

HOUSING LOAN PROGRAM APPLICATION

(ONE TO FIVE UNIT PROPERTIES)



CITY OF BATON ROUGE PARISH OF
EAST BATON ROUGE
OFFICE OF
COMMUNITY DEVELOPMENT
P.O. BOX 1471
BATON ROUGE, LOUISIANA 70821
PHONE: (504) 389-3039

LOAN APPLICATION INSTRUCTIONS
(One to Five unit rental properties)

!!PLEASE!! complete all parts of the application. If an item does not apply, enter "NA" or "None".

If you are applying for more than one property, a separate application is required for each separate parcel of real estate.

This application is only useable for an application involving a rental housing property that holds from one to five rental units.

A form is enclosed, and may be used for additional information that is requested, but which you can not fit onto the application form. When/if this page is used, enter "see attached" in the appropriate line on the application. On the Additional information page, re-state the referenced application question and enter your response. Please be complete, but concise. Do not include any extra attachments/enclosures unless specifically asked for in this application.

Additional information will be required of those applicants for which a preliminary loan approval is made, and final loan approval will be conditioned upon OCD's determination that such information is satisfactory to warrant approval. Required additional information on conditionally approved applicants will include a financial statement and supporting documents for certain items from the initial application.

GENERAL PROPERTY INFORMATION:

Provide the information for the entire property--not for each rental unit. If a single-family structure, the information is for that property only. If a duplex, for example, the information is for the entire property, inclusive of both rental units.

Legal Description: Provide the lot, square, subdivision of the property, or such other description as will enable the property to be identified in property records.

PROPERTY INFORMATION--BY RENTAL UNIT:

Number each unit at the property location. If a single-family detached dwelling, for example, it will be numbered "One". If a 4-plex building, for example, the units will be numbered from One to Four or given the actual apartment numbers. Prepare a separate property information page for each unit.

SUBMISSION OF APPLICATION:

√ Sign and date your application.

The application package should be in the following order:

Pages 1-3

√ Unit Information pages (number the pages, beginning with Page 4 for the first unit)

√ Additional information Page, if included (number the page)

√ Attachments--if specifically referenced in the application

Applications may be mailed or hand-delivered to the Office of Community Development: If mailed, address it to:

**Office of Community Development
P.O. Box 1471
Baton Rouge, LA 70821**

For hand-delivery, the physical location of the office is: 300 Louisiana Avenue (Second Floor). Do not mail applications to the physical location of the office.

APPLICANT NAME: _____

PROPERTY ADDRESS: _____

Loan Application (1 to 5 unit properties)

OFFICE OF COMMUNITY DEVELOPMENT

CITY OF BATON ROUGE, PARISH OF EAST BATON ROUGE

PART A: APPLICANT INFORMATION

APPLICANT'S NAME		CO-APPLICANT'S NAME	
PRESENT ADDRESS (CITY, STATE, ZIP)		PRESENT ADDRESS (CITY, STATE, ZIP)	
PHONE #	FAX #	PHONE #	FAX #
CONTACT PERSON (IF DIFFERENT THAN APPLICANT)		CONTACT PERSON (IF DIFFERENT THAN APPLICANT)	
SSN/TAXPAYER IDENTIFICATION NUMBER		SSN/TAXPAYER IDENTIFICATION NUMBER	

If you are the individual owner of the property, answer the following:

MARRIED	<input type="checkbox"/> YES	NAME OF SPOUSE:	MARRIED FOR HOW LONG? _____ YEARS	
	<input type="checkbox"/> NO			
EMPLOYED	<input type="checkbox"/> YES	EMPLOYER	EMPLOYED BY PRESENT EMPLOYER _____ YEARS	LENGTH IN PRESENT LINE OF WORK _____ YEARS
	<input type="checkbox"/> NO			

DO YOU OWN OTHER RENTAL HOUSING PROPERTIES IN ADDITION TO THOSE DESCRIBED IN THIS APPLICATION?

YES

NO

If you answered no, skip the rest of this part. If you answered yes, please answer the following (including the property of this application)

	HOW MANY PROPERTIES? _____	HOW MANY RENTAL UNITS IN EACH PROPERTY? _____
	HOW DO YOU MANAGE THIS AND OTHER RENTAL HOUSING PROPERTIES?	
	<input type="checkbox"/> SELF	<input type="checkbox"/> MANAGEMENT COMPANY <input type="checkbox"/> OTHER

HOW LONG HAVE YOU OWNED AND/OR MANAGED RENTAL HOUSING? _____ YEARS

If "yes" to any of the following, describe on the Additional Information Page.

YES NO

	ANY CURRENT OUTSTANDING JUDGEMENTS?		
	ANY BANKRUPTCY DECLARED WITHIN THE LAST 7 YEARS?		
	HAVE YOU HAD ANY PROPERTY FORECLOSED UPON OR GIVEN TITLE/DEED IN LIEU OF?		
	PARTY IN A LAW SUIT?		
	DELINQUENT ON ANY FEDERAL DEBT?		
	PERSONALLY LIABLE FOR DEBTS BY ANOTHER PERSON OR ORGANIZATION AND/OR A CO-MAKER, ENDORSER, GUARANTOR OR SURETY ON ANOTHER'S NOTE?		

FORM OF OWNERSHIP:

INDIVIDUAL

CORPORATION

PARTNERSHIP

APPLICANT NAME: _____

PROPERTY ADDRESS: _____

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PART B: GENERAL PROPERTY INFORMATION

ADDRESS: _____

LEGAL DESCRIPTION: _____

NUMBER OF RENTAL UNITS: _____

HAZARD INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO ANNUAL PREMIUM COST _____ AMOUNT OF COVERAGE _____	ANNUAL PROPERTY TAXES _____ <input checked="" type="checkbox"/> PAID THROUGH 12/31/96? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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IS THERE ANY EXISTING MORTGAGE DEBT ON THE PROPERTY?	<input type="checkbox"/> YES	MONTHLY MORTGAGE PAYMENTS _____	ORIGINAL PRINCIPAL AMOUNT OF LOAN _____	
		ORIGINATION DATE OF LOAN _____	INTEREST RATE _____	MORTGAGE POSITION <input type="checkbox"/> FIRST <input type="checkbox"/> SECOND
		CURRENT BALANCE _____	NOTES CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	LENDER _____
	<input type="checkbox"/> NO			

ESTIMATED CURRENT MARKET VALUE OF THE PROPERTY: _____	YOUR BASIS FOR THIS ESTIMATE: _____
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SUMMARY DESCRIPTION OF THE PROPERTY'S PRESENT CONDITION: _____ _____ _____ _____	SUMMARY DESCRIPTION OF THE REPAIRS THAT YOU BELIEVE ARE NEEDED: _____ _____ _____ _____
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YOUR ESTIMATE OF THE COST OF REPAIRS \$ _____	HOW DID YOU ARRIVE AT THE ESTIMATE FOR REPAIR COST -- DESCRIBE BRIEFLY. _____ _____ _____
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HOW DO YOU INTEND TO MAKE THE REPAIRS?
 SELF GENERAL CONTRACTOR OTHER _____

DO YOU HAVE A SPECIFIC LISTING OF THE PLANNED REPAIRS AND/OR A DRAWING OF THE PLANNED IMPROVEMENTS?	<input type="checkbox"/> YES	IF YES, PLEASE ATTACH.
	<input type="checkbox"/> NO	

APPLICANT NAME: _____

PROPERTY ADDRESS: _____

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PART C: ESTIMATED ANNUAL INCOME AND EXPENSES	CURRENT	AFTER REHAB
<input checked="" type="checkbox"/> GROSS RENTAL INCOME	\$ _____	\$ _____
<input checked="" type="checkbox"/> VACANCY ALLOWANCE	\$ _____	\$ _____
<input checked="" type="checkbox"/> GROSS -LESS- VACANCY	\$ _____	\$ _____
<input checked="" type="checkbox"/> PROPERTY TAX	\$ _____	\$ _____
<input checked="" type="checkbox"/> INSURANCE	\$ _____	\$ _____
<input checked="" type="checkbox"/> MAINTENANCE	\$ _____	\$ _____
<input checked="" type="checkbox"/> MANAGEMENT	\$ _____	\$ _____
<input checked="" type="checkbox"/> OWNER PAID UTILITIES	\$ _____	\$ _____
<input checked="" type="checkbox"/> OTHER _____	\$ _____	\$ _____
<input checked="" type="checkbox"/> NET BEFORE DEBT SERVICE	\$ _____	\$ _____
<input checked="" type="checkbox"/> OTHER MORTGAGE DEBT SERVICE (EXCLUDING THIS LOAN APPLICATION)	\$ _____	\$ _____
<input checked="" type="checkbox"/> BALANCE:	\$ _____	\$ _____

PART D: OTHER

Z WHAT IS THE DOLLAR AMOUNT OF TOTAL PROJECT REHAB COSTS THAT YOU ARE PREPARED TO INVEST IN THE PROJECT (MINIMUM 5% INVESTMENT REQUIRED)?	\$ _____
<input checked="" type="checkbox"/> HAVE YOU ATTEMPTED TO SECURE INTERIM CONSTRUCTION FINANCING FOR PROPERTY REHABILITATION FROM OTHER SOURCES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES TO ABOVE: <input type="checkbox"/> DENIED <input type="checkbox"/> LENDER LETTER OF INTEREST <input type="checkbox"/> LENDER LETTER OF COMMITMENT - CONTINGENT ON THIS LOAN APPROVAL (ATTACH COPY OF LETTER, IF APPLICABLE)	

By my/our signature(s) below, I/we certify that all of the information contained in this application is true and complete to best of my/our knowledge and belief, and that I am duly authorized to submit this application. I agree to give the Office of Community Development (OCD) written notice immediately of any change to information in this application that may significantly alter the representations herein. I/we acknowledge and agree that OCD may verify or reverify any information in this application, either directly or through a credit reporting agency. I/we acknowledge that any intentional or negligent misrepresentation of the information contained in this application, or subsequently submitted in support of this application, will result in immediate rejection of the application by OCD and that any such intentional/negligent misrepresentation may result in criminal penalties including, but not limited to, fine or imprisonment or both under the federal provisions of the United States Code.

APPLICANT <input checked="" type="checkbox"/>	DATE	CO-APPLICANT <input checked="" type="checkbox"/>	DATE
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APPLICANT NAME: _____

PAGE _____

PROPERTY ADDRESS: _____

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PART E: CURRENT UNIT INFORMATION

UNIT # _____	BEDROOMS: _____		CURRENT RENT _____		
	OCCUPANCY	<input type="checkbox"/> OCCUPIED	FORMAL LEASE AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
			WILL TENANTS BE ALLOWED TO REMAIN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	HEAT	<input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC	<input checked="" type="checkbox"/> WILL WORK TAKE PLACE WHILE TENANTS REMAIN IN RESIDENCE, OR WILL THEY BE TEMPORARILY MOVED? <input type="checkbox"/> MOVED <input type="checkbox"/> REMAIN		
			<input checked="" type="checkbox"/> IF TENANTS WILL BE MOVED, SUMMARIZE YOUR PLANS FOR THIS: _____ _____ _____		
	AIR CONDITIONING		<input type="checkbox"/> VACANT <input checked="" type="checkbox"/> VACANT FOR HOW LONG? _____		
	✓ RENT INCLUDES: <input type="checkbox"/> RANGE <input type="checkbox"/> REFRIGERATOR <input type="checkbox"/> OTHER _____		<input type="checkbox"/> PANEL RAY <input type="checkbox"/> SPACE HEATER <input type="checkbox"/> CENTRAL		
	✓ RENT INCLUDES: <input type="checkbox"/> WATER <input type="checkbox"/> SEWER USER FEE <input type="checkbox"/> TRASH/GARBAGE COLLECTION ✓ <input type="checkbox"/> UTILITIES (GAS-ELECTRICAL)		<input type="checkbox"/> CENTRAL <input type="checkbox"/> NONE <input type="checkbox"/> WINDOW		
<input checked="" type="checkbox"/> ANY CHANGES FROM CURRENT IN WHAT WILL BE INCLUDED IN THE RENTAL?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> IF YES, WHAT CHANGES? _____ _____ _____		

APPLICANT NAME: _____

PAGE ____

PROPERTY ADDRESS: _____

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PART F: ADDITIONAL INFORMATION
