



IFA
ILLINOIS FINANCE AUTHORITY

Thank you for your application. If you have questions, please contact IFA. Our office locations are listed at the end of this document.

Note: *If the Borrower is a 501(c)(3) Corporation that will be providing a Corporate Guarantee or will be owning the subject property(ies) directly, IFA's standard 501(c)(3) application would be the pertinent application for the proposed financing.*

**Application for Affordable Rental Housing Bond Project Financing
[for both Developers and 501(c)(3) Not-For-Profit Borrowers]**

APPLICATION #: _____

A. COMPANY

1. Name and Address of Applicant/Owner:

Name

Address City State Zip Code County

Contact Person Title Phone:

Fax: E-mail:

2. Federal Tax ID Number or Borrower's Social Security Number

3. Form of Organization of Borrower(s). Please check the appropriate category:

a. _____ Individual Proprietorship

b. _____ Partnership: _____ General _____ Limited

_____ Illinois _____ Other State _____

c. _____ Corporation: _____ Private _____ Public _____ Not-For-Profit*

d. _____ Limited Liability Company

_____ Illinois _____ (Indicate if another state) Date: _____

e. _____ Other _____

***Please enclose evidence of 501(c)(3) status.**

4. Is the Company Wholly or Partly Owned by Any Other Entity?

_____ Yes _____ No (Explain): _____

5. History and Background of Owner or Developer: Provide a detailed description of other similar projects that (1) the General Partner (and affiliates), (2) the Limited Partner (including any Tax Credit Equity Investor) has either owned or developed. Provide a comprehensive listing describing both market rate and affordable properties.

Please identify the type of projects (i.e., market, affordable, families, senior, special needs), location, dates, financing description, and income levels of occupants. The financing description for all "affordable" projects developed should report if financed with (1) Tax-Exempt Bonds, (2) Low Income Housing Tax Credits, or (3) other affordable financing sources (grants, etc.).

6. Management:

a. Name of Management Agent:

Name

Company

_____ (____)

Telephone

_____ (____)

Fax/e-mail

Is Management Agent affiliated with either the purchaser or seller of the subject property? Explain. Also provide background profiles on projects under management.

b. Please list those people who will be responsible for the management of the project: (Attach additional information, if necessary).

<u>Name</u>	<u>Position</u>	<u>% Ownership</u>	<u>Date Started with Company</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain relationships, if any, between project's owners and management of project. Attach information describing management agent's experience managing similar low and moderate income properties, and particularly those financed with tax-exempt bonds, tax credits, or federal agency financing. List all individuals who will have a 7.5% or greater ownership interest in the subject property.

7. Site Control: Attach a listing of the entity and the ownership interests of all individuals who currently own a 7.5% or greater ownership interest in the subject site. Will ownership be fee simple or leasehold? (Attach as necessary)

B. PROJECT AND FINANCING

8. a. **Proposed Project Name:**

b. **Project Address:**

c. **Is the project in a State of Illinois Enterprise Zone designated by the Illinois Department of Commerce and Economic Opportunity? If so, please indicate the name of the zone and provide name of contact person.**

d. **Type of Development:** ___ Family ___ Senior Citizen ___ Supportive Living ___ Assisted Living

e. **Project Description: Please describe the scope and purpose of the proposed financing and structure. Also, see “Market Study” below – question #24 below.**

f. Estimated Project Costs:

Amount of Proposed Bond Issue: \$ _____

<u>Uses of Funds</u>	<u>Total Costs</u>	<u>Bond Amount</u>	<u>Other Sources</u>
Land Acquisition	\$ _____	\$ _____	\$ _____
Building Acquisition	_____	_____	_____
Rehabilitation	_____	_____	_____
New Construction	_____	_____	_____
Machinery/Equipment	_____	_____	_____
Architectural & Engineering	_____	_____	_____
Legal & Professional	_____	_____	_____
Contingency/Other	_____	_____	_____
Capitalized Interest	_____	_____	_____
Total	_____	_____	_____

<u>Sources of Funds</u>	<u>Identify Lender(s)/Source(s)</u>	<u>Total Sources</u>
IFA Senior Bonds		\$ _____
IFA Subordinate Bonds:	_____	_____
Other Subordinate Loans:	_____	_____
4% Tax Credits		_____
Deferred Developer Fee		_____
Bond Premium		_____
Bond Discount		_____
General Partner Equity		_____
Entrance Fees (Attach explanation)		_____
Total		\$ _____

9. Identify other sources of financing (attach, if necessary):

a. Include source, amount available, security, etc., including any sources of working capital available (including limit and current draws outstanding).

b. For 4% Low Income Housing Tax Credit Transactions: Describe the proposed phase-in of any 4% Low Income Housing Tax Credit Equity. Identify the estimated amounts and key events/benchmarks that will trigger this equity phase-in (e.g., \$ invested at (i) closing of the financing, (ii) progress payments based on construction completion benchmarks, (iii) progress payments due on attainment of Certificate of Occupancy (i.e., substantial completion), (iv) attainment of stabilized revenues, (v) specified minimum debt service coverage, (vi) residual payments from cash flows, and (vii) any other anticipated benchmarks. (Attach description, if necessary.)

10. Proposed Project Lender/Guarantor/LOC Provider/Bond Purchaser(s): (If a Loan Commitment or Letter of Interest has been received, please attach copy. Prior to final approval, a fully executed commitment letter must be provided to IFA):

- a. Will the General Partners of the Applicant be required to provide personal guarantees to the Credit Enhancer or Bond Purchaser? Please describe.

If yes, list the names of the individuals who will be providing personal guarantees.

11. Description of Financing Structure:

a. Describe how each Series of Bonds will be sold or placed with investors. Indicate the estimated interest rate mode(s) and final maturity date(s) for each Series of IFA Bonds. Additionally, explain any unusual structuring elements (e.g., entrance fees or contingent subordinate debt payments based on senior debt service coverage covenants). Describe whether the Bonds will be sold on a Fixed Rate or Variable Rate basis.

b. If Bonds will be sold on a Variable Rate Basis, will the Bond Purchaser/Bank LOC Provider or Tax Credit Investor require the Borrower to execute an Interest Rate Hedge (e.g., purchase an Interest Rate Lock or enter into a Variable to Fixed Rate Swap)? If yes, please describe the terms of the hedge instrument and the rate hedging index to be used (e.g., LIBOR or SIFMA-based swap, etc.)

Note: if the subject Swap will be embedded with the Bond transaction, IFA will need to report details to the IFA Board as an informational disclosure.

Attach supplemental descriptions as necessary.

12. Building Information:

a. How many buildings will be constructed or rehabilitated as part of this project? _____

b. Please describe each building to be built or rehabilitated using the format provided below. *Attach additional sheets (or copy and paste this section below for each building, as needed).*

<u>Building:</u>	<u>Existing Structure(s)</u>	<u>New Construction</u>
Dimensions	_____	_____
Square Feet	_____	_____
Number of Stories	_____	_____
Number of Units	_____	_____

Construction Type:

Masonry	[]	[]
Wood/Frame	[]	[]
Other	[]	[]

Construction Activity (mark all that apply and explain for each building; add attachments if needed):

	<u>Existing Structure(s)</u>
Moderate Rehabilitation	[]
Conversion	[]
Substantial Rehab.	[]
Rehab./Occupied	[]

<u>Type of Use:</u>	<u>Percentage of Square Footage</u>	<u>Percentage of Square Footage</u>
Affordable Rental Housing Space	_____	_____
Market Rate Space	_____	_____
Clubhouse/Common Areas	_____	_____
Recreational (Swimming Pool/Tennis Ct.)	_____	_____

C. SITE & SERVICES

13. Site Information:

Number of acres or square feet: _____ (Please attach a description and map of the property site.)

14. Site Improvement (i.e., parking, driveways, landscaping, etc.): Is there sufficient parking available on-site in accordance with code? (Yes/No) If not, what other arrangements are being made?

15. Present Zoning Classification: _____

_____ Rezoning is contemplated to obtain a classification of _____

_____ No rezoning is necessary; permitted use exists

_____ Variances are required (specify): _____

16. Unusual Site Features (“X” if Yes):

_____ In 100 Year Flood Plain

_____ Poor Drainage

_____ Within 300 Feet of Railroad

_____ Stream Bed

_____ High Tension Wires

_____ Fill Required

_____ Substantial Grades

_____ High Water Table

_____ Rock Formations

_____ Unstable Soil

_____ Near Airport

_____ Industrial Area/Environmental Hazard

_____ Prior (Fill) (Dump) Site

_____ Other

17. Services (distance to nearest .10 of a mile; or “NA” if not applicable to project use):

_____ Grocery Store

_____ Shopping Center

_____ Convenience Store

_____ Library

_____ Drug Store

_____ Day Care Center

_____ Churches

_____ Elementary & Secondary Schools

_____ Hospital

_____ Senior Citizen Center

_____ Health Clinic

_____ Congregate Dining Facility

_____ Bank

_____ Special Transportation Service

_____ Post Office

_____ Bus Stop

D. RENTAL ANALYSIS

18. Current Unit Profiles/Rents (Attach a separate profile for each property to be financed with loan proceeds.)

<u>No. Of Units</u>	<u>Sq. Feet</u>	<u>Estimated Monthly Rent Received By Owner</u>	<u>Estimated Cost of Utilities Not Included In LI Rent**</u>	<u>Estimated Total Housing Expenses to LI Tenant</u>
___ Studio LI*	___ @	\$ _____	\$ _____	\$ _____
___ Studio Mkt*	___ @	\$ _____	\$ _____	\$ _____
___ 1 BR LI	___ @	\$ _____	\$ _____	\$ _____
___ 1 BR Mkt	___ @	\$ _____	\$ _____	\$ _____
___ 2 BR LI	___ @	\$ _____	\$ _____	\$ _____
___ 2 BR Mkt	___ @	\$ _____	\$ _____	\$ _____
___ 3 BR LI	___ @	\$ _____	\$ _____	\$ _____
___ 3 BR Mkt	___ @	\$ _____	\$ _____	\$ _____
___ Total Units		\$ _____	Total Monthly Rental Income X 12 = \$ _____	
		\$ _____	Annual Gross Rental Income (take this figure to Line 1 (a) on Page 10)	

* **LI = Low-Income Units** **Mkt = Market Rate Units**

** Average monthly estimate of heat, water/sewer, hot water and unit electric expenses not included in the rent and paid by the tenant.

19. Does Project Have Elevators? ___ **Yes** ___ **No**

How many Units are handicapped (Wheelchair) accessible? _____

How many Units will be handicapped adaptable? _____ (Attach supplemental descriptive summary as applicable: will units allow for roll-in showers; adjustable counter, sink, and switch heights?)

Will the property comply with the federal Americans with Disabilities Act (“ADA”)? Does ADA apply (if a “grandfathered” acquisition/rehabilitation project)?

Where will the handicapped accessible & handicapped adaptable Units be located?

20. Services Available to Units: (Check services available and check who pays for the service).

<u>Service</u>	<u>Owner</u>	<u>Tenant</u>
___ Heat (Type	___	___
___ Gas ___ Electric ___ Oil		
___ Water	___	___
___ Electricity	___	___
___ Sewer	___	___
___ Trash Removal	___	___
___ Parking	___	___

Sample IFA Board Summary/Cash Flow Template:

Summary of Income/Expenses/Debt Service Coverage

(Dollars in 000's)										
				Historical – If applicable				Projected		
	Line		<u>12/31/12</u>	<u>12/31/13</u>	<u>12/31/14</u>		<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	Add Year 3 and Year 4 (as shown in template on next page)
Income:	1	Gross Potential income:	1,600	1,700	1,800		1,900	2,000	2,100	
	2	Vacancy/Collection Loss:	(80)	(85)	(90)		(95)	(100)	(105)	
	3	Other Income (Net)	50	55	56		60	60	60	
	4	Project Income:	1,570	1,670	1,766		1,865	1,960	2,055	
Operating Expenses:										
	5	Payroll	150	155	160		170	175	180	
	6	General Administrative	50	60	70		90	100	110	
	7	Operating & Maintenance	120	120	125		125	125	125	
	8	Utilities	105	105	105		105	105	105	
	9	R/E Taxes	275	275	275		285	300	310	
	10	Insurance	35	35	25		25	27	29	
	11	Mgmt. Fees	75	80	80		75	75	75	
	12	Replacement Reserve	-	-	-		-	-	-	
	13	Other Expenses	-	-	-		-	-	-	
	14	Total Operating Expenses:	810	830	840		935	972	1,002	
	15	Net Operating Income:	760	840	926		930	988	1,053	
	16	Max. Pro Forma Debt Svc. Payments:	600	600	600		600	600	600	
	17	Debt Service Coverage Ratio (Senior Debt):	1.27	1.40	1.54		1.55	1.65	1.76	

Key Assumptions/Terms: (attach additional page if necessary)

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Payment assumptions derived from Applicant based on recent transactions with similar security/structure. 2. Maturities: 30 years 3. Interest Rates: 7-day floaters. Assume fixed rate of 6.0%, plus 1.0% LOC fee, 0.124 Remkt'g. Fee, and Trustee Fee of \$4,000. 4. Amounts: Tax-Exempt Senior Series A: \$0,000,000; Subordinate Series B: \$0,000,000 | <ol style="list-style-type: none"> 5. Maximum Annual Debt Service Payments of \$000,000 prepared by ____, Inc. Developer, based on conversations with (Bank) and (Underwriter/Placement Agent) 6. \$0.0 mm bond issue. 7. Acquisition closes x/x/200_. 8. Lease-up begins 9. Project stabilizes as of _/_/_. __% vacancy/collection loss rate. 10. Interest Rate Lock or Floating to Fixed Swap at __%. |
|--|---|

**Excel Spreadsheet (click inside matrix below to open) –
For completion by Applicant:**

Summary of Income/Expenses/Debt Service Coverage

(Forecast NOI required for 1st three years of new projects. New projects should also include absorption assumptions from completion to stabilization.)

(Dollars in 000's)	Line		Historical (if applicable)			Projected (supplement with market study/appraisal , if available)				
			12/31/2013	12/31/2014	12/31/2015	Year 1	Year 2	Year 3	Year 4	Year 5
Income:	1	Gross Potential income:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	2	Vacancy/Collection Loss:	-	-	-	-	-	-	-	-
	3	Other Income (Net)	-	-	-	-	-	-	-	-
	4	Project Income:	-	-	-	-	-	-	-	-
Operating Expenses:										
	5	Payroll	-	-	-	-	-	-	-	-
	6	General Administrative	-	-	-	-	-	-	-	-
	7	Operating & Maintenance	-	-	-	-	-	-	-	-
	8	Utilities	-	-	-	-	-	-	-	-
	9	R/E Taxes	-	-	-	-	-	-	-	-
	10	Insurance	-	-	-	-	-	-	-	-
	11	Management Fees	-	-	-	-	-	-	-	-
	12	Replacement Reserve	-	-	-	-	-	-	-	-
	13	Other Expenses	-	-	-	-	-	-	-	-
	14	Total Operating Expenses:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NOI	15	Net Operating Income:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payments	16	Max. Pro Forma Debt Svc. Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DSCR	17	Debt Service Coverage Ratio:	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Key Assumptions/Terms: (attach additional page if necessary)

1. Payment assumptions derived from Applicant based on recent transactions with similar security/structure.
2. Maturities: 30 years
3. Interest Rates: [7-day floaters]. Assume fixed rate of 6.0%, plus 1.0% LOC fee, 0.124 Remkt'g. Fee, and Trustee Fee of \$4,000.
4. Amounts: Tax-Exempt Senior Series A: \$0,000,000; Subordinate Series B: \$0,000,000
5. Maximum Annual Debt Service Payments of \$000,000 prepared by ____, Inc. Developer, based on conversations with (Bank) and (Underwriter/Placement Agent)
6. \$0.0 MM bond issue.
7. Acquisition closes x/x/201__.
8. Lease-up begins
9. Project stabilizes as of __/__/__. __% vacancy/collection loss rate.
10. Interest Rate Lock or Floating to Fixed Swap at __%.

F. OTHER INFORMATION

23. Economic Feasibility and Marketing Information: State the proposed economic development benefits of this project. Explain why tax-exempt financing is necessary for this project to be successful. (Include supplemental materials, i.e., Housing Assistance Plans, demand for low income families within area of project if any.) Describe the proposed project's impact on community and the local affordable housing stock in the submarket.

24. Market Study: Attach a copy of market study or appraisal. An initial market study prepared by the developer may be attached, provided it includes market comps and anticipated absorption rates.

A final market study or appraisal prepared by an qualified independent consultant acceptable to the credit enhancer and/or bond purchaser must be submitted to the Authority with results reflected in the IFA Board Summary report that is provided to the IFA Board one to two weeks in advance of the scheduled board meeting at which the Borrower would be requesting the IFA Board to consider final approval of the proposed bonds.

G. EMPLOYMENT

25. Current and Projected Employment:

The purpose of the Illinois Finance Authority is to contribute to the economic development of the State. The Authority needs the information below to determine the impact of the projects on job opportunities for Illinois residents. We urge you to be as thorough and accurate as possible in arriving at your estimates.

**Total Current and Projected:
Employment, Annual Payroll, and Construction Jobs**

Employment Categories	Current Employment	1 Year After Project Completion	2 Years After Project Completion
Professional	_____	_____	_____
Clerical and Administrative	_____	_____	_____
Skilled	_____	_____	_____
Semi-Skilled	_____	_____	_____
Unskilled	_____	_____	_____
Other	_____	_____	_____
TOTAL	_____	_____	_____
 Annual Payroll	_____	_____	_____

How many construction jobs will be created? _____

Estimated length of construction/renovation period (months): _____



H. PROJECT DEVELOPMENT TEAM

26. Please provide information listed below (if known at this time).

Architect:

Name

Address

City

State

Zip Code

Telephone

General Contractor:

Name

Address

City

State

Zip Code

Telephone

Project Administrator/Construction Loan Servicer:

Name

Address

City

State

Zip Code

Telephone

**I. PROFESSIONAL REPRESENTATION
FOR THE COMPANY**

(attach additional contacts as necessary)

Underwriter Counsel:

General Counsel:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Bond Counsel:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Underwriter:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Accountant:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Letter of Credit or Purchasing Bank:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

**I. PROFESSIONAL REPRESENTATION
FOR THE COMPANY (Continued)**

LOC Counsel or Counsel to Direct Purchaser:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Tax Credit Investor:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Tax Credit Investor's Counsel:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Appraiser:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Management Agent:

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

Other Consultant/Role: _____

Company Name

Address

City State Zip Code

Contact Person

Telephone/E-mail:

**J. REPRESENTATIVE DISTRICTS
FOR EACH PROJECT SITE**

27. Indicate district number corresponding to property. (Attach supplemental list for multi-site projects, if necessary).

_____ U.S. Congressional _____ Illinois State _____ Illinois House

K. LIST OF ATTACHMENTS

1. (a) Signed IFA Application Form and (b) \$1,500 non-refundable application fee, payable to "Illinois Finance Authority" (Note: a \$1,000 application fee is applicable for projects 100%-owned by 501(c)(3) entities.)
2. General Site Location Map (with directions to site)
3. Resumes for Project Sponsors/Developers
4. Formation Documents (for Corporation or Partnership)
5. Evidence of Site Control (Deed, Option Agreement, Contract of Sale)
6. Preliminary or Schematic Drawings/Project Rendering
7. Copy of Real Estate Appraisal/Market Study based on completion value (explain if not immediately available).
8. Additional information may be requested as necessary for IFA to complete its due diligence review.
9. Depending on the extent of required due diligence given the proposed structure, the Authority reserves the right to charge additional due diligence fees as necessary to cover a more comprehensive scope of review.

L. CERTIFICATION BY APPLICANT

Applicants are hereby notified that the provisions of the Prevailing Wage Act (Ill. Compiled Statutes, 820 ILCS 130 et. seq) and the Preference to Illinois Citizens Act (Ill. Compiled Statutes. 30 ILCS 570 et seq) may apply to the project which is the subject of this application. Construction cost estimates should take into account the effect of said Acts.

Applicant hereby certifies that all information contained above and in exhibits attached hereto is true to his/her best knowledge and belief and is submitted for the purpose of obtaining financial assistance from the Illinois Finance Authority.

_____ Date

_____ Applicant

_____ By

_____ Name/Title

Please contact your IFA representative to make arrangements to deliver your completed application to one of our office locations identified below.

Chicago	160 N. LaSalle Street, Suite S1000, Chicago, IL 60601-3124 USPS Delivery Address: P.O. Box 641249, Chicago, IL 60664-1249	(T) 312.651.1300	312.651.1350 fax
Mt. Vernon	2929 Broadway, Suite 7B, Mt. Vernon, IL 62864	(T) 618.244.2424	618.244.2433 fax
Springfield	500 E. Monroe Street, 3rd Floor, Springfield, IL 62701	(T) 217.782.5792	217.782.3989 fax

www.il-fa.com

TTY: 1.800.526.0844 | VOICE: 1.800.526.0857