



**APPLICATION FOR
 HB 530 LINE OF CREDIT (LOC)
 RENEWAL**

Application Date: _____

Requested LOC Amount: \$ _____

1. GENERAL INFORMATION

| | | | | | |
|-----------------------|--|-------|-------|-----|--|
| Name of Applicant | | | | | |
| Office Street Address | | | | | |
| City | | State | | Zip | |
| Contact Person | | | Title | | |
| Office Phone Number | | | Fax # | | |
| Website Address | | | | | |

Role of Applicant: Developer Builder

2. CORPORATE INFORMATION

All Borrowers must remain in good standing with the Secretary of the State of Mississippi. Failure to remain in good standing may cause a delay in the approval process.

Date of Incorporation: _____ EID #: _____

Organization Type: Nonprofit Public Housing Authority Limited Equity Coop
 For-Profit Partnership Planning & Dev District

Principal(s)

| | | | |
|----------|--|-----------|--|
| (1) Name | | (1) Title | |
| (2) Name | | (2) Title | |
| (3) Name | | (3) Title | |
| (4) Name | | (4) Title | |

3. GUARANTOR INFORMATION

MHC requires personal guarantees on each loan under the Line of Credit. Guarantors must submit financial documentation (i.e. tax returns, financial statements, verification of assets, etc.) with application.

Guarantor(s):

| | | | |
|----------|--|---------|--|
| (1) Name | | SSN | |
| Address | | Phone # | |
| (2) Name | | SSN | |
| Address | | Phone # | |
| (3) Name | | SSN | |
| Address | | Phone # | |
| (4) Name | | SSN | |
| Address | | Phone # | |

4. DEVELOPMENT TEAM INFORMATION

GENERAL CONTRACTOR

Office Street Address

City

Name of Principal

Office Phone Number

Contractor's License #

| | | | | | |
|--|--|--------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | TID # | | | |
| | | Cell # | | | |
| | | Exp Dt | | | |

PROJECT MANAGER

Office Street Address

City

Contact Person

Office Phone Number

| | | | | | |
|--|--|--------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Cell # | | | |

REALTOR

Office Street Address

City

Name of Agent

Office Phone Number

| | | | | | |
|--|--|--------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Cell # | | | |

PARTICIPATING LENDER

Office Street Address

City

Contact Person

Office Phone Number

| | | | | | |
|--|--|-------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Title | | | |
| | | Fax # | | | |

CONSULTANT

Office Street Address

City

Contact Person

Office Phone Number

| | | | | | |
|--|--|-------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Fax # | | | |

ATTORNEY

Office Street Address

City

Contact Person

Office Phone Number

| | | | | | |
|--|--|-------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Fax # | | | |

HOUSING COUNSELING AGENT

Office Street Address

City

Contact Person

Office Phone Number

| | | | | | |
|--|--|-------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Title | | | |
| | | Fax # | | | |

ACCOUNTANT

Office Street Address

City

Contact Person

Office Phone Number

| | | | | | |
|--|--|-------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Fax # | | | |

OTHER

Office Street Address

City

Contact Person

Office Phone Number

| | | | | | |
|--|--|-------|--|-----|--|
| | | | | | |
| | | | | | |
| | | State | | Zip | |
| | | Title | | | |
| | | Fax # | | | |

7. CERTIFICATION

Please read the following statement and sign below.

I/We certify that the information provided in this application and any attachments in support thereof are true and correct as of this date. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014, et seq. and liability for monetary damages to the Mississippi Home Corporation (MHC), its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made in this application.

I/We understand that any approval of a line of credit application by MHC shall only constitute approval of me/us an approved Borrower and not of any particular existing or future loan application of an Eligible Residential Housing Unit.

I/We also understand that all application fees are non-refundable.

(Applicant's Name)

By: _____
(Authorized Signature)

Tax ID # _____

Its: _____

Date: _____

Guarantor(s)

Guarantor's Signature / Date

Guarantor's Social Security Number

Guarantor's Signature / Date

Guarantor's Social Security Number

Guarantor's Signature / Date

Guarantor's Social Security Number

Guarantor's Signature / Date

Guarantor's Social Security Number

REQUIRED DOCUMENTS CHECKLIST

The following lists of documents must be submitted at time of application.

Annual Builder Re-Approval Fee

A \$100.00 Renewal Fee in the form of an official bank check or money order made payable to Mississippi Home Corporation. Renewal Fee is non-refundable.

Renewal Application

Application must be signed and completed in its entirety. Failure to provide all necessary information may cause a delay in processing. Please contact your loan officer if you require assistance with completing the application.

Financial Documents

Current financial documents must be submitted by Borrower, General Contractor, and all Guarantors.

1. Last year's Corporate Tax Returns
2. Current Corporate Financial Statements (including income statements and balance sheets)
3. Last year's Personal Tax Returns
4. Current Personal Financial Statement

Contractor Information

The following documents must be submitted by the General Contractor:

1. Current Financial Statement
2. Last two (2) years Tax Returns
3. Copy of current Contractor's License
4. Contractor's Suppliers List and Certification
5. List of Projects in Process

Insurance

Provide current evidence of the following insurance:

1. Builders Liability Insurance
2. Builders Worker's Compensation Insurance

Submit completed application to:

**Attn: HB 530 Construction Lending
Mississippi Home Corporation
P.O. Box 23369
Jackson, MS 39225-3369**