the project construction will begin and when it will be completed. Include other releted application.	ı the
3. HOUSING UNITS		
The Recipient shall create (numbe	er) housing units,	
of which (numbe	er) will be affordable to very low income households, (50% of median and below)	

(number) will be affordable to low income households, (51% to 80% of median)					80% of median)		
	(1	number)	will be affordable to moderate income households, (81% to 120% of median)				
		number)	will be market rate.				
4.	CWC FINANCED UNITS						
	CWC will	l finance	housing units,				
	of which (number)	will be affordable to	will be affordable to very low income households, (50% of median and below)			
	(1	number)	will be affordable to	low income households, (51% to	80% of median)		
	(1	number)	will be affordable to	moderate income households, (8	1% to 120% of median)		
5.	UNIT DESCRIPTIONS						
	# Units	# Bedrms/Baths	Sq. Ft.	Sales/Rental Price	Moderate, Low, or Very Low		

SECTION 4: DEVELOPMENT TEAM					
1. DEVELOPER					
Please identify the project develop please indicate for what portion or p	er(s) and other members of the deventher of the project they will be resp	elopment team. If more than one firm or individual is being identified, onsible.			
Organization		Contact Person			
Address		Telephone Number & Email Address			
City, State, Zip Code		Responsibility			
Organization		Contact Person			
Address		Telephone Number & Email Address			
City, State, Zip Code		Responsibility			
Organization		Contact Person			
Address		Telephone Number & Email Address			
City, State, Zip Code		Responsibility			
2. CONTRACTOR/BUILDER					
Organization		Contact Person			
Address		Telephone Number & Email Address			

City, State, Zip Code	Responsibility
3. ARCHITECT	
Organization	Contact Person
Address	Telephone Number & Email Address
City, State, Zip Code	Responsibility
4. CONSULTANT/PLANNER	
Organization	Contact Person
Address	Telephone Number & Email Address
City, State, Zip Code	Responsibility
5. PROJECT COORDINATOR	
Organization	Contact Person
Address	Telephone Number & Email Address
City, State, Zip Code	Responsibility

6. ATTORNEY					
Organization		Contact Person			
Address		Telephone Number & Email Address			
		Address			
City, State, Zip Code		Responsibility			
7. TAX CREDIT SYNIDCATOR					
Organization		Contact Person			
Address		Telephone Number & Email Address			
City, State, Zip Code		Responsibility			

	SECT	ION 5: PROJECT TIMETABLE	AND READINESS	TO PROCEED			
1.	CONSTRUCTION DATES						
Ant	ticipated length of construction, acq	uisition, or rehabilitation:					
Sta	rt Date	End Date					
2.	SITE INFORMATION						
a.	Do you have site control?	YES		NO			
b.	If yes, identify form of control.	Deed		Title			
		Purchase Agreement		Option			
		Other					
c.	Are there any deed restrictions on	the property?					
	NO 🗆 YES 🗀	If yes, provide a copy of the re	striction(s).				
d.	Is there sewer and water at the sit	te?					
	NO YES	If no, what is the estimated co	st of bringing water	and sewer to the site?			
				_			
e.	Is asbestos removal required?						
	NO 🗆 YES 🗀	If yes, provide a copy of the st	udy if available (exe	cutive summary and/or con-	clusions ONLY).		
f.	Is lead paint removal required?						
	NO 🗆 YES 🗆	If yes, provide a copy of the st	udy if available (exe	cutive summary and/or con-	clusions ONLY).		
g.	What was the prior use of this site	?					
h.	Have any environmental or soils su	urvove boon done on this site					
11.					alvaiana ONLV)		
	NO YES	If yes, provide a copy of the st	udy ii avaliable (exe	cutive summary and/or con-	Clusions ONLY.)		
3.	LOCAL APPROVALS						
а.	Is the site zoned to perm	nit the proposed use?					
	NO □ YES □	If no, what variances are ne	eded				
	··-	and how long will it t					

b.	b. What variances have been acquired?										
c.		Is site pla	n appro	oval required?							
	NO		YES		If yes, what is the status/timing?						
						If scatt	ered sites,	or a phased proje	ect, give i	nformation	on each.
d.		Are prope	rty tax	es current?							
	NO		YES		If no, what is the status/timing?						
4.	ADDITIO	NAL APPRO	VALS								
List	all addit	ional local,	county,	and state appro	ovals needed and statu	is:					
5.	ARCHITI	ECTURAL AN	ID SITE	PLANS (If Availa	ble)						
Stat	us of Site	Plans			Cor	nceptual Only		Preliminary		Final	
Stat	us of Arc	hitectural P	lans		Cor	nceptual Only		Preliminary		Final	

	SECTION 6: ENERGY EFFICIENCY, ENVIROMENTALLY FRIENDLY STRATEGIES
1.	Check all of the following certifications you are seeking to obtain for your project and explain each checked item.
	LEED
	Earth Craft
	Energy Star
	Green Communities
	NAHB
2.	Check all of the following strategies you have incorporated into your project and explain each checked item.
	Use durable materials to minimize maintenance cost, e.g. long lasting exterior finish materials.
	Increase energy and water efficiency by using:
	Properly sized high efficiency Energy Star-compliant heating, cooling, and hot water equipment
	Fully sealed duct system, insulated pipes, water heater jackets
	Passive solar Strategies
	Low e/ low-solar-gain windows
	Water efficient shower heads and toilets
	Energy Star-compliant appliances
	Energy efficient lighting using day lighting when possible and Energy Star compliant lighting fixtures
	Home Energy Rating System (HERS) testing
	Other:
	Increase health and safety with:
	Low toxicity interior paints, finishes, carpets
	Effective mechanical ventilation
	Other:
3.	Explain each checked item above.

	SECTION 7: MARKET/NEEDS ASSESSMENT						
1. INTE	NDED POPULATION						
What is th	ne population that you int	end to serve with this project? Chec	k all that appl	ly			
Income L	evel			,			
	Extremely Low Income Household (30% and below of AMI) Low Income Household (51% to 80% of AMI)						
	Very Low Income Household ☐ (31% to 50% of AMI) ☐ (81% to 120% of AMI) ☐ (81% to 120% of AMI)						
Househol	d Information						
	Single Parent Household			Female Head of Hous	sehold		
	Senior Head of Household	d (Age 62 or older)		Dual Income Househo	old		
	Disabled Household Mem	ber		Homeless			
	SELECTION you select this site for you						
3. OCC	JPANTS						
From what geographic area do you anticipate drawing occupants for this project?							
4. SALE	S/RENTS OF SIMILAR UNIT	S IN THE AREA					
	# of Bedrooms	# of Bathrooms	Market Price	e or Rent	Your Proposed Sale Price or Rent		
What methodology did you use for determining the values listed above?							
5. SOUI	RCES OF INFORMATION						
Sources of Evidence of Project Need in Neighborhood Check all that apply. Provide contact person name where appropriate.							

Area Re	altors [
Neighborhood Groups, Churches, Other Devel	lopers [3			
Waiting List Data from Municipal or County Housing Aut	hority []			
Waiting List Data from Section 8 Pro	ogram []			
Waiting List Data from Other Affordable Housing Develop	ments []			
Census	s Data []			
Other Source of Information (please sp	[ecify)	3			
Market Assessment/Analysis (please sp		3			
6. NEIGHBORHOOD DESCRIPTION					
How would you describe the neighborhood? Chec	k all that apply.				
Severely Blighted ☐	Gentrifying		Urban ☐		
Blighted □	Well Kept		Rural 🗌		
SECT	TION 8: CERTIF	ICATION			
The undersigned hereby represents that all of the information contained in this application and any additional information given to CWC is true, complete, and correct. The person whose name, title and signature appears below is authorized to sign the application and that they or their successor in said title are authorized to sign the contract and any other documents necessary in connection therewith: SIGNED					
NAME					

_		
	TITLE	
<u>-</u>		
	DATE	

ATTACHMENTS CHECKLIST

Complete and submit forms for all sections of the application. All attachments are required except those listed as "if applicable". Place attachments at the end of the application in the following order. Label each attachment with the section and title that identifies it in the application. Check all attachments you are submitting. Application is complete when all sections are filled out and all appropriate attachments are included along with an application fee of \$250. Only complete applications will be considered.

	ree of \$250. Only complete applications will be considered.		
SECTION 1	LOAN SUMMARY		
520110111	€ Development Budget Worksheet		
	€ Operating Pro Forma Worksheet		
	€ Sources and Uses Worksheet		
	€ Affordability Worksheet		
SECTION 2	ORGANIZATION SUMMARY (IF MORE THAN ONE APPLICANT, FILL OUT SECTION 2 FOR EACH APPLICANT AND INCLUDE ATTACHMENTS)		
	€ Copy of 501(c)(3) Designation Letter (if applicable) Copy of Articles of Incorporation (if applicable) Certificate of Good Standing from the SC Secretary of State		
	€ If developer is a 501(c)(3) non-profit corporation attach list of the Board of Directors and the staff		
	€ W-9 Request for Taxpayer Identification Number and Certification		
	€ Copy of Annual Report (if applicable)		
	€ Copy of Most Recent Audited Financial Statement (if applicable)		
	€ Dunn & Bradstreet Report and Scored Credit Report on all principals		
	€ Status of other Projects		
	€ Three years of Tax Returns and Current Year to Date Financial Statements		
	€ List any litigation the company or its principals are involved in or litigation on the project and the disposition of this litigation		
SECTION 3	PROJECT SUMMARY		
	€ Attach maps of the neighborhood that clearly show the project site and the project's location within the municipality		
	€ Attach photographs of the site and structures, if available, and the adjacent properties		
	€ Directions to project site		
SECTION 4	DEVELOPMENT TEAM		
	€ Resumes and relevant experience of the developer, contractor/builder, and the consultant/ planner (if applicable.)		
	€		
SECTION 5	PROJECT TIMETABLE		
	€ Attach copies of all available documents referenced in this section:		
	€ A copy of site control documentation and deed restrictions Title (if applicable)		
	€ A copy of the executive summary and/or conclusions of asbestos removal, paint removal, and/or environmental or soil surveys		
	€ Copies of additional approvals		
	€ For new construction, attach conceptual plans		
	For rehabilitation or adaptive reuse of a vacant building, attach work write-up(s) and cost estimate and attach certification from a licensed architect or engineer that the building is structurally sound and appropriate for the intended use and that the reconstruction is achievable or within the cost structure proposed in this application		
	€ Supplement this information to the greatest extent possible with site plans, floor plans and architects and/or engineer report		
	€ For Acquisition and Pre-development: Sales contract, site information		
SECTION 6	ENERGY EFFICIENCY		
SECTION 7	MARKET NEEDS ASSESSMENT		