



**GOLDEN STATE FINANCE AUTHORITY  
MULTI-FAMILY HOUSING BOND PROGRAM**

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**Section 2 – APPLICATION FORM**

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**A. APPLICANT INFORMATION:**

Applicant Name:

Name of Owner/Borrower Entity for Inducement Resolution:

Type of Entity:

- Non-Profit Corporation
- For Profit Corporation
- Partnership
- Other

Street Address:

City/State/Zip Code:

Name of the local jurisdiction and address where the development will be located:

Contact Person:

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Phone Number:
E-Mail:

**B. PROJECT INFORMATION:**

Project Name (current and new, if applicable):
Project Address:
Property City/State/Zip Code:
Project Acreage:
Name Incorporated Area, if applicable:
S.T.R.A.P. # (Section, Township, Range and Parcel Number) of the actual parcel of real property that the proposed project is to be constructed on and, if the real property is part of a larger parcel of property, please clearly note that such is the case:
Describe Neighborhood Characteristics (residential, commercial, housing, recreational, economic, etc.) and land usage of all property bordering the project site:

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Compete Table Below:

	# Units	Sq. Ft./Unit	Rents	# Bathrooms	Market Rate	Set/Aside
<b>Studio</b>						
<b>1 BR</b>						
<b>2 BR</b>						
<b>3 BR</b>						
<b>Other</b>						
<b>Total/Avg.</b>						

Describe status and method of site control/acquisition the time period for which the agreement is effective and the purchase price to be paid:

Is this project designated to serve a target group (i.e., elderly, handicapped)?

Yes     No

If yes, please specify:

Describe the project's amenities:

Describe the project's services (i.e. internet service, after school programs, educational programs):

Describe in detail Public Benefit:

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Site Proximity:

- Is site near Public Transit Corridor       Yes     No
- Is Project near park or recreational area?  Yes     No
- Is Project near essential shopping area?  Yes     No
- Is Project near public schools?             Yes     No
- Is Project located near public library?     Yes     No

Design:

- Are building(s) environmentally optimally designed?  Yes     No
- If yes, please explain:

Energy:

- Does the facility exceed Title 24 Standards?  Yes     No
- Does the facility have solar panels?         Yes     No
- Does the facility purchase carbon credits?  Yes     No
- Describe any energy saving features of the units, i.e. appliances, etc.:

Water:

- Does the facility provide any of the following:
- Efficient Toilets?                             Yes     No
- Water-saving Showerheads?                 Yes     No
- Drought tolerant landscaping?             Yes     No
- Other:

Materials:

- Will building materials be manufactured locally? (if possible)  Yes     No
- Will environmentally friendly materials be utilized?  Yes     No

Will any units be accessible to the handicapped?

- Yes     No

How many units?

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Type of Building (check all the apply):	
<input type="checkbox"/> Elevator <input type="checkbox"/> Walk Up <input type="checkbox"/> Townhouse <input type="checkbox"/> Detached <input type="checkbox"/> Semi-Detached	
Number of Buildings:	
Units per Building:	
Number of Stories:	
Type of Project (Independent Living and Assisted Living not eligible)? Independent Care eligible in some cases:	
<input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Family <input type="checkbox"/> Senior	
Does the current land use and zoning permit the proposed development at the proposed density?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
What is the current zoning on the property?	
Proposed Project Schedule (subject to the approval of the Authority):	
Activity	Date
Pass Inducement Resolution	
Obtain CDLAC Approval Purchase Commitment	

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All necessary local approvals	
Final site plans & architectural drawings	
Real Estate Closings	
Issue Bonds	
Start Construction or Rehabilitation	
Complete Construction or Rehabilitation	
Start Rent-Up	
Complete Rent-Up	

**C. FINANCING INFORMATION:**

Sources, Uses and Status (complete the below):		
Sources	Amount	Status of Financing Source
Bond Issue – Tax-Exempt	\$	
Bond Issue - Taxable	\$	
Applicant Contribution	\$	
Other*	\$	
Total Funding Sources	\$	
* Specify:		

Uses	Amount
Total Project Costs	\$

**D. BOND FINANCING INFORMATION:**

Requested Issue Size:
Final Maturity:

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Credit Enhancement (note Construction and Permanent), if applicable:
Has Credit Enhancement been finalized?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person from Credit Enhancement Institution:
Variable Rate:
<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
Fixed Rate:
<input type="checkbox"/> Yes <input type="checkbox"/> No

**E. FINANCING TEAM:**

Credit Enhancer Provider	
Firm	
Contact Name	
Phone	
Email	
Bond Purchaser	
Firm	
Contact Name	
Phone	
Email	
Program Manager	
Firm	
Contact Name	
Phone	
Email	

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<b>Developer's Attorney</b>	
Firm	
Contact Name	
Phone	
Email	
<b>Bond Purchaser's Attorney</b>	
Firm	
Contact Name	
Phone	
Email	
<b>Bond Underwriter (if any)</b>	
Firm	
Contact Name	
Phone	
Email	
<b>Underwriter's Counsel (if any)</b>	
Firm	
Contact Name	
Phone	
Email	

**ADDITIONAL INFORMATION:**

- 1) Provide Detailed Description of Borrower/ Affiliates include Financial Statements.
- 2) Provide Detailed Description of Developer' Experience with multi-family projects in the last 10 years.
- 3) Provide Income Statement, Balance Sheet and Pro-Forma for fifteen year of the project.
- 4) Provide Market Study.