TENNESSEE HOUSING DEVELOPMENT AGENCY NEW START LOAN PROGRAM PARTNER 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:	
PROGRAM ADMINISTRATO	R INFORMATION		
Program Administrator/Contact Pe	rson:		
Title:		Email Address:	
Mailing Address:			
City:		State:	Zip:
Telephone: ()	_	Fax: ()
Names		Telephone	Email

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4. SENIOR MANAGEMENT & ALL PERSONS INVOLVED WITH NEW START (Volunteer or Employee) -- Attach Disclosure for each

Names	Telephone	Email

5. FUNDING SOURCES OTHER THAN THDA

	Lender/Source	Amount	Annual Debt Service Cost	Term
1		\$	\$	_
2		<u> </u> \$	\$	
3		<u> </u> \$	<u> </u> <u> </u>	
4		<u> </u> \$	<u> </u> <u> </u>	
Total Amo	ount of Funds: \$		_	

Total Annual Debt Service Cost: \$_____

6. NEW START LOANS FOR PREVIOUS 5 YEARS

Year:	Amount: \$	Number of units:		
Year:	Amount: \$	Number of units:		
Year:	Amount: \$	Number of units:		
Year:	Amount: \$	Number of units:		
Year:	Amount: \$	Number of units:		
PREVIOUS NON-THDA <u>FIRST</u> MORTGAGE LOANS				
PREVIOUS NON-TH	IDA <u>FIRST</u> MORTGAGE LOANS			
PREVIOUS NON-TH	IDA <u>FIRST</u> MORTGAGE LOANS Amount: \$	Number of units:		
		Number of units: Number of units:		
Year:	Amount: \$			
Year: Year:	Amount: \$	Number of units:		

502 Deaderick Street Nashville, TN 37243 www.thda.org

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7.

8. 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: \$
9.	Has the org	anization evo	er been suspended	l or debarred f	rom participa	tion in any THDA, state, or federally subsidized program(s
	Yes	No	If Yes , please e	explain:		
10.	Has the org	anization fai	led to repurchase	e any New Star	t loan within t	the prior 12 months when requested by THDA?
	Yes	No	If Yes , please e	explain:		
11.	Does the or	ganization h	ave any other out	standing or un	resolved issue	es identified by THDA with respect to New Start?
	Yes	No	If Yes , please e	explain:		
12.	Does the or; program?	ganization h	ave any outstandi	ng or unresolv	ved issues iden	tified by THDA in connection with any other THDA
	Yes	No	If Yes , please e	explain:		
13.	Is the organ	nization in go	ood standing with	all state, and f	federally subsi	dized programs in which it participates?
	Yes	No	If not Yes , plea	ase explain:		
14	Frrors and	Omissions I	nsurance:	Ves No	Amount: \$	
1-10	Litors and				7 mount. φ	

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

 Certificate of Existence from the Tennessee Secretary of State, dated within thirty (30) days of submission to THDA, indicating the organization was duly incorporated as a nonprofit corporation under the laws of the State of Tennessee at least two years prior to the date of application to become a Program Partner and is validly existing;
 Copy of Articles of Incorporation, Charter and By-Laws, most recent business plan or strategic management plan (dated within the last 12 months) and all amendments thereto demonstrating that its purposes include providing decent housing that is affordable to low and very low income persons
 Copy of 501(c)(3) or 501(c)(4) determination letter from the IRS or a letter from Habitat for Humanity International confirming
the applying affiliate is an exempt subordinate and a copy of the group determination letter from the IRS
 Board minutes approving participation in the New Start Loan 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
 Most recent, dated within the last 12 months, financial audit, audited comparative financial statements, letter of financial review by CPA firm with an arm's length relationship to the organization, balance sheet with cash flow statement and income statement.
 Copy of proof of errors and omissions insurance.
 Copy of subordinate financing note(s) with terms to be utilized.
 Copy of certificate of completion of Mortgage Loan Originator licensing class for staff taking loan applications. NMLS licensing is not required.
 Copy of most current IRS form 990 filed.
 List of volunteers and staff members employed by the organization as of the date of this Application, including how many are ful- time, part-time, volunteers, their specific responsibilities related to housing programs and how many years of experience each volunteer and staff member has in housing and lending.
 THDA Disclosure Forms

16. 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 this application can subject the individual signing such application to criminal sanctions up to and including a Class E Felony.

	Date:
Signature	
Typed/Printed Name	_
Title:	_
	Date:
Signature	
Typed/Printed Name	-
Title:	_