



File # _____

SHIP RENTAL LOAN APPLICATION

**Construction or Repair of
Affordable Rental or Transitional Housing Units
For Persons with Special Housing Needs**

PROJECT INFORMATION:

PROJECT NAME: _____

ADDRESS OF PROJECT: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FUNDING INFORMATION	AMOUNT
Total Project Cost	
SHIP Funds Requested	
Other Sources of Funding: (list)	

Unit Information	Number
Total units / beds planned for construction/rehab	
Units set-aside for persons below 50% of Median Area Income	
Units set-aside for persons <u>between</u> 50% and 80% of Median Area Income (<i>Note-Not SHIP eligible</i>)	
Units / beds to be assisted with SHIP funds	

Do you hold deed to property? Yes No (If yes, attach copy)

If no to the above, is there a sales contract pending? Yes No (if yes, attach copy)

Do you lease? Yes No

ORGANIZATION INFORMATION:

501-C-3 Yes No (if yes, please attach)

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DIRECTOR: _____ PHONE: _____

CONTACT PERSON: _____ PHONE: _____

TITLE: _____ ADDRESS: _____

e-mail: _____

DEVELOPMENT PARTNER INFORMATION:

COMPANY NAME: _____ PHONE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER NAME: _____ TITLE: _____

Percent of Project Developer: _____

Ownership: Non-Profit: _____

Other: _____ Name: _____

Do you have a written and executed Partnership Agreement? Yes No
(If yes, please attach)

PROPOSAL:

Please prepare a Proposal Package (Submit one original and one copy) which includes the following information:

1. Overall description of project.
2. Site description.
3. Proposed construction and/or rehabilitation of project, including floor plans.
4. Planned use of SHIP funds.
5. Proposed development/financing structure.
6. Proposed construction start and end date.
7. Purpose, use, and income requirements for units.
8. List procedures used for: client selection, income documentation, apartment management and monitoring.
9. Explain the organization's experience with construction and the operation and management of rental units or transitional housing.
10. List personnel employed from Wages and Workforce Development Initiatives; and current numbers of policy, if applicable.

ATTACHMENTS:

- 501-C-3
- Board of Directors list and contact information and last Financial Audit
- Copies of two most recent Board minutes
- Partnership Documentation, if applicable
- Copy of Deed/Lease
- Income Guidelines
- Maximum rents charged
- Sales Contract, if applicable
- Appraisal
- Floor Plan
- Any additional information you wish to add.

Your application will be scored according to the information you provide. Please be as specific as necessary. This application is very competitive.

The information provided in this application is true and accurate to the best of my knowledge. I understand that these funds, if awarded, will be a zero-interest loan, deferred until sale or change in use.

Signed: _____
Director

Date

Signed: _____
Board President

Date