



Application Number: _____

APPLICATION FOR ASSISTANCE / FINANCING

I. APPLICANT PROFILE

Borrower's Name:			
Street Address:			
City / State / Zip Code:			
Point of Contact / Project Manager:		Title:	
Contact Phone:		E-Mail:	

Corporate Structure: <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> 501(c)3 <input type="checkbox"/> Other			
Date of Incorporation:		State of Incorporation:	

Guarantor's Name:			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

II. TYPE OF ACTIVITY (Check Appropriate Box or Boxes)

<input type="checkbox"/> Nonprofit / Public Benefit	<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Manufacturing / Pollution Control
<input type="checkbox"/> Charitable Housing Program	<input type="checkbox"/> Government	<input type="checkbox"/> Other

*For CFD financing through the CMFA BOLD program, refer to the application under the BOLD Program tab on the CMFA website.

III. FINANCING INFORMATION

Maximum Amount of Bonds:	\$	Anticipated Issuance Date:	
Scheduled Maturity of Bonds:		CDLAC Application Date:	
Type of Financing:	<input type="checkbox"/> New Money <input type="checkbox"/> Refunding	Volume Cap Required:	\$
Type of Offering:	<input type="checkbox"/> Public <input type="checkbox"/> Private		
Credit Enhancement:	<input type="checkbox"/> Letter of Credit <input type="checkbox"/> Bond Insurance <input type="checkbox"/> Other <input type="checkbox"/> None		
Expected Rating on Bonds:			
Collateral / Security:			

IV. PROJECT SITE LOCATION

Street Address:			
City:		County:	
State:		Zip Code:	
Current No. of Employees at this site:		Full-Time Jobs Created / Retained:	

V. PROJECT DESCRIPTION

<input type="checkbox"/> New Construction	<input type="checkbox"/> Acquisition / Rehabilitation	<input type="checkbox"/> Portfolio (Charitable Housing Program)
Provide Detailed Project Description:		
Activity / Products Manufactured:		
Provide Detailed Summary of Public Benefits Associated with Project:		
Provide Description of Borrower and/or its Affiliate:		

VI. SUMMARY OF PROJECT COSTS

For Affordable Housing, please use Construction Costs

Source of Funds	Amount
Tax-Exempt Bond Proceeds	
Taxable Bond Proceeds	
Other*	
Equity	
Total Source of Funds	

Summary of Project Costs	Amount
Land Acquisition	
Building Acquisition	
Rehabilitation	
New Construction	
New Machinery / Equipment	
Used Machinery / Equipment	
Architectural & Engineering	
Legal & Professional	
Other*	
Costs of Issuance	
Total Project Costs	

*Identify Other Sources: Equity, Bank Financing, use of Federal, State, or Local Financing Programs, etc.

VII. FINANCING TEAM

Bond Counsel (Required):			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

Financial Advisor:			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

Lender / Underwriter:			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

Lender / Underwriters Counsel:			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

Borrowers Counsel:			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

Non-Profit Partner for Charitable Housing Program :			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

ADDITIONAL REQUIREMENTS

1. **\$2,500.00** Non-Refundable Application Fee made payable to the **California Municipal Finance Authority**.
2. Bond counsel selection in Section VII is required.
3. Provide description of Developer's experience (including a summary of other multi-family housing development projects completed within the past five years).
4. Financial Statements (or Annual Reports) for most recent three years and most recent quarterly statement.
5. Provide Financial Forecast of the Project (including income statement, balance sheet, summary of cash flows, and forecasted sources and uses of financing).
6. Section VIII required for Housing Applications only.

CERTIFICATION

I hereby represent that all the information contained within this document and attachments are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Print Title: _____

**FOR MORE INFORMATION OR TO SUBMIT AN APPLICATION,
PLEASE CONTACT:**

CALIFORNIA MUNICIPAL FINANCE AUTHORITY

Attention: John P. Stoecker
 2111 Palomar Airport Road, Suite 320
 Carlsbad, CA 92011
 Tel: (760) 930-1221 • Fax: (760) 683-3390
 E-Mail: jstoecker@cmfa-ca.com

VIII. HOUSING ADDENDUM (For Housing Applications Only)

Project Name:			
Street Address:			
City:		County:	
State:		Zip Code:	
Land Owned / Date Acquired or Option:		Land Leased or Lease Option Date:	
Current Zoning of Project Site:			
Does Project Require a Zoning Change:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Describe Changes Required:			
CDLAC Housing Pool:	<input type="checkbox"/> New Construction <input type="checkbox"/> Rural New Construction <input type="checkbox"/> Preservation <input type="checkbox"/> Other Rehabilitation <input type="checkbox"/> Black, Indigenous and People of Color (BIPOC)		
Number of Units:		Restricted:	Market:
% of Restricted Units:		% of Area Median Income for Low-Income Housing:	
Describe Amenities:			
Describe Services:			

Please provide a breakdown of the following information:

No. of Units	% of AMI	No. of Bedrooms