

**CITY OF YORK, PENNSYLVANIA HOME  
PROGRAM  
LOAN APPLICATION**

**Date of Application** \_\_\_\_\_

Project Name \_\_\_\_\_

Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Municipality \_\_\_\_\_

Census Tract No. \_\_\_\_\_ Census Block No. \_\_\_\_\_

House District \_\_\_\_\_ Senate District \_\_\_\_\_ Congressional \_\_\_\_\_

**A. APPLICANT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_

Email Address \_\_\_\_\_ Fax No. \_\_\_\_\_

1. Type of Sponsoring Entity:

- For Profit
- Nonprofit
- Joint Venture between a for profit and nonprofit organization
- Other (describe) \_\_\_\_\_

2. Type of Ownership Entity:

- General Partnership
- Other \_\_\_\_\_
- Limited Partnership
- Corporation
- Individual

3. Legal Status of Ownership Entity:

- Currently Exists
  - Name of Ownership Entity \_\_\_\_\_
  - Fed. ID or Social Security No. \_\_\_\_\_
  - List all General Partners \_\_\_\_\_

- To be Formed
  - Estimated Date of Filing \_\_\_\_\_

4. If a nonprofit organization is involved in the project check all that apply:

- Community Housing Development Organization (CHDO)
- IRS 501 c (3) approved
- IRS 501 c (4) approved
- Primary purpose includes fostering of low income housing
- Will participate in the project operations throughout the compliance period

(Describe on separate sheet, ownership interest and involvement in project.)

5. Has the developer, its shareholders, officers or directors, partners or members ever been convicted of a felony?  Yes  No. If yes, explain: \_\_\_\_\_

*(The mere conviction of a crime, standing alone, does not disqualify the applicant.)*

6. Are those individual or businesses comprising the development team, who are required to be licensed, in fact licensed?  Yes  No. If no, explain: \_\_\_\_\_

7. Are you or any of the applicants or general partners currently debarred or suspended by HUD?  Yes  No. If yes, explain: \_\_\_\_\_

8. Are you or any of the applicants or general partners currently under investigation by any local, state or federal agency?  Yes  No. If yes, explain \_\_\_\_\_

9. In the space provided below, briefly describe the project.

**B. DEVELOPMENT TEAM** (complete all that apply)

Sponsor/Developer

\_\_\_\_\_

(Firm)

\_\_\_\_\_

(Contact Person)

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City, State, Zip)

\_\_\_\_\_

(Phone)

\_\_\_\_\_

(Fax)

\_\_\_\_\_

(Email Address)

\_\_\_\_\_

(Tax ID Number, if available)

Co-Sponsor/Dev.

\_\_\_\_\_

(Firm)

\_\_\_\_\_

(Contact Person)

\_\_\_\_\_

(Street)

\_\_\_\_\_

(City, State, Zip)

\_\_\_\_\_

(Phone)

\_\_\_\_\_

(Fax)

\_\_\_\_\_

(Email Address)

\_\_\_\_\_

(Tax ID Number, if available)

Architect:

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(Firm)

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(Contact Person)

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(Street)

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(City, State, Zip)

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(Phone)

(Fax)

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(Email Address)

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(Tax ID Number, if available)

Contractor:

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(Firm)

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(Contact Person)

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(Street)

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(City, State, Zip)

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(Phone)

(Fax)

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(Email Address)

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(Tax ID Number, if available)

Management Agent:

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(Firm)

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(Contact Person)

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(Street)

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(City, State, Zip)

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(Phone)

(Fax)

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(Email Address)

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(Tax ID Number, if available)

Attorney:

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(Firm)

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(Contact Person)

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(Street)

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(City, State, Zip)

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(Phone)

(Fax)

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(Email Address)

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(Tax ID Number, if available)

Consultant:

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(Firm)

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(Contact Person)

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(Street)

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(City, State, Zip)

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(Phone)

(Fax)

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(Email Address)

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(Tax ID Number, if available)

**C. DEVELOPMENT DESCRIPTION**

1. Type of Proposed Development:

- |   |   |
|---|---|
| <input type="checkbox"/> Multifamily            | <input type="checkbox"/> Assisted Living Facility |
| <input type="checkbox"/> Single Room Occupancy  | <input type="checkbox"/> Personal Care Facility   |
| <input type="checkbox"/> Single Family Detached | <input type="checkbox"/> Other: _____             |

2. Physical Characteristics of Development:

a. Construction Type

- |   |
|---|
| <input type="checkbox"/> New Construction                                 |
| <input type="checkbox"/> Rehabilitation                                   |
| <input type="checkbox"/> Moderate or <input type="checkbox"/> Substantial |

b. Building Type

- |  |  |
|--|--|
| <input type="checkbox"/> Garden Apartments | <input type="checkbox"/> Mid Rise (up to 5 stories)    |
| <input type="checkbox"/> Townhouse         | <input type="checkbox"/> High Rise (6 or more stories) |
| <input type="checkbox"/> Walkup Apartments | <input type="checkbox"/> Other _____                   |

c. Occupancy Type

- |   |   |
|---|---|
| <input type="checkbox"/> General                  | <input type="checkbox"/> Homeless                 |
| <input type="checkbox"/> Elderly, age 55 or older | <input type="checkbox"/> Elderly, age 62 or older |
| <input type="checkbox"/> Mentally Disabled        | <input type="checkbox"/> Physically Disabled      |
| <input type="checkbox"/> Other _____              |   |

d. Development Specifications

- Number of buildings \_\_\_\_\_ Number of stories \_\_\_\_\_
- Total number of units \_\_\_\_\_
- Total number of low-income units \_\_\_\_\_
- Are the buildings contiguous?  yes  no
- Number of wheelchair or accessible units \_\_\_\_\_
- Number of hearing/vision impaired units \_\_\_\_\_

e. Project size per square footage - including all buildings:

- Gross building area (include basement only if improved) \_\_\_\_\_
- Gross commercial and all commercial related areas \_\_\_\_\_
- Gross residential and residential related areas \_\_\_\_\_
- Total land area \_\_\_\_\_
- Total number of on-site parking spaces \_\_\_\_\_

f. Utilities available at the site: Provider

- |                                   |       |
|-----------------------------------|-------|
| <input type="checkbox"/> Water    | _____ |
| <input type="checkbox"/> Sewer    | _____ |
| <input type="checkbox"/> Gas      | _____ |
| <input type="checkbox"/> Electric | _____ |

Project must have public water and sewer to be considered for funding.

g. Project Utilities:

Complete in detail the source of the following services and whether the utility service expense will be paid by the project:

| Utility                | Included in rent             |                             | Type of Service<br>(Gas, Elec., Etc.) |
|------------------------|------------------------------|-----------------------------|---------------------------------------|
| Heat                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Hot Water              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Cooking                | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Lights in Unit         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Lights in Public Space | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Air Conditioning       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Water                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Trash/Rubbish          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |
| Sewage                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____                                 |

h. List community facilities and amenities planned for the development. Continue on separate attachment, if necessary.

3. Site Information:

a. Is site control in place for the entire development?  Yes  No

b. Type of control:  Lease  Agreement  Deed  Option      Expiration Date \_\_\_\_\_  
 Expiration Date \_\_\_\_\_

Provide documentation evidencing site control.

c. Is this site properly zoned for the development?  Yes  No. If no, provide what the zoning issues are and a schedule to receive approval \_\_\_\_\_  
 \_\_\_\_\_

d. Does the site/building(s) have any historic or archeological significance?  Yes  No.  
 If Yes, explain \_\_\_\_\_

Submit letter from State Historic Preservation Officer.

e. Does the building qualify for Historic Tax Credits?  Yes  No

f. Is the property located in a 100 year flood plain?  Yes  No. (The City will not fund a project located in a 100 year flood plain)

**D. ANNUAL INCOME INFORMATION**

1. Is the property currently occupied?  Yes  No  
 If yes, what is the current occupancy rate: \_\_\_\_\_%

**Submit copy of rent roll**

If no, has the project been occupied within the last 12 months?  Yes  No  
 If the property was occupied within the last 12 months state the reason for the decline in occupancy

2. Does development of the project involve relocation?  Yes  No

(Indicate number of families and/or businesses.) \_\_\_\_\_

Will the proposed activity result in temporary or permanent displacement or relocation?  
 Temporary relocation       Permanent relocation

Have residents been given relocation benefits or notices?  Yes  No

**Note: The sponsor should be prepared to absorb the necessary relocation expenses which should be reflected in the development costs.**

**CURRENT RENTALS - (Only if building is currently occupied)**

| No.of B/R   | No.of Units | Average Square Ft. | Current Monthly Rent | Additional Utility Cost | Total Housing Expense |
|-------------|-------------|--------------------|----------------------|-------------------------|-----------------------|
| <b>SRO</b>  |             |                    |                      |                         | \$0                   |
| <b>EFF</b>  |             |                    |                      |                         | \$0                   |
| <b>1 BR</b> |             |                    |                      |                         | \$0                   |
| <b>2BR</b>  |             |                    |                      |                         | \$0                   |
| <b>3BR</b>  |             |                    |                      |                         | \$0                   |
| <b>4BR</b>  |             |                    |                      |                         | \$0                   |
|             |             |                    |                      |                         | \$0                   |

**Total** \_\_\_\_\_ **0**

- g. Was structure built before January 1, 1978?  Yes  No  
 If yes, has structure been rehabilitated after January 1, 1978?  Yes  No  
 Is the structure certified lead free?  Yes  No

h. Mileage from site of the following facilities/services:

| FACILITY/<br>SERVICE     | LESS<br>THAN<br>1/4      | 1/4<br>TO<br>1/2         | 1/2<br>TO<br>3/4         | 3/4<br>TO<br>1           | 1<br>TO<br>2             | 2<br>TO<br>3             | 3<br>TO<br>4             | 4<br>TO<br>5             | 5<br>TO<br>7             | 7<br>TO<br>10            | 10<br>&<br>OVER          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>Education:</b>        |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| Elementary               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Intermediate             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Senior                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social/<br>Recreation    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Facility          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Food and Drugs           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retail<br>Commercial     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire and Rescue          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employment               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Public<br>Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Describe the services that will be provided to tenants.

**PROJECT INCOME PROJECTIONS**

| No. of B/R | No. of Units | Average Sq. Ft. | Tenant Pd. Rent | Utility Allowance | Total Tenant Expense | Rental Assistance Payment | Source | Total Housing Expense | Target Income Level % |
|------------|--------------|-----------------|-----------------|-------------------|----------------------|---------------------------|--------|-----------------------|-----------------------|
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |
|            |              |                 |                 |                   | \$0                  |                           |        | \$0                   |                       |

**TOTAL UNITS** \_\_\_\_\_

Other Facilities \_\_\_\_\_

\* Describe how utility cost was determined (attach narrative or utility analysis)



**Project Information**

Estimated Construction Period \_\_\_\_\_ (Months)

Wage Determination:

Estimated Start Date \_\_\_\_\_

Open Shop \_\_\_\_\_

No. of Dwellings \_\_\_\_\_

Union Shop \_\_\_\_\_

Gross Building Sq. Ft. \_\_\_\_\_

Davis Bacon \_\_\_\_\_

Residential \_\_\_\_\_

Commercial \_\_\_\_\_

State Prevailing Wage \_\_\_\_\_

|  |
|--|
|  |
|  |
|  |
|  |

**Note:** As required by HUD CPD Notice 98-01, support documentation must be submitted to justify income/expenses sited in pro forma. All information requested in the following format must be submitted.

## Loan ProForma

### DEVELOPMENT BUDGET:

|                                      | Per Unit | Total   |
|--------------------------------------|----------|---------|
| <b>Construction\Rehabilitation</b>   |          |         |
| Residential                          | \$       | \$      |
| Non-Residential                      | \$       | \$      |
| Site Work                            | \$       | \$      |
| General Requirements (6%)            | \$       | \$      |
| Builder's Overhead (2%)              | \$       | \$      |
| Builder's Profit (6%)                | \$       | \$      |
| Bond Premium                         | \$       | \$      |
| Construction Contingency             | \$       | \$      |
| Off site Improvements                | \$       | \$      |
| Tap fees and Permit fees             | \$       | \$      |
| Other                                | \$       | \$      |
| Total Construction/Rehabilitation    | \$ 0.00  | \$ 0.00 |
| <b>Fees</b>                          |          |         |
| Architect-Design                     | \$       | \$      |
| Architect-Supervision                | \$       | \$      |
| Legal                                | \$       | \$      |
| Legal Acquisition                    | \$       | \$      |
| Engineering                          | \$       | \$      |
| Surveys/Studies                      | \$       | \$      |
| Other                                | \$       | \$      |
| Total Fees                           | \$ 0.00  | \$ 0.00 |
| <b>Miscellaneous Project Charges</b> |          |         |
| Property Appraisal/Market Study      | \$       | \$      |
| Environmental Audit                  | \$       | \$      |
| Application Fees                     | \$       | \$      |
| Rent-up Expenses                     | \$       | \$      |
| Furnishings                          | \$       | \$      |
| Relocation                           | \$       | \$      |
| Other                                | \$       | \$      |
| <b>Construction Financing</b>        |          |         |
| Construction Interest                | \$       | \$      |
| Const. Loan Fee-Appl./Origination    | \$       | \$      |
| Taxes during Construction            | \$       | \$      |
| Insurance during Construction        | \$       | \$      |
| Title and Recording                  | \$       | \$      |
| Other                                | \$       | \$      |

**DEVELOPMENT BUDGET (continued)**

|  | <b>Per Unit</b> | <b>Total</b> |
|--|-----------------|--------------|
| <b>Permanent Financing</b>             |                 |              |
| Loan Origination Fee (2.5%)            | \$              | \$           |
| Credit Enhancement (.5%)               | \$              | \$           |
| Cost of Issuance (1%)                  | \$              | \$           |
| Total Permanent Financing              | \$ 0.00         | \$ 0.00      |
| <b>Land and Building Acquisition</b>   |                 |              |
| Land Acquisition                       | \$              | \$           |
| Building Acquisition                   | \$              | \$           |
| Other                                  | \$              | \$           |
| <b>Project Reserves</b>                |                 |              |
| Operation Reserves                     | \$              | \$           |
| Development Contingency Fund (4%)      | \$              | \$           |
| Tax Escrow                             | \$              | \$           |
| Insurance Escrow                       | \$              | \$           |
| Other                                  | \$              | \$           |
| Total Project Reserves                 | \$ 0.00         | \$ 0.00      |
| <b>Developers Fee and Overhead</b>     |                 |              |
| (New Constr. max: 15%, Rehab max: 10%) | \$              | \$           |
| <b>Syndication Fees and Expenses</b>   |                 |              |
| Organizational                         | \$              | \$           |
| Bridge Loan Interest                   | \$              | \$           |
| Bridge Loan Fees                       | \$              | \$           |
| Legal                                  | \$              | \$           |
| Accounting                             | \$              | \$           |
| Cost Certification                     | \$              | \$           |
| Tax Credit Allocation Fee              | \$              | \$           |
| Tax Credit Monitoring Fee              | \$              | \$           |
| Other                                  | \$              | \$           |
| Total Syndication Fees                 | \$ 0.00         | \$ 0.00      |
| <b>Total Project Cost</b>              | \$ 0.00         | \$ 0.00      |

**TOTAL SOURCES OF FUNDS:**

|                        | <b>Source</b> | <b>Amount</b> |
|------------------------|---------------|---------------|
| First Mortgage         |               | \$            |
| Subordinate Loans      |               | \$            |
| Grants                 |               | \$            |
| Syndication Equity     |               | \$            |
| Developers Equity      |               | \$            |
| Other                  |               | \$            |
| Total Sources of Funds |               | \$ 0.00       |

**MAXIMUM MORTGAGE CALCULATION:**

(\* there are no automatic calculations performed in this section)

|                                     |                            |    |
|-------------------------------------|----------------------------|----|
| Gross Rent Potential Base Year      |                            | \$ |
| Plus                                | Other Income               | \$ |
| Minus                               | Vacancy (5%)               | \$ |
| Equals                              | Net Revenue                | \$ |
|                                     |                            |    |
| Minus                               | Operating Expenses         | \$ |
| Equals                              | Net Operating Income (NOI) | \$ |
| Divided by                          | Debt Coverage Ratio (1.15) |    |
| Equals                              | Income to Support Debt     | \$ |
|                                     |                            |    |
| Remainder Cash Flow After Financing |                            | \$ |
|                                     |                            |    |
| Potential Loan Based on:            |                            |    |
| Rate:                               | Term:                      |    |

**OPERATING BUDGET:**

|   | <b>Per Unit/Year</b> | <b>Total Annual</b> |
|---|----------------------|---------------------|
| <b>Administrative</b>                   |                      |                     |
| Marketing/Advertising                   | \$                   | \$                  |
| Office Supplies/Expense                 | \$                   | \$                  |
| Management Fee (5-10 %)                 | \$                   | \$                  |
| Legal                                   | \$                   | \$                  |
| Audit                                   | \$                   | \$                  |
| HOME Program Monitoring Fee (\$40/unit) | \$                   | \$                  |
| Miscellaneous                           | \$                   | \$                  |
| Total Administrative                    | \$                   | \$                  |
| <b>Utilities</b>                        |                      |                     |
| Fuel Oil                                | \$                   | \$                  |
| Electric                                | \$                   | \$                  |
| Water & Sewer                           | \$                   | \$                  |
| Natural Gas                             | \$                   | \$                  |
| Total Utilities                         | \$                   | \$                  |
| <b>Operating and Maintenance</b>        |                      |                     |
| Janitor Supplies                        | \$                   | \$                  |
| Exterminating                           | \$                   | \$                  |
| Rubbish and Trash Removal               | \$                   | \$                  |
| Security                                | \$                   | \$                  |
| Grounds Maintenance/Supplies            | \$                   | \$                  |
| Repairs Materials                       | \$                   | \$                  |
| Repairs Contracts                       | \$                   | \$                  |
| HVAC Maintenance                        | \$                   | \$                  |
| Painting and Decorating                 | \$                   | \$                  |
| Miscellaneous (elevator maint. etc)     | \$                   | \$                  |
| Total Operating and Maintenance         | \$                   | \$                  |
| <b>Payroll</b>                          |                      |                     |
| Office/Manager Salaries                 | \$                   | \$                  |
| Maintenance Salaries                    | \$                   | \$                  |
| P/R Taxes                               | \$                   | \$                  |
| Workmen's Compensation                  | \$                   | \$                  |
| Employee Benefits                       | \$                   | \$                  |
| Total Payroll                           | \$                   | \$                  |

|   | <b>Per Unit/Year</b> | <b>Total Annual</b> |
|---|----------------------|---------------------|
| <b>Taxes and Insurance</b>                      |                      |                     |
| Real Estate Taxes                               | \$                   | \$                  |
| Misc. Taxes and Permits                         | \$                   | \$                  |
| Property and Liability Insurance                | \$                   | \$                  |
| Misc. Insurance                                 | \$                   | \$                  |
| Total Taxes and Insurance                       | \$                   | \$                  |
| <b>Supportive Services (Total)</b>              |                      |                     |
|   | \$                   | \$                  |
| <b>Total Operating Expenses Before Reserves</b> |                      |                     |
|   | \$                   | \$                  |
| <b>Reserves</b>                                 |                      |                     |
| Replacement Reserve                             | \$                   | \$                  |
| Equipment Purchase                              | \$                   | \$                  |
| Capital Improvement                             | \$                   | \$                  |
|   |                      |                     |
| Total Reserves                                  | \$                   | \$                  |
| <b>Total Operating Expense and Reserves</b>     |                      |                     |
|   | \$                   | \$                  |

*Note: A projected Operating Budget must be supplied for years 1 - 15.*

## Certification Form

### All Applicants for HOME funding must sign the application

The Applicant certifies that all information provided in this application and all information furnished in support of this application is given for the purpose of obtaining funding through the HOME Program and further certifies that this information is true and complete to the best of the Applicant's knowledge and belief. The Applicant authorizes verification to be obtained from any source named within this application. It is further understood by the Applicant that any and all information obtained in the process of establishing eligibility for this program may be reviewed by the Loan Committee for the purpose of determining the approval or rejection of this application.

The Applicant further certifies that he/she they is/are the owner(s) of the property described in this application and that the HOME funding will be used only for the work on the property described in this application.

The Applicant further certifies that he/she/they has/have not required any tenant to move without just cause during the twelve months prior to this date and will indemnify the City of York with respect to any relocation claims arising from such undisclosed displacement.

The Applicant further certifies that the City may request or require changes in the information submitted herewith, may substitute its own figures which it deems reasonable for any or all figures provided herein by the undersigned and may supply an amount significantly different from the amount requested.

The Applicant further certifies the all documents requested by the City of York or the legal counsel for the City of York shall be submitted.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT: U.S.C. Title 18, Sec.1001 provided: "Whoever, in any manner within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both.

---

Signature

Date

---

Signature

Date