SENAHC
SOUTHEAST NEBRASKA AFFORDABLE HOUSING COUNCIL

SERVING SOUTHEAST NEBRASKA

Rural Workforce Housing Fund
DEVELOPER LOAN APPLICATION INSTRUCTIONS

*****PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE PROCEEDING- INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANTS*****

Completed applications will be reviewed on an as needed basis following submission to the Rural Workforce Housing Fund review committee, who will make a recommendation (along with loan terms and provisions) to the Southeast Nebraska Affordable Housing Council Board, who will make a final approval or denial. **A non-refundable application fee of 1.0% of the loan amount may be requested with the completed application.** Submit only the completed and signed application forms and all required attachments. Incomplete applications will not be reviewed until all sections are complete and all required information is submitted. The SENAHC Board of Directors and RWHF Committee may waive specific requirements and/or forms.

The following items make up the application packet:

SECTION 1. Complete **all sections** regarding the applicants information including full legal name, address, Federal Employer Identification number, etc. Applications must be signed by an authorized representative of the business/entity applying for funds.

SECTION 2. Provide detailed information on the business's history, organization, the proposed project, the timeline for implementation, and project costs.

SECTION 3. A primary goal of the RWHF program is to increase affordable housing opportunities and stabilize existing availability of workforce housing in the region. Provide detailed information on the current housing market and projected results of the project, including projected resale value and number of units being developed.

SECTION 4. Provide detailed information on the budget for the project. Additional sheets may be attached if necessary. Include detailed information on the sources and terms of all funds in the project.

Applicants may propose specific loan terms (Section 4.3) on a RWHF loan, although the actual terms extended if a loan is approved may vary after review by the RWHF review committee and approval of the SENAHC Board of Directors.

SECTION 5. Provide information on all existing and proposed debts and collateral of the business or project, and describe the security being offered for the RWHF loan (i.e., 2nd Mortgage, 1st lien on business assets, etc.). Please note that the review committee may require alternate or additional security from that offered by the applicant.

SECTION 6. Complete and sign all required forms. Attach additional required and non-required items per instructions.

****APPLICATIONS WILL BE REVIEWED ON AN AS NEEDED BASIS. PLEASE CONTACT SENDD OR A RURAL WORKFORCE HOUSING FUND COMMITTEE MEMBER FOR SUBMISSION DEADLINES.****

ELIGIBILITY: SENAHC Workforce Housing Loan Fund PROVIDES NONTRADITIONAL LOANS TO ASSIST WITH THE PRODUCTION OF WORKFORCE HOUSING. NO APPLICANT SHALL, ON THE GROUNDS OF RACE, COLOR, OR NATIONAL ORIGIN, BE EXCLUDED FROM PARTICIPATION IN, BE DENIED THE BENEFITS OF, OR BE SUBJECTED TO DISCRIMINATION IN ACCORDANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AS AMENDED. MHDF ALSO COMPLIES WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, SECTION 504 OF THE REHABILITATION ACT OF 1973, THE AGE DISCRIMINATION ACT OF 1975, THE DRUG ABUSE OFFICE AND TREATMENT ACT OF 1972, THE COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT AND REHABILITATION ACT OF 1970, SECTION 523 AND 527 OF THE PUBLIC HEALTH SERIVCE ACT OF 1912 AND TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968.

7407 O St
Lincoln, NE 68510
(402) 475-2560 •FAX (402) 475-2794

FOR OFFICE USE ONLY

DATE RECEIVED: _____ STAFF: _____

COMMITTEE REVIEW: _____ BOARD: _____

PROJECT NUMBER: _____

Rural Workforce Housing Fund Application

PLEASE TYPE OR PRINT

SECTION 1. APPLICANT/DEVELOPER INFORMATION			
BORROWER NAME*			
FED. ID #*			
ADDRESS*			
CITY/STATE*		**ZIP CODE***	
CONTACT PERSON*		**E-MAIL***	
PHONE*		**FAX**	
I, the undersigned, hereby give permission to SEND, Inc. to research the company's history, make personal credit checks for major shareholders, contact the company's financial institution(s), and perform any other related activities for the reasonable evaluation of this project and the financial information contained herein.			
TYPED NAME COMPANY OFFICER*		**DATE***	
SIGNATURE*			

**Indicates required information*

*****APPLICATIONS WILL BE REVIEWED ON A QUARTERLY BASIS OR AS RECEIVED. PLEASE CONTACT SENDD OR A RURAL WORKFORCE HOUSING FUND COMMITTEE MEMBER FOR SUBMISSION DEADLINES.*****

SECTION 2. DEVELOPER & PROJECT INFORMATION.			
2.1 Developer/Project Information			
DEVELOPER NAME*			
Owner of Project*			
PROJECT ADDRESS*			
CITY/STATE*		**ZIP CODE***	
2.1 Provide a brief description of development history. (Attach photos/documentation if applicable)			
2.2 Describe in detail the proposed project for which funding is requested (include amenities).			

2.3 Provide a brief timeline for the proposed project, including the dates the project will begin and be completed. If any part of the project has already started, please explain.

2.4 Provide a description of the project costs. Include details on specific construction costs.

SECTION 3. DEVELOPMENT/SITE INFORMATION.	
3.1 Site Description	
Zoning Type*	
Current Ownership of Site*	
Site description (include current use of site):	
3.2 Availability of utilities to site.	
3.3 Potential environmental issues on site.	
3.4 Participating Lenders (if applicable).	
Lending Institution	
3.4 Selected Contractors (if applicable).	
Project Architect	
General Contractor	
Property Manager	
Other Project Team Members	

SECTION 4. PROJECT BUDGET (SOURCES & USES OF FUNDS)

4.1 Project Costs (Sources & Uses of Funds)

Activity	Equity	RLF	Bank	State Assistance	Other	Total
Building/Property Acquisition						0
Building construction or remodeling						0
Site Development/Utilities						0
Other (specify below)						0
Total	0	0	0	0	0	0

4.2 Proposed Financing Sources & Terms

Financing Terms

RWHF Request Amount (from 4.1 Table above) $_____

Interest Rate Requested _____%

Term Length (number of years, balloon, etc.) _____

Other terms (explain):*

_____

Bank Financing Amount (from 4.1 Table above) $_____

Interest Rate _____%

Payment terms (monthly, quarterly, etc.) _____

Payment Amount** $_____

Other terms (explain)

_____

TOTAL MONTHLY DEBT SERVICES **(all payments, including RLF, bank, etc.)** $_____

*Loans may be offered with different terms than those requested.

**If multiple loans are involved, please include additional sheets detailing each loan, and enter combined payment amounts on this page.

SECTION 5. COLLATERAL/GUARANTOR
5.1 What type of security (i.e., mortgage, UCC-1 filing, automobile lien, etc.) and what position (first, second, etc.) will the guarantor provide to SEND, INC. to secure this loan. Provide a listing of all current and proposed liens against the property as well as any outstanding litigation against the guarantor(s),

Is any employee, board member, director, or controlling group of SENAHC an officer, director, or holder of any direct or indirect pecuniary interest of the developer?

☐ NO ☐ YES *(explain below):*

***Lists of these persons will be provided upon request.*

SECTION 7. ATTACHMENTS

READ CAREFULLY AND INCLUDE ALL NECESSARY ATTACHMENTS

* **Attachment A-1 to A2**: Required forms for all applicants that are part of this application.
Attachments A-3 to A-14: not part of this application but may be applicable depending on the project.

Incomplete applications will not be reviewed.

	Check	
A-1	☐	*Environmental Assurance and Compliance Commitment
A-2	☐	*Financial Statements
A-3	☐	Organization documents of the borrower and all guarantors (formation documents such as Articles and Bylaws).
A-4	☐	Current Certificate of Good Standing for the borrower and all guarantors.
A-5	☐	Current financial statements of borrower and all guarantors (audited if available).
A-6	☐	Detail of outstanding litigation against borrower, developer or any guarantor.
A-7	☐	Bios/resumes for development team.
A-8	☐	Project financing information including timing assumptions, development sources and uses of funds and a 15 year operating proforma (operating income and expenses).
A-9	☐	Project drawings and specifications as available.
A-10	☐	Evidence of site control. (Ownership/Contracts)
A-11	☐	Lenders title insurance commitment if a real estate lien will be used for collateral.
A-12	☐	Independent appraisal of the property involved (if purchase is part of project)
A-13	☐	Copy of deed to the property involved (required if purchase is part of project or mortgage on property is being offered as loan collateral)
A-14	☐	Other attachments *(describe)*:

_____

_____

_____

A-1: Rural Workforce Housing Fund
ENVIRONMENTAL ASSURANCE AND COMPLIANCE COMMITMENT

NAME OF BUSINESS/DEVELOPER:, _____
Hereinafter called the BORROWER), AND ITS PRINCIPALS (list all),

_____

_____

agree to indemnify and hold harmless SENAHC, hereinafter called the LENDER), its agents, and assigns from and against any damages, cost, liability or expense, including attorney and other professional fees directly or indirectly attributable to the release, threatened release, discharge, manufacture, production, storage, disposal or presence of hazardous toxic substances, either on or under BORROWER'S property or property in which the BORROWER has an interest, including adjoining real property, brought on by the BORROWER'S conduct of business.

The indemnification will specifically survive, and is entirely independent of: 1) the BORROWER'S contractual obligation to repay the primary obligation held by LENDER as amended, extended or renewed by BORROWER; 2) the repayment in full of the BORROWER'S indebtedness to LENDER; and 3) the release of LENDER'S liens on BORROWER'S real or personal property by payment, foreclosure or other action, including LENDER'S discretionary abandonment of lien.

Furthermore, the BORROWER, and its principals, as individuals, hereby assures the LENDER it will abide by all federal and state statutes and/or regulations regarding environmental protection issues. Additionally, the BORROWER and its principals agree to address environmental issues by area of compliance, and to operate under the latest applicable standards.

Executive Order 11988 - Floodplain Management requires Federal activities to avoid impacts to floodplains and to avoid direct and indirect support of floodplain development to the extent practicable. The Federal Emergency Management Agency (FEMA) designates floodplains as geographic zones subject to varying levels of flood risk. Each zone reflects the severity or type of potential flooding in the area. The FEMA Map Service Center provides this information in the form of FEMA Flood Insurance Rate Maps (FIRMs) or Flood Hazard Boundary Map.

☐ Site is not located within a SFHA (100 year floodplain).

☐ Site is located within a SFHA (100 year floodplain).

Business/Developer Date

Authorized Official-Type or Print Name Signature

A-2

PERSONAL FINANCIAL STATEMENT

Lender:

SENAHC
Rural Workforce Housing Fund
7407 O St
Lincoln, NE 68510

IMPORTANT: DIRECTIONS TO APPLICANT (Read Carefully)

For projects with multiple owners of 20% or more of the business seeking financing, a personal financial statement must be completed for each of these owners. ***Complete all sections.*** *If additional space is needed to complete any section, provide the information on a separate sheet and include with this statement. Be as clear and detailed as possible with all information. All information will be kept strictly confidential and used only for consideration of the loan application with which this statement is being given. Alternate forms of a personal financial statement may be accepted (i.e., SBA form) but only if it includes all of the information requested in this form.*

Business Name _____
Name(s) _____
Personal Residence Address _____
City, State, ZIP _____

Business Phone _____
Residence Phone _____
Cell Phone _____
Other Phone _____
E-Mail Address _____

ASSETS	***$***	***LIABILITIES AND NET WORTH***	***$***
Cash on hand & in Banks (see schedule A)		Accounts Payable, including credit cards (see schedule A)	
IRA & Retirement Accounts (see schedule B)		Other Notes Payable to Banks and Others (see schedule A-2)	
Other Stocks, Bonds, Securities, etc. (see schedule B)		Notes Payable to Relatives (see schedule A-2)	
Real Estate (see schedule C)		Mortgages or Contracts on Real Estate (see schedule C)	
Accounts & Notes Receivable (see schedule D)		Loans on Life Insurance (see schedule E)	
Life Insurance-Cash Surrender Value Only (see schedule E)		Automobile Loans (see schedule F)	
Automobiles-Present Value (see schedule F, include year/make/model)		Unpaid Taxes (see schedule G)	
Other Assets & Personal Property (Itemize below, use schedule H to describe in more detail if necessary)		Other Liabilities (Itemize below, use Schedule I to describe in more detail if necessary)	
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		**TOTAL LIABILITIES AND NET WORTH**	

SOURCES OF INCOME	***$***	***GENERAL INFORMATION***	
Salary		Employer	
Bonuses and Commissions		No. of Years	
Net Investment Income		Current Position	
Real Estate Income		Address	
*Other Income (Describe below)			
TOTAL		Phone No.	
*Description of Other Income:		Partner, officer or owner in any other venture? ☐ **No** ☐ **Yes** If so, explain below:	

CONTINGENT LIABILITIES	$	GENERAL INFORMATION (CONTINUED)
As endorser, co-maker or guarantor:		Are you a defendant in any suits or legal action? ☐ **No** ☐ **Yes** If so, explain:
On leases:		
Legal claims & judgments:		
Provision for federal income taxes:		Have you ever taken bankruptcy? ☐ **No** ☐ **Yes** If so, explain:
Other special debt (detail below):		
TOTAL		Income taxes settled through (year)

Schedule A: Bank Accounts; Notes or Loans Payable to Banks and Others. List here the names of all the institutions at which you maintain a deposit account, where you have obtained loans, lines of credits, or credit cards, or have an outstanding account.

Complete for All Accounts		*Complete for Savings & Checking Accounts*	*Complete for Outstanding Accounts (i.e., Medical Bills), Credit Cards, or Other Loans (i.e, Student Loan)*			
Name of Institution or Lender	Account Type (checking, savings, credit card, etc.)	Balance on Deposit	Credit Limit	Current Balance	Monthly Payment	Secured by What Assets (i.e., boat, motorcycle, etc.)
	TOTAL		**TOTAL**			

Schedule B: IRA & Retirement Accounts, Stocks, Bonds, Securities, etc. Use attachments if necessary. Each attachment should be identified as part of this statement and signed.

Type of Investment	Name and Description of Account, Stock, Bond, Security, etc.	Held in Name of	Market Value	Pledged*
				☐ **No** ☐ **Yes**
				☐ **No** ☐ **Yes**
				☐ **No** ☐ **Yes**
				☐ **No** ☐ **Yes**
				☐ **No** ☐ **Yes**
				☐ **No** ☐ **Yes**
*If yes, explain below:		**TOTAL**		

Schedule C. Real Estate Owned.	List each parcel separately. Use attachments if necessary; each attachment must be identified as part of this statement and signed.		
	Property A	Property B	Property C
Type of Real Estate (i.e., Primary Residence, Other Residence, Rental Property, Land, etc.)			
Address			
Date Purchased			
Original Cost			
Current Market Value			
Mortgage Holder			
Mortgage Balance			
Monthly Payment Amount			
Mortgage Status (current, delinquent, etc.)			

Schedule D: Accounts and Notes Receivable. Describe any accounts receivable including mortgages and land contracts. If any are pledged as security, include name of lienholder, amount of lien, payment terms, and loan status.

Schedule E: Life Insurance. Provide name of insurance company, face value, cash surrender value, and beneficiaries. Include information on any loans against policies.

Name of Company	Face Value	Cash Value	Loans	Beneficiaries
TOTALS				

Schedule F: Automobiles. Describe all automobiles, RV's, boats, motorcycles, etc. owned including year, make, model, and current value. If any are pledged as security, include name of lienholder, amount of lien, payment terms, and loan status.

Year	Make	Model	Value	Loans Payable		
				Lender Name	Monthly Payment	Balance Owed
		TOTALS			**TOTALS**	

Schedule G: Unpaid Taxes. Describe in detail, as to type, to whom payable, when due, amount due, and to what property, if any, a tax lien attaches.

Schedule H: Other Assets. Describe all other assets including household items, personal goods, etc., not described elsewhere in this statement. If any is pledged as security, include name of lienholder, amount of lien, payment terms, etc.

Schedule I: Other Liabilities. Describe any other liabilities; include name of lienholder, amount of lien, payment terms, and loan status.

I/we have carefully read and submitted the foregoing information provided on all three pages of this statement to the Lender named above. The information is presented as a true and accurate statement of my/our financial condition on the date indicated. This statement is provided for the purpose of obtaining and maintaining credit with said Lender. I/we agree that if any material change(s) occur(s) in my/our financial condition that I/we will immediately notify said Lender of said change(s) and unless said Lender is so notified it may continue to rely upon this financial statement and the representations made herein as a true and accurate statement of my/our financial condition.

I/we authorize the Lender to verify the accuracy of the statements made herein and to determine my/our creditworthiness, including contacting any of the lenders, account holders, etc. described herein. I/we authorize and instruct any lender, person or consumer reporting agency to furnish to the Lender any information that it may have or obtain in response to such credit inquiries.

I/we also hereby certify that no payment requirements listed herein are delinquent or in default except as follows; if "NONE" so state.

I/we fully understand that it is a federal crime punishable by fine or imprisonment or both to knowingly make any false statements on this form, pursuant to 18 U.S.C. §§ 1001, 3571, and 1014.

Signature _____ **Date** _____

Printed Name _____ **Social Security No.** _____

Signature _____ **Date** _____

Printed Name _____ **Social Security No.** _____