



Application Number: \_\_\_\_\_

**APPLICATION FOR ASSISTANCE / FINANCING****I. APPLICANT PROFILE**

<b>Borrower's Name:</b>	HumanGood NorCal, as Obligated Group Representative of the HumanGood California Obligated Group		
Street Address:	6120 Stoneridge Mall Road, Suite 100		
City / State / Zip Code:	Pleasanton, CA 94588		
Point of Contact / Project Manager:	Andy McDonald	Title:	Chief Financial Officer
Contact Phone:	(925) 924-7196	E-Mail:	<a href="mailto:andy.mcdonald@humangood.org">andy.mcdonald@humangood.org</a>

Corporate Structure:	<input type="checkbox"/> S Corporation	<input type="checkbox"/> C Corporation	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> 501(c)3	<input type="checkbox"/> Other
Date of Incorporation:	NorCal 1949 SoCal 1955 COG 2019	State of Incorporation:	California		

<b>Guarantor's Name:</b>	N/A		
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

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

<input checked="" type="checkbox"/> Nonprofit / Public Benefit	<input type="checkbox"/> Housing	<input type="checkbox"/> Manufacturing / Pollution Control	<input type="checkbox"/> Government	<input type="checkbox"/> Other
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**III. FINANCING INFORMATION**

Maximum Amount of Bonds:	\$100,000,000	Anticipated Date of Issuance:	September 20, 2021
Scheduled Maturity of Bonds:	2056		
Type of Financing:	<input checked="" type="checkbox"/> New Money <input type="checkbox"/> Refunding	If Refunding, State Volume Cap Required:	\$0
Type of Offering:	<input checked="" 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 checked="" type="checkbox"/> None		
Expected Rating on Bonds:	"A-" Fitch		

#### IV. PROJECT SITE LOCATION

Street Address:	6120 Stoneridge Mall Road, Suite 100		
City:	Pleasanton	County:	Alameda
State:	CA	Zip Code:	94588
Current No. of Employees at this site:	2,900	Full-Time Jobs Created / Retained:	N/A

#### V. PROJECT DESCRIPTION

<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Acquisition / Rehabilitation
The Borrower will be borrowing approximately \$100 million of tax-exempt new money bond proceeds to be used for various upgrades and renovations across the Borrower's California communities, with the exception of Royal Oaks.
Activity / Products Manufactured: None
Provide Detailed Summary of Public Benefits Associated With Project: Positions Borrower to continue to offer high quality senior living care to its residents and future residents.

#### VI. SUMMARY OF PROJECT COSTS

***For Affordable Housing, please use Construction Costs***

Source of Funds	Amount
Tax-Exempt Bond Proceeds	\$95,835,000
Taxable Bond Proceeds	0
Other* Net Original Issue Premium	5,579,743
Other* Prior DSRFs	0
Other* Prior Principal Funds	0
Other* Prior Interest Funds	0
Equity	
<b>Total Source of Funds</b>	<b>\$101,414,743</b>

Summary of Projects Costs	Amount
Land Acquisition	0
Building Acquisition	0
Rehabilitation	0
New Construction	0
New Machinery / Equipment	0
Used Machinery / Equipment	0
Architectural & Engineering	0
Legal & Professional	0
Other* Routine Capital Expenditures	\$100,000,000
Other* Refunding of Prior Bonds	0
Other* Costs of Issuance	0
Other* Rounding	1,399
Costs of Issuance	1,413,344
<b>Total Project Costs</b>	<b>\$101,414,743</b>

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

## VII. FINANCING TEAM

<b>Borrower's Counsel:</b>	Dentons US LLP		
Street Address:	233 South Wacker Drive, Suite 5900		
City / State / Zip Code:	Chicago, IL 60606		
Contact Name:	Mary Wilson	Title:	
Contact Phone:	(312) 876-8936	E-Mail:	<a href="mailto:mary.wilson@dentons.com">mary.wilson@dentons.com</a>

<b>Financial Advisor:</b>	N/A		
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

<b>Lender/Underwriter:</b>	B.C. Ziegler & Company		
Street Address:	1 N. Wacker Drive, Suite 2000		
City / State / Zip Code:	Chicago, IL 60606		
Contact Name:	Mary K. Muñoz	Title:	Senior Managing Director
Contact Phone:	(800) 327-3666	E-Mail:	<a href="mailto:mmunoz@ziegler.com">mmunoz@ziegler.com</a>

<b>Co-Manager:</b>			
Street Address:			
City / State / Zip Code:			
Contact Name:		Title:	
Contact Phone:		E-Mail:	

<b>Bond Counsel:</b>	Chapman and Cutler LLP		
Street Address:	111 West Monroe Street		
City / State / Zip Code:	Chicago, IL 60603		
Contact Name:	John Bibby	Title:	
Contact Phone:	(312) 845-2964	E-Mail:	<a href="mailto:jbibby@chapman.com">jbibby@chapman.com</a>

<b>Credit Enhancement Provider:</b>	N/A		
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. Provide description of Borrower and/or its Affiliates.
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. For Housing Applications only – please complete Section VIII.

## 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: 7/21/21

Print Name:

Andy McDonald

Print Title:

Chief Financial Officer

**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](mailto: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:			
Other Entitlements:			
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	Market	Restricted Rents
	%	\$ 0.00	\$ 0.00
	%	0.00	0.00
	%	0.00	0.00
	%	0.00	0.00
	%	0.00	0.00
	%	0.00	0.00

