





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

Yes  No If Yes, please explain:

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**10. Has the organization failed to repurchase any New Start loan within the prior 12 months when requested by THDA?**

Yes  No If Yes, please explain:

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**11. Does the organization have any other outstanding or unresolved issues identified by THDA with respect to New Start?**

Yes  No If Yes, please explain:

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**12. 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:

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

Yes  No If not Yes, please explain:

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**14. Errors and Omissions Insurance:**  Yes  No Amount: \$ \_\_\_\_\_

**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 full-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.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/Printed Name

Title: \_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/Printed Name

Title: \_\_\_\_\_