



**NEW YORK CITY
HOUSING DEVELOPMENT
CORPORATION**

REHABILITATION LOAN APPLICATION

(This application is designed to be completed by the applicant. Applicants should complete this form as "Borrower".)

I. BORROWER INFORMATION

Name of Project:

Address:

Project E.I.N. #:

FHA#:

Name of Owner:

Address of Owner:

Phone#/email:

Name of Management Company:

Address of Management Company:

Phone#/email:

C. P. A.

Contact:

Phone#/email:

# of Units: _____ Block(s): _____ Lot(s): _____			
Type of Development: Rental: <input type="checkbox"/> Subsidized <input type="checkbox"/> Coop: <input type="checkbox"/> Non-subsidized <input type="checkbox"/>			
If subsidized, please allocate by units:	# of Units	Type of Section 8	# of Units
Rap		Project-based	
Rent Sup		HPD	
SCRIE		DHCR	
Cap Grant		NYCHA	
236			

First Mortgage:
Mortgagee: _____
Contact: _____
Phone#/email: _____
Second Mortgage:
Mortgagee: _____
Contact: _____
Phone#/email: _____

II. LOAN INFORMATION

Loan amount requested:

Briefly describe Building improvements: (Separate letter of need to be attached; see instruction sheet)

Itemize work to be done	Costs
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total estimated cost:	\$ -

(If additional space is required, please attach separate page)

*HDC requires at least 3 bids for all work. Please attach copies of all bids.

Is there any current legal action/liens against the project?

Yes No

Date of last Rent Increase? (Please submit schedule of current rents.)

Is there a current rent increase package being reviewed by HUD?

Yes No

If estimated costs is more than loan request, please detail other funding sources:

III. AUTHORIZATION/CERTIFICATION

I certify that the information provided in this application is true and correct. I understand that HDC may need to contact other agencies and individuals to determine eligibility. I authorize the release of such information which may be confidential. Verification or re-verification of any information contained in the application may be made at any time by HDC. I Understand and agree that HDC will rely on the information contained in the application and I will have a continuing obligation to amend and/or supplement the information provided in this application if any material facts which I have presented herein should change prior to closing.

Authorized Signature of Applicant:

Date:

IV. FOR OFFICIAL USE ONLY

Loan:

- Approved
- Denied

If denied, state reasons:

Amount Approved:

Term:

Amortization Type:

- Fixed Rate
- ARM
- Other _____

Interest Rate: _____ %

Term: _____

Approved by:

James Tafuro, Vice President

Date Approved:
