

MULTIFAMILY PRESERVATION TRANSACTION APPLICATION

Please complete this application in its entirety, and answer each question completely. You may attach additional documents if needed. Please enter "N/A" if a field does not apply to you.

Please note: Only the authorized representative of the property owner or developer is authorized to sign this application. When saving file, please following this format "NAME OF YOUR PROJECT_MF TRANSACTION APPLICATION"

Project Name: _____ **Submission Date:** _____

Section 1 PROJECT CONTACT INFORMATION			
Former Project Name:		Former Project Owner:	
Current Project Name:		Current Project Owner:	
Owner Representative Contact Information:		Owner Address:	
<p>On a separate sheet, provide a distribution list with contact information (name of primary contact, email, phone, fax, address) for the following: 1) Sponsor 2) Developer 3) Property Management 4) Resident Service Provider 5) Asset Manager (contact person) 6) Financial Consultant 7) Title Company Contact 8) Borrowers Counsel 9) Proposed Senior Lender, if known 10) Proposed Tax Credit Investor, if known.</p>			

Section 2 SIGNATURES	
Signature of Owner or Authorized Representative:	Date:
Print Name of Owner or Authorized Representative:	

Section 3 OWNERSHIP INFORMATION		
(Complete the below, and include related Organizational documents)		
Existing Ownership		<i>Ownership Interest % (must total 100%)</i>
Owner/Borrower: Ex. The Shires LP		
MGP/Managing Member:		
Co GP/Admin Member:		
Investor LP:		
Investor LP:		
Special LP Member:		
Describe Other:		
Proposed Ownership		<i>Ownership Interest % (must total 100%)</i>
Owner/Borrower: (Ex. Grand Park Place LP)		
MGP/Managing Member:		
Co GP/Admin Member:		
Investor LP:		
Investor LP:		
Special LP Member:		
Describe Other:		

Section 4 PROJECT SITE DESCRIPTION			
Address:			
APN:		Placed in Service Date:	
Year Built of Existing structure:		No. of Existing Buildings:	
No. of Existing Units:		No. of Total Residential Stories:	
Property Built / Last Rehab Date:		No. of Elevators:	
Is there Commercial Space?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Council District:	
Parcel Size:		Total Parking spaces at grade/structure:	
Occupancy Type (SRO, Family, Supportive Housing, Senior, etc.):			

Section 5	CURRENT FINANCING REGULATIONS
(1) Name all current Applicable Regulatory Agencies (for example TCAC, CDLAC, Housing Authority, HUD, CalHFA, etc.) & (2) the role each has in this transaction	

Section 6	TYPE OF TRANSACTION (select all that apply)
Partner Exit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Sale of the Project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Refinancing	<input type="checkbox"/> YES <input type="checkbox"/> NO
Resyndication	<input type="checkbox"/> 4% tax credit <input type="checkbox"/> 9% tax credit
Are you paying-off or paying down the City of San Jose Loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you paying off or paying down any loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a General Partner Change?	<input type="checkbox"/> Affiliate <input type="checkbox"/> Non Affiliate <input type="checkbox"/> Non-Applicable
Is there a Limited Partner Change?	<input type="checkbox"/> Affiliate <input type="checkbox"/> Non Affiliate <input type="checkbox"/> Non-Applicable
Purchase & Sale Information	
Name of Seller:	
Name of Buyer:	
Date of Purchase Contract or Option:	
Expiration Date of Option:	
Purchase Price:	\$

Section 7		DESCRIBE YOUR PROPOSED REQUEST	
<p>Provide a detailed Narrative below of your Request. State your (1) <u>proposed closing target date</u>, (2) <u>any requested modifications, transfers or subordination of City or Bond documents</u> and (3) <u>outline each transactional milestone</u>. Attach additional pages if necessary.</p>			
<p>Identify below any operational changes? (e.g., change in property management company, resident services provider, or other services)</p>			
<p>Identify below all financial commitments necessary for the proposed transactions. Provide copies of letter of commitments and a narrative on what the intended use of the proceeds will be.</p>			
<p>If Applicable, provide a narrative below on the status of the Capital Accounts for both the General Partner & Limited Partner.</p>			
<p>If Applicable, identify below the property appraised value and total valuation of property debt plus taxes.</p>			
<p>Will there be demolition of an existing structure? If yes, provide a detailed scope.</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>Will a new structure be added to the site? If yes, provide a detailed scope.</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>Is there any Permanent or Temporary Relocation? If yes, provide the name of the Relocation Consultant below. Note: City Council must approve All Permanent Relocations.</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>Do you have the necessary board approvals or resolutions (e.g. borrower and partner resolutions with application authority) required to authorize the proposed transaction?</p>			
<p>If Yes, attach copy of the approvals or resolutions.</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section 8 BOND ISSUANCE	
Does this transaction use Bonds? If answered "Yes" complete the attached 'Bond Questionnaire'	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have the necessary board approvals or resolutions required to authorize the proposed transaction (e.g. borrower and partner resolutions with application authority)? If Yes, attach copy of the approval.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section 9 PLANNING, BUILDING, CODE ENFORCEMENT – PROJECT STATUS	
List project related City permit #s. (ex. from Planning or Building Dept.):	
Describe below the status of the project's entitlements (for example, Planning Commission approved, Council Hearing scheduled for, etc.):	
Has your project been submitted to Environmental Services for review of CEQA and/or NEPA?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has your project received Environmental clearance (CEQA and/or NEPA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section 10 CURRENT & PROPOSED - FINANCIAL STACK					
Please provide the Current & Proposed financing stack, with the following details below identified for each layer of financing. An Excel template is provided for your use.					
1 st Position	Hard Debt		1 st Position	Soft Debt	
	Lender			Lender	
Loan Balance	Original Principal		Loan Balance	Original Balance	
	Interest			Interest	
	Total Outstanding Balance			Total Outstanding	
Terms	Maturity		Terms	Maturity	
	Interest Rate			Interest Rate	
	Method of Repayment, and if it has a hard debt service aspect	For example, payment of P&I of \$40K due monthly.		Describe Method of Repayment, and if it has a hard debt service aspect	For example, residual receipt after AMF and PMF;
	Prepayment Penalty/Yield Maintenance			Prepayment Penalty/Yield Maintenance	
	Balloon Payment, Amount? When is it due?			Balloon Payment, Amount? When is it due?	
2 nd Position	Hard Debt		2 nd Position	Soft Debt	
3 rd Position	Hard Debt		3 rd Position	Soft Debt	
Etc.	Hard Debt		Etc.	Soft Debt	

Section 11		AUDIT FINDINGS	
Provide a PDF of the last 2 years of Audited Financial Statements for the Current & Proposed Owner (if different)			
Was a qualified opinion or going concern given?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If above is yes, please explain below:			
Are there any unresolved or prior year capital deficits?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If above is yes, please explain below:			
Does your audit include restricted deposits and withdrawal activity?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your audit include the distribution of Excess/Distributable Cash?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your audit include the City of San Jose form for Net Cash Flow Analysis?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section 12					EXISTING RESERVE ACCOUNTS				
Provide details below for each restricted account.									
Type of Account (include all existing reserve, impound, social service, sinking fund, etc.)	Who must approve use of restricted accounts, if any?	Current Account Balance	Balance as of Date	Name or title of legal document, governing restricted account					
Ex. Operating Reserve									
Ex. Replacement Reserve									
TOTAL RESERVES:									

PENDING RESERVE WITHDRAWAL REQUESTS			
Are you extinguishing or plan to use replacement reserves as a funding source for this Transaction?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Provide a 10 Year Capital Needs Analysis that shows Replacement Reserves are sufficiently sized to meet the budgeted capital projects?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there any pending reserve withdrawals?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes to the above, please complete the below, by identifying which account(s), the withdrawal amount pending approval, date the withdrawal(s) were submitted to approving entity, the account balance after approval is received:			
Type of Account	Amount of Pending Withdrawal	Date Submitted for Approval	Account Balance after Withdrawal Approval

Section 13 CURRENT SUBSIDY MIX				
	No. Units	Contract Term	Renewal Date	Expiration Date
Santa Clara County Subsidy – PSH units				
Portable Vouchers				
HUD Project Based Vouchers				
Housing Authority Project Based Vouchers				
Section 202/811 Supportive Housing				
Rent Supplement Program, Other:				
Total Units				

PROPOSED SUBSIDY MIX				
	No. Units	Contract Term	Renewal Date	Expiration Date
Santa Clara County Subsidy – PSH units				
Portable Vouchers				
HUD Project Based Vouchers				
Housing Authority Project Based Vouchers				
Section 202/811 Supportive Housing				
Rent Supplement Program, Other:				
Total Units				

RENT PROFILE	Non-subsidized	Subsidized	Total Property
Unit Count			
Gross Scheduled Rents			
Gross Rents as a % of max allowable rents (estimate if unknown)			
Average Rent Burden			
Have current rents been increased to max HAP payment standards?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Section 14 RENTS (complete if proposing a new rent subsidy mix). Attach additional pages if necessary.												
	Studio		1 BR		2 BR		3 BR		4 BR		5 BR	
	#Units	Rent	#Units	Rent	#Units	Rent	#Units	Rent	#Units	Rent	#Units	Rent
Income Category												
_____ % of AMI												
_____ % of AMI												
_____ % of AMI												
_____ % of AMI												
_____ % of AMI												
Column Total												
Grand Total												

Section 15

RESIDENT SERVICES INFORMATION

Provide a summary below of the **(1)** type(s) of **general resident services currently provided (2)** the per unit per year cost **(3)** identify the amount per unit per year of any subsidy that offsets this cost **(4)** how many Full Time Employees and % allocated to this property:

Provide a summary below of the **(1)** type(s) of **general resident services proposed (2)** the per unit per year cost **(3)** identify the amount per unit per year of any subsidy that offsets this cost **(4)** how many Full Time Employees and % allocated to this property:

Are you planning to add Permanent Supportive Housing (PSH) Units?

YES NO

If Yes to the question above, describe below, **(1)** how many units **(2)** what is the nature of the services **(3)** & who is the provider?

Section 16	OTHER REQUIREMENTS
Please submit: <ul style="list-style-type: none"> Project Photos (exterior elevation & typical unit) Identify below, any current quality of life issues at the property (e.g., neighborhood crime) or any other issue which may impact this transaction 	

Section 17	ACKNOWLEDGMENT
I have read the City of San Jose Multifamily Underwriting Guidelines and understand the policy applies to my request. Hyperlink: http://www.sanjoseca.gov/DocumentCenter/View/79307	<input type="checkbox"/> YES <input type="checkbox"/> NO

TO BE FILLED OUT BY HOUSING STAFF			
Date Application Received		Date Timeline Set:	
Queue #		Project Status:	

[/END]

The City will be the Issuer of said bonds. For the City to engage bond counsel and establish a timeline towards the inducement and TEFRA hearing, the applicant must answer the following questions:

1. Your Target CDLAC (or joint TCAC) application date?
2. Your Target Bond Closing date?
3. Is there is anything unusual with proposed financing that bond counsel should be aware of?
4. Identify **Existing Bond Financing** on the Project including- Original Amount, Outstanding Amount, Issuer, Maturity, and identify what is Taxable or Tax Exempt.
5. If **existing financing** is Conventional, please provide the amount outstanding debt, maturity date and lender.
6. For the **Proposed Bond financing** identify the: bond amount, whether Taxable or Tax Exempt, Maturity Date, whether construction period versus the permanent period;
7. Indicate if this issue intended to be a private placement?.
8. Identify the specific uses for the Bond Financing with projected amounts.
9. Indicate whether the **existing bond financing** and **other loans** will be paid off with new bond proceeds.
10. List any circumstances that may impact the project financing such a subordinate bond financing, leasehold estate; [a narrative is to be provided].
11. Provide a distribution list that identifies the parties involved in the transaction, on the part of the borrower (for bond counsel conflicts purposes).
12. Provide the contact name and firm of the borrower's counsel who can answer questions about the financing structure.