

**TENNESSEE HOUSING DEVELOPMENT AGENCY
APPRAISAL GAP PILOT PROGRAM PARTICIPANT APPLICATION**

1. APPLICANT INFORMATION

Legal Name of Organization: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ - _____
 Email Address: _____ County: _____
 Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____
 Federal Tax ID #: 62- _____ or 58- _____ Website: _____

2. PROGRAM ADMINISTRATOR INFORMATION

Program Administrator/Contact Person: _____
 Title: _____ Email Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____ - _____
 Telephone: (_____) _____ - _____ Fax: (_____) _____ - _____

**3. SENIOR MANAGEMENT & ALL PERSONS INVOLVED WITH THE GAP PROGRAM
(Volunteer or Employee) -- Attach Disclosure for each**

Names	Telephone	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. FUNDING SOURCES OTHER THAN THDA FOR GAP ACTIVITIES

Lender/Source	Amount	Annual Debt Service Cost	Term
1. _____	\$ _____	\$ _____	_____
2. _____	\$ _____	\$ _____	_____
3. _____	\$ _____	\$ _____	_____
4. _____	\$ _____	\$ _____	_____
Total Amount of Funds: \$ _____			
Total Annual Debt Service Cost: \$ _____			

5. CURRENT OR PRIOR PARTICIPATION IN ANY OTHER THDA, STATE, OR FEDERALLY SUBSIDIZED PROGRAMS

Program: _____ From: _____ to _____ Amount of Funds Awarded: \$ _____
Program: _____ From: _____ to _____ Amount of Funds Awarded: \$ _____
Program: _____ From: _____ to _____ Amount of Funds Awarded: \$ _____
Program: _____ From: _____ to _____ Amount of Funds Awarded: \$ _____
Program: _____ From: _____ to _____ Amount of Funds Awarded: \$ _____

6. Has the organization ever been suspended or debarred from participation in any THDA, state, or federally subsidized program(s)?

___ Yes ___ No If Yes, please explain:

7. Has the organization failed to repurchase any THDA loans within the prior 12 months when requested by THDA?

___ Yes ___ No If Yes, please explain:

8. Does the organization have any outstanding or unresolved issues identified by THDA in connection with any other THDA program?

___ Yes ___ No If Yes, please explain:

9. Is the organization in good standing with all state, and federally subsidized programs in which it participates?

___ Yes ___ No If not Yes, please explain:

10. Errors and Omissions Insurance: ___ Yes ___ No Amount: \$ _____

11. Does the organization have any construction experience ___ Yes ___ No If Yes, please explain:

12. Please attach the following information for this application to be considered complete:

- _____ Most recent business plan or strategic management plan dated within 12 months of the date of the application.
- _____ Board minutes and or resolution approving participation in the THDA Appraisal Gap Program.
- _____ Two page explanation of the organization’s experience in constructing affordable single family housing and in providing homebuyer education for low and very low income households over the most recent two (2) calendar years from the date of application to become a Program Partner.
- _____ Copy of most current IRS form 990 filed.
- _____ Copy of errors and omissions insurance.
- _____ List of volunteers and staff members employed by the organization as of the date of this Application, who will be involved with this program.
- _____ Resume and detailed work experience for each staff member who will be involved in this program
- _____ Copy of Conflict of Interest Policy
- _____ Copy of Code of Conduct
- _____ State of TN Supplier Direct Deposit Authorization FA-0825 *****This form must be sent directly to Supplier Maintenance***

13. Executive Director and Chairman of the Board

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

By signing this application for funds, I am also certifying that all documents required to be electronically uploaded to the THDA Participant Management Information System (PIMS) have been uploaded and that those documents reflect the most recent and complete documents available. All applications will be evaluated based on the supporting documents in the PIMS document repository as of the application deadline.

Signature

Typed/Printed Name

Title: _____

Date: _____

Signature

Typed/Printed Name

Title: _____

Date: _____