

**TENNESSEE HOUSING DEVELOPMENT AGENCY  
TENNESSEE RENOVATION LOAN 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. BOARD OF DIRECTORS**

Names	Titles	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____



7. 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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8. Has the organization failed to repurchase any New Start, or any other THDA loans within the prior 12 months when requested by THDA?

Yes  No If Yes, please explain:

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9. 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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10. 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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11. Errors and Omissions Insurance:  Yes  No Amount: \$\_\_\_\_\_

**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.
- \_\_\_\_\_ Board minutes approving participation in the Tennessee Renovation Loan Program.
- \_\_\_\_\_ Two page explanation of the organization's experience in affordable housing, processing loans, and or homebuyer education.
- \_\_\_\_\_ 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 most current IRS form 990 that was filed.
- \_\_\_\_\_ Copy of errors and omission insurance, if any.
- \_\_\_\_\_ List of volunteers and staff member employed by the organization who will be involved in 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
- \_\_\_\_\_ THDA Disclosure Forms
- \_\_\_\_\_ Copy of certificate of completion of Mortgage Loan Originator licensing or mortgage related training for staff
- \_\_\_\_\_ 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**

I acknowledge that Tennessee Code Annotated, Section 13-23-133, makes it a class E felony for any person to knowingly make, utter or publish a false statement of substance for the purpose of influencing THDA to allow participation in any of its programs, including the Tennessee Renovation Loan Program. I further acknowledge that the statements contained in the Application, all relevant Attachments or documents and this Statement submitted to THDA are statements of substance made for the purpose of influencing THDA to approve participation in the Tennessee Renovation Loan Program by the entity referenced in this Application and to make TRLP Program Subsidy available to the entity referenced in this Application, of which this Statement is a part.

\_\_\_\_\_  
Signature

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

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

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

\_\_\_\_\_  
Signature

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

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

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