



APPLICATION FOR MULTI-FAMILY FIRST MORTGAGE

Please note: In completing this form, you can attach schedules that provide any of the requested information instead of transferring the information to this form.

I. Borrower

A. Name of Borrower _____

B. Address _____

City _____ State _____ Zip _____

C. Tax ID No. _____ Tax Status: Non-Profit _____ For Profit _____

D. Contact Person _____

Title _____ Telephone # _____ Fax # _____

E. Web site: _____

F. Organizational Structure (for partnerships, indicate general partners; for corporations, indicate name and title of executive officers)

G. Affordable Housing and Development Experience (Please attach resumes)

H. Project owner (if different from Borrower)

1. Name of Owner _____

2. Address _____

City _____ State _____ Zip _____

3. Contact Person _____

Title _____ Phone _____ Fax _____

4. Web site: _____



I. Borrower (Continued)

H. Project owner (if different from Borrower) (Continued)

5. Relationship to borrower: _____

6. Affordable Housing Experience (Please attach resumes) _____

I. Project Developer (if different from Borrower)

1. Name of Developer _____

2. Address _____

City _____ State _____ Zip _____

3. Contact Person _____

Title _____ Phone _____ Fax _____

4. Web site: _____

5. Relationship to borrower: _____

6. Involvement and ownership in project _____

7. Affordable Housing Experience (Please attach resumes) _____

J. Tax Credit Syndicator (if applicable)

1. Name of Syndicator _____

2. Address _____

City _____ State _____ Zip _____



I. Borrower (Continued)

J. Tax Credit Syndicator (if applicable) (Continued)

3. Contact Person _____

Title _____ Phone _____ Fax _____

4. Web site: _____

5. Affordable Housing Experience (Please attach portfolio summary) _____

6. Purchase price of tax credits _____

II. Loan Request*

A. Amount Requested _____

B. Type of loan (construction, rehab, permanent) _____

C. Rate Structure Requested _____

D. Amortization Preference _____

E. Term _____

F. Collateral/Lien Position _____

* The final terms and conditions of this loan, if approved, will be set by Neighborhood Lending Partners, Inc.



III. Project Information

A. Name of Project _____

B. Project Location _____

City _____ State _____ Zip _____

C. Current zoning and land-use designation of subject parcel, and timing of any necessary changes _____

D. Indicate the elementary, middle and high schools for which the property is zoned. (Also include distance from property.) _____

E. Indicate the location and distance to the nearest bus stop. If one is to be added for the subject property, indicate if you are providing a turnaround area. _____

F. Project Description _____

1. Total Project Cost _____

2. Sources of Funds (Indicate whether each source is proposed, requested, approved, or committed. Attach letters of commitment if available. This information may be attached as an exhibit, if available in another form.)

\$ Amount of tax credits (if applicable) _____

\$ Amount of equity _____



III. Project Information (Continued)

F. Project Description (Continued)

2. Sources of Funds (Continued)

Source	\$ Amount	% of project cost	Int. Rate	Amortization	Annual Debt Service	Collateral

Other _____

3. Uses of Funds (This information may be attached as an exhibit if available in another form)

Purpose	\$ Amount	When payable (pre-closing, closing, construction, stabilization, etc.)

Other _____



F. Project Description (Continued)

4. Please provide a brief narrative of property detailing units and project

amenities. _____

5. Total Number of units _____

Number of Set-aside units _____

6. Type of project (Family, Elderly, Farm worker, other) _____

7. Affordability requirements _____

# of bedrooms per unit	# Baths per unit	Square feet per unit	# units per bedroom type	% area median income	Proposed rent
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-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

IV. Project Management

A. Name of Management _____

B. Address _____

City _____ State _____ Zip _____



IX. Market Feasibility

A. Has a market study been completed? _____

B. Does the project sponsor/developer have site control? _____

C. Survey of market area

	Studio	1 Bed/ 1 Bath	2 Bed/ 1 Bath	2 Bed/ 2 Bath	3 Bed/ 2 Bath	4 Bed/ 2 Bath
# of Units in Market Area						
Proposed for Subject						
Average Sq. Footage						
Proposed for Subject						
Avg. Occup. Rate						
Proposed for Subject						
Average Rental Rate						
Proposed for Subject						
Market Rent						

D. Which utilities will be paid by the tenants? Electricity Water Sewer
 Trash Gas. Which appliances will use gas? _____

E. List competing apartment complexes in the market (name and address)



X. Attachments

- A. Please attach the most recent two fiscal year end financial statements and income tax returns on the borrower, along with the most current interim financial statement.
- B. Please attach the most recent financial statement(s) of the guarantor(s) along with a complete copy of the last two years of income tax returns.
- C. Please attach due diligence that has been completed on the property. (For example, appraisals, environmental studies, site plans, survey, zoning verification, purchase contract, title work, insurance quotes, management contract, construction contract, syndication letter, etc.)

XI. Certification

I, the undersigned am signing on behalf of the Borrower, Borrower's organization, Project Owner, Project Developer and Project Manager with the understanding that Neighborhood Lending Partners, Inc. will forward information concerning this subject project to the SHIP provider for review, if applicable.

I understand that my loan application for permanent and SHIP financing (when applicable) may be subject to State of Florida Sunshine Laws and Federal Laws and regulations.

In signing, I am acknowledging and permitting Neighborhood Lending Partners, Inc. to comply with SHIP agreements, when applicable, and all State and Federal laws and regulations governing the program.

Signed _____
(Name & Title)

Date _____

NEIGHBORHOOD LENDING PARTNERS
Statement of Income and Operating Expenses for Multi-Family Properties



Project Name: _____
 Project Location: _____
 Date: _____ Prepared By: _____

EFFECTIVE GROSS INCOME	
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OPERATING EXPENSES ^(1,5)

	% of EGI*	Cost Per Unit*	Annual Expenses
Real Estate Taxes			
Insurance			
Management			
Utilities (Water, Sewer, Electricity, Trash, Gas)			
Repairs & Maintenance (Lawn, Pool, Normal)			
Administration/Payroll/Professional			
Capital Reserves			
TOTAL OPERATING EXPENSES			

NET OPERATING INCOME	
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DEBT SERVICE REQUIREMENTS

Sources of Funds	Amount of Funds	Interest Rate	Loan Amort.	Annual Debt Service	Net Cash Flow After DS*	DSC Ratio*
1 NLP						
2						
3						
4						
5						
6						
TOTALS ⁽⁶⁾						

PROJECT COST ANALYSIS*

	Total	Per Unit	Per SF	LTC Ratio
Total Project Costs				
Source of Funds: 1				
Source of Funds: 1-2				
Source of Funds: 1-3				
Source of Funds: 1-4				
Source of Funds: 1-5				
Source of Funds: 1-6				

(1) If Property is existing, attach current rent roll, last 2 years and most current YTD operating statements;
 (2) List market and restricted units separately and describe the applicable restriction;
 (3) Attach other documentation to justify Proposed Rates & Utilization if items in (1) do not justify such proposals;
 (4) This ratio represents the percent of the total project units that will utilize the listed chargeable service on a stabilized basis.
 (5) Provide copies of the current TRIM Notice, last year's real estate tax bill, current insurance quote. Capita reserves subject to satisfactory review by inspecting engineer.
 (6) All project sources should be listed, not only debt. The TOTAL under 'Amount of Funds' should equal the total project costs.
 * If completing this form by hand, the input for these columns can be left blank.