

**EXHIBIT 4.01
GENERAL APPLICATION FORM**

Please provide all known information as requested. Check all boxes that apply.

PROJECT INFORMATION

Project Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Supervisorial District:
Unincorporated (Y/N) _____

Type of project:

- New Construction Acquisition Conversion
 Preservation Acquisition & Rehabilitation Rehabilitation

Target Population to be Served: _____

Total # of Units: _____

Total # of Units Subsidized by OC Housing and Community Development: _____

Total # of PBVs requested: _____

County commitment needed by: _____

Please explain what is driving that date:

APPLICANT INFORMATION (Attach additional sheet for Co-Applicant Information, if applicable)

Legal Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
*UEI # _____ W-9 _____

* The County requires a valid UEI number prior to Contract Award. If needed, your agency may obtain one at no cost at <https://www.SAM.GOV>

Legal Status of Applicant:

- Individual General partnership Limited liability corporation
 Non-profit corporation Limited partnership CHDO
 For-profit corporation Joint venture Other: _____

Contact Person: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Development Team Information (Attach a limited partnership organizational chart, if available)

Managing General Partner

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Co-General Partner

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Lead Developer

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Joint Developer

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Lead Service Provider

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

GC Name:

Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

Architect

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____

PROJECT FINANCING

OC Housing and Community Development Capital Loan Request:

Requested Funding Source:	Regional			Local		Total
	HOME	HOME-ARP	MHSA	15G Reserves	HSA	
Funding Request:	\$	\$	\$	\$	\$	\$
Funds Requested at Construction:	\$	\$	\$	\$	\$	\$
Funds Request at Permanent:	\$	\$	\$	\$	\$	\$
Requested Terms:						
If other, please explain:						

Project Based Voucher Requests:

Requested Type:	Housing Choice	VASH	Total
Numbers Requested:			

MHSA Capitalized Operating Subsidy Reserve Program*:

Requested Amount:	\$
*Only if no project-based rental assistance vouchers or other rental subsidies are available through the County and/or participating city, to address operational deficits attributable to restricted MHSA supportive housing units.	

Are you requesting regional or local funding: _____

If local funds, please refer to Section 2.08 (Regional Housing Needs Assessment Transfers). Have you obtained proof of the acquiescence of the RHNA policy via approval by the governing board:

Applicants may request a specific funding source; however, OC Housing and Community Development may not be able to grant this request.

Is your project applying for tax credits? If so, is it a 4% or 9% tax credit project? _____

SOURCES & USES OF FUNDS

ACQUISITION FUNDING (List all sources of funding based on lien priority.)

Name of Lender/Source	Amount	Term in Months	Interest Rate	Per Unit Cost	Per Bedroom Cost	Committed
TOTAL						

CONSTRUCTION PERIOD FUNDING (List all sources of funding based on lien priority. Please refer to Section 2.14.09 on the County’s subordination policy.)

Name of Lender/Source Contact Person and Phone Number	Amount	Term in Months	Interest Rate	Per Unit Cost	Per Bedroom Cost	Committed
TOTAL*						

*Must be consistent with Exhibit 4.03-A Development Financial Pro forma

PERMANENT FUNDING (List all sources of funding based on lien priority.)

Name of Lender/Source Contact Person and Phone Number	Amount	Term in Months	Interest Rate	Per Unit Cost	Per Bedroom Cost	Committed

TOTAL*						

*Must be consistent with Exhibit 4.03-A Development Financial Pro forma

USES OF FUNDS

Uses of Funds	Amount	Per Unit Cost	Per Bedroom Cost
Land Cost			
Fees, Permits, Studies			
Direct Construction Cost			
Indirect Construction Cost			
Rent-up/Marketing Cost			
Financing Cost			
Other: _____			
TOTAL DEVELOPMENT COST			

NOTE: Above Sources and Uses of Funds must agree with the information shown in Exhibit 4.03-A.

PREVAILING WAGE REQUIREMENTS – Check if either of the following wage requirements were included in the Total Development Cost of your project.

Davis-Bacon Wages

State Prevailing Wages

SITE INFORMATION

Current Owner/Seller Information:

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email: _____
 Contact Person: _____

Site Control:

Deed Option Other: _____

Lot Size: _____ sq. ft. _____ acres

Census Tract: _____ APN: _____

Legal Description: _____

Prior use of property: _____

Current Number of occupied units: _____

Number of potential relocated households: _____

For projects requesting PBVs, [is concentration of poverty less than or equal to 20%](#): _____

EXISTING or PROPOSED STRUCTURE INFORMATION		
	Existing Building (if applicable)	Proposed Configuration (after Rehab or New Construction)
Units		
Bedrooms		
Buildings		
Stories		
Parking spaces		
Residential sq. ft.		
Common area sq. ft.		
Parking sq. ft.		
Commercial sq. ft.		
Total building sq. ft.		
OC Housing and Community Development - assisted sq. ft.		

UNIT MIX		
Unit Mix	Existing Unit Mix	Proposed Unit Mix (after rehab or construction)
0 bedroom/SRO		
1 bedroom		
2 bedrooms		
3 bedrooms		
4 bedrooms		
TOTAL UNITS		

UNIT TYPE & AFFORDABILITY SUMMARY						
Unit Type	% of AMI (insert % of the area median income)	Proposed Rent	Total # of Units	Total # of Units To be Subsidized by other Public Funds (Name source)	Total # of Units Subsidized by OC Housing and Community Development	Total # of Bedrooms
0 bedroom/SRO						
1 bedroom						
2 bedrooms						
3 bedrooms						
4 bedrooms						
TOTAL UNITS						

Add additional rows if necessary.

PROJECT TIMELINE			
Activity	Estimated Start Date	Estimated Completion Date	Comments
Site Acquisition			
Environmental Clearance – CEQA			
Environmental Clearance – NEPA			
Application for Entitlements (e.g. Conditional Use Permit, Variance)			
Submission of plans to Building Department			
Application for Construction Financing			
Application for Permanent Conventional Financing			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Low-Income Housing Tax Credits (4% or 9%)			
Receipt of Construction Bids			
Commencement of Construction			
Completion of Construction			
100% Lease-up			
Receipt of Permanent Financing			