



**2018 CDBG Rental Rehabilitation Loan Program Application
Metropolitan Development and Housing Agency
Community Development Department**

A. Applicant information

Owner /Occupancy Type (check one): Individual(s) Proprietorship Partnership Corporation LLC Trust

Building Owner(s):

Social Security No.:

Tax ID/Fein# (Businesses only):

Address:

City/State/Zip:

Phone:

Fax:

E-mail:

Contact Name (If different from above):

Address:

City/State/Zip:

Phone:

Fax:

E-mail:

B. Location and Description of Property

Property Address:

Number of Buildings:

Map & Parcel #:

Current Usage:

Zoning:

Year Property was Built:

Is the Property Currently Owned by the Applicant? Yes No

If yes: Purchase Price: \$_____ Date Purchased: _____

If no, provide a copy of the purchase contract or option.

C. Pre-Rehab Property Information

Number of Units	Bedroom Size Per Unit	Monthly Rent Per Unit	Annual Rent Per Unit	Utilities Included	Occupied/Vacant
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total # of Units:	Totals:				

Are all property Taxes Current? Yes No

D. Post-Rehab Property Information (if any changes will be made)

Number of Units	Bedroom Size Per Unit	Monthly Rent Per Unit	Annual Rent Per Unit	Utilities Included
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Total # of Units:	Totals:			

E. Post Rehab Operating Expenses

	Monthly Per Unit	Annual Per Unit
Vacancy Loss Allowance		
Existing Debt Service		
Real Estate Taxes		
Property Insurance (casualty and general liability)		
Maintenance		
Grounds/Mowing		
Exterminating		
Management (supplies, advertising, etc.)		
Utilities		
Legal/Accounting		
Trash Removal		
Reserve for Replacement		
Other		
Totals:		
Cash Flow:		

F. Tenant/Occupancy Information

Furnish the requested information for all tenants

Name/Mailing Address	Unit Address/ Daytime Phone	Email Address	Is Tenant Currently Receiving Section 8?	Current Rent	Will building Renovations result in increased rent?
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent = \$ /mo.
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent = \$ /mo.
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent = \$ /mo.
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, new rent = \$ /mo.

If the buildings are occupied, will the extent of the work require tenants to relocate temporarily while the work is being done?

Yes No

If yes, explain why and attach a detailed relocation plan.

Applicants are cautioned that any existing tenants must be given the opportunity to remain in the project under reasonable terms and conditions including a rent that is considered affordable based on their household income. If units are occupied at the time of application submission, MDHA staff will interview tenants to see if they and/or the project qualify for assistance via MDHA's Section 8 Project Based Voucher (PBV) program, based on availability. If the neither the project or the tenants qualify for Section 8 assistance via the PBV program or the tenants do not want Section 8 assistance or it is not available and permanent relocation is required, the project will not be eligible for funding.

IF THE EXTENT OF THE REHABILITATION REQUIRES TEMPORARY RELOCATION OF TENANTS, THE APPLICANT WILL BE REQUIRED TO PROVIDE TENANTS WITH SUFFICIENT ASSISTANCE TO ENSURE THAT ANY TEMPORARY MOVE IS MADE AT NO COST TO THE TENANTS. REHABILITATION OF OCCUPIED UNITS WILL ONLY BE CONSIDERED IF THE EXTENT OF THE REHABILITATION DOES NOT REQUIRE PERMANENT RELOCATION OF EXISTING TENANTS.

G. Current Indebtedness

Furnish information on BUILDING-RELATED debts, notes, and mortgages payable.

Type	To Whom Payable	Original Amount	Original Date	Interest Rate	Maturity Date	Monthly Payment
1 st Mortgage Holder		\$		%		\$
2 nd Mortgage Holder		\$		%		\$
Other Building Lien		\$		%		\$
Other Building Lien		\$		%		\$
	Total	\$			Total	

H. Project Overview – Proposed Budget

Describe the proposed “project” in detail. Include a description of all interior and exterior rehabilitation work that will need to be completed on all units. Provide information, as applicable, pertaining to scheduling or phasing of work particularly for work to be completed on occupied units. Provide a timeline, including milestones for starting and completing the project. Attach additional sheets as needed.

Attach a line-item budget with a cost breakdown based on construction trades for the estimated cost to complete the project as proposed. This budget should include all cost associated with completing the project, including architect, engineering, permitting and temporary relocation, as applicable.

I. Proposed Financing

Provide information on the rate and terms for any additional financing, other than CDBG funds, that will be necessary to complete the project.

Source	Amount	Interest Rate	Term								
CDBG Rental Rehabilitation Loan	\$	0%	<i>Select one</i> <input type="checkbox"/> Forgivable over 10 years with Commitment to lease to Section 8 Voucher holders								
		3%	<input type="checkbox"/> Repaid over 10 years (120 month) lease to any income-eligible tenant								
Owner Cash Investment	\$		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Term</th> <th style="width: 40%;">Monthly Payment</th> </tr> </thead> <tbody> <tr> <td>Bank:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Other:</td> <td style="text-align: center;">\$</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	Term	Monthly Payment	Bank:	\$	Other:	\$	Total	\$
Term	Monthly Payment										
Bank:	\$										
Other:	\$										
Total	\$										

J. Attachments

Check if submitted. If not submitted, explain why in the space below, right.

Yes <input type="checkbox"/> No <input type="checkbox"/>	Drawings and Specifications.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Budget/Cost Estimate	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Photographs of the building.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Purchase Contract or Option, if property is not currently owned by the applicant and is being acquired for project.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Letters of commitment from others involved in financing.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal financial statements for each building owner.	
Yes <input type="checkbox"/> No <input type="checkbox"/>	\$25. 00 Credit Report Application Fee for individual applicants or \$50.00 for LLCs, Trusts, etc. (non-refundable).	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Legal Agreement for LLC or Trusts	

K. Disclosure/Certifications

By signing and submitting this application, the applicant hereby agrees to the following:

1. Applicant agrees that the acceptance of this application does not commit MDHA to enter into an agreement, to pay any costs incurred in its preparation, to participate in subsequent negotiations, or to contract for the project. Further, the acceptance of this application does not constitute an agreement by MDHA that any contract will actually be entered into by MDHA. MDHA expressly reserves the right to reject any or all applications or to request more information from the applicant.
2. The applicant also agrees that Rental Rehabilitation Assistance will only be considered for the proposed project by MDHA if: a) drawings and specifications for all proposed work have been completed and submitted for review and approval with or subsequent to submission of this application, and

b) bids or quotes for all proposed work were obtained and submitted with or subsequent to submission of this application.

3. Applicant hereby certifies that all information contained in this document and any attachments is true and correct to the best of the applicant's knowledge. Applicant also gives permission to MDHA to research the building's history, research the applicant's history, contact respective financial institutions, obtain credit reports and perform other related activities necessary for the reasonable evaluation of this proposal.

Conflict of Interest:

- 1. Are you or any member of your family work for MDHA? Yes No
- 2. Are you or any member of your family related to anyone who works at MDHA or anyone who is a member of the MDHA Board of Commissioners or an elected official of the Metropolitan Government of Nashville-Davidson County? Yes, *if yes, explain in the space allotted below.* No

EXPLANATION:

Should assistance be provided applicant/borrower agrees:

- 1. To comply with all applicable provisions or federal statutes and regulations concerning equal employment opportunities for persons engaged in rehabilitation work in connection with program assistance.
- 2. To keep such records as may be required by MDHA in connection with the work to be assisted.
- 3. To not discriminate upon the basis of race, color, sex, marital status, handicap, religion or national origin in the sale, lease, rental, use or occupancy of the property to be assisted.
- 4. To allow no member of the governing body or employee of MDHA or Metro Nashville-Davidson County to have any interest, direct or indirect, in the proceeds of any loan or in any contract entered into by the borrower for the performance of work financed, in whole or part, with the proceeds of the loan.
- 5. That NO financial assistance will be provided if the project involves the permanent and involuntary displacement of tenants.

In addition, the applicant is aware of the following:

- 1. This assistance involves federal funds and requires compliance with federal guidelines, including Lead-Based Requirements, Davis-Bacon Wage Rates (only applicable if assistance is provided to a structure containing more than eight (8) units), Handicapped Accessibility and Historic Preservation.
- 2. If assistance is provided, MDHA will monitor the project for initial and long term compliance.
- 3. The applicant will be obligated to lease the units to income-eligible tenants at affordable rents for a minimum of ten (10) years from the date that the project is completed.
- 4. Financial assistance will not be provided if property taxes or special assessments are in arrears.

Signature

Title (if applicant is a company representative)

Print Name

Date

The Metropolitan Development and Housing Agency does not discriminate against any person in program or client services regardless of race, color, age, national origin, marital status, sex, disability, religion, or any other legally protected status.

Application Submission

Submit completed application to:

MDHA
Department of Community Development
712 South 6th St.
Nashville, TN 37206

For Question regarding the application or program guidelines:

Call (615) 252-6715
Email: mperry@nashville-mdha.org