



# Affordable Housing Bond Application

## Applicant Information

**Name of Developer:** Bedford Affordable Housing Foundation

### Primary Contact

**Full Name:** Douglas McEachern

**Title:** Vice President

**Address:** 8149 Santa Monica Blvd, Suite 298  
Los Angeles, CA, 90049

**Phone Number:** (310) 913-3655

**E-mail:** nmayer@PostREgroup.com

**Name of Borrowing Entity:** Bedford Skyline Highline, LLC

**Will you be applying for State Volume Cap?**

No

**Name of Property Management Firm** CONAM Management Corporation

**Number of Multi-Family Housing Projects Completed in the Last 10 Years:** 9

**Number of Low Income Multi-Family Housing Projects Completed in the Last 10 Years:** 0

### Primary Billing Contact

**Organization:** Post Real Estate Group

**Title:** Director

**Full Name:** Noah Mayer

**Address:** 9242 Beverly Blvd, Suite 300  
Beverly Hills, CA, 90210

**Phone Number:** (310) 913-3655

E-mail: nmayer@PostREgroup.com

## Project Information

### Facility #1

Facility Name: Skyline Apartments

Facility Bond Amount: 54000000

Facility Address: 8513 Paradise Valley Rd  
Spring Valley, CA, 91977

County: San Diego

Is facility located in an unincorporated part of the County?

Lot Size (Acres): 7.00

#### Number of Units:

Restricted: 128

Total: 128

#### Amenities:

Units feature stainless steel and black appliances, upgraded cabinetry and countertops, and wood-style plank flooring. Community amenities include swimming pool with spa, outdoor kitchen with gas barbecues, & a resident lounge area.

#### Type of Construction (i.e. Wood Frame, 2 Story, 10 Buildings):

Wood Frame, 2 Stories, 8 Buildings

Type of Housing:

Facility Use:

Is this an Assisted Living Facility?

Has the City or County in which the facility is located been contacted? If so, please provide appropriate contact information below.

#### Public Benefit Information:

Percentage of Units Designated for Low Income Residents: 100

Percentage of Area Median Income (AMI) for Low Income Housing Units: 80

**Total Number of Management Units:** 1

**Would you like to include an additional facility?**

## Facility #2

**Facility Name:** Highline Apartments

**Facility Bond Amount:** 67000000

**Facility Address:** 8729 Graves Ave  
Santee, CA, 92071

**County:** San Diego

**Is facility located in an unincorporated part of the County?**

**Lot Size (Acres):** 5.45

### Number of Units:

**Restricted:** 159

**Total:** 128

### **Amenities:**

Highline consists of multiple residential buildings with surface parking and functional community amenities, including a pool, outdoor areas, and on-site laundry.

### **Type of Construction (i.e. Wood Frame, 2 Story, 10 Buildings):**

Wood Frame, 2 Stories, 14 Buildings

**Type of Housing:**

**Facility Use:**

**Is this an Assisted Living Facility?**

**Has the City or County in which the facility is located been contacted? If so, please provide appropriate contact information below.**

### Public Benefit Information:

**Percentage of Units Designated for Low Income Residents:** 100

**Percentage of Area Median Income (AMI) for Low Income Housing Units:** 80

**Total Number of Management Units:** 1

**Would you like to include an additional facility?**

## Facility #3

Number of Units:

Public Benefit Information:

## Facility #4

Number of Units:

Public Benefit Information:

For projects with more than 4 facilities, please include additional facility information with your application attachments

## Financing Information

**Tax Exempt Bonds:** 122000000

**Taxable Bonds:** 1500000

**Total Principal Amount:** 123500000

**Estimated Closing Date:** Wednesday, July 1, 2026

**Bond Maturity:** 10

**Estimated Interest Rate:** 4.67

**Interest Rate Mode:**

**Type of Offering:**

**Type of Financing:**

**Refunding Only - Will you be applying for State Volume Cap?**

**Is this a transfer of property to a new owner?**

**Expected Credit Rating:**

**Moody's:** AA

**Projected State Allocation Pool:** Other Pool

**Will the Project use Tax credits as a source of funding?** No

## Finance Team Information

### Bond Counsel

**Firm Name:** Orrick

### Underwriter/Bank/Bond Purchaser

**Firm Name:** Jefferies

**Primary Contact:** Nihara Gunasekera

**Title:** Senior Vice President

**Address:** 520 Madison Ave  
New York, NY, 10022

**Phone Number:** (212) 284-3434

**E-mail:** ngunasekera@jefferies.com

### Financial Advisor

#### Trustee

**Firm Name:** Wilmington Trust

**Primary Contact:** Lisa Lewis

**Title:** Relationship Manager

**Address:** 50 South Sixth Street, Suite 1290  
Minneapolis, MN, 55402

**Phone Number:** (612) 716-2367

**E-mail:** LLEWIS6@WilmingtonTrust.com

## Application Attachments

Upon submission of your application, please send a nonrefundable \$5,000 issuance fee deposit\* made payable to CSCDA to 3201 Danville Blvd., Suite 267, Alamo, CA 94507.

\*Applied to issuance fee collected upon bond issuance.

**Application Prepared By:**

Noah Mayer

**Phone Number:**

(310) 913-3655