

#### 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 Developer

### 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 Incorpora	tion:	EID #:	
Organization Typ	e: Nonprofit	Public Housing Authority	Limited Equity Coop
- 8	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	State Zip
Name of Principal	TID #
Office Phone Number	Cell #
Contractor's License #	Exp Dt
PROJECT MANAGER	
Office Street Address	
City	State Zip
Contact Person	
Office Phone Number	Cell #
REALTOR	
Office Street Address	
City	State Zip
Name of Agent	
Office Phone Number	Cell #
PARTICIPATING LENDER	
Office Street Address	
City	State Zip
Contact Person	Title
Office Phone Number	Fax #
CONSULTANT	
Office Street Address	
City	State Zip
Contact Person	
Office Phone Number	Fax #
ATTORNEY	
Office Street Address	
City	State Zip
Contact Person	
Office Phone Number	Fax #
HOUSING COUNSELING AGENT	
Office Street Address	
City	State Zip
Contact Person	Title
Office Phone Number	Fax #
ACCOUNTANT	
Office Street Address	
City	State Zip
Contact Person	
Office Phone Number	Fax #
OTHER	
OTHER	
Office Street Address	
City	State Zip
Contact Person	Title
Office Phone Number	Fax #

## 5. PROJECT INFORMATION

Project Type	Γ	Single-Family Subdivision		n 🗖 Sin	Single-Family Scattered Housing				
Construction T	ype 🛛	Site Built		🗖 Ma	Manufactured		Modular		
Target Market	Iarket     Very Low Income       (Equal to or less than 60% of AMI)		· · · ·	Low Income <i>(Equal to or less than 80% of AMI)</i>			ate Income less than 115% of AMI)		
For Subdivisio	ons:								
Project Name:_									
Location:		(City)				(County)	(County)		
Number of Pha	ses to be co	mpleted in thi	s subdivision:	: N	umber of H	Iomes to be Co	mpleted in e	ach Phase:	
Number of Hor	nes Comple	eted to date:		Ň	umber of S	Spec homes out	standing:		
Housing Unit N	lix: Comp	lete chart belo	W.			-			
Housing	# of	# of BR	# of Baths	Sq Footag	Sq Footage Range		Sales Price Range		
Туре	Units	per Unit	per Unit	From	То	Fro	m	То	
Affordable		<u></u>				\$		\$	
Market Total						\$		\$	
For Scattered Location(s) of a Number of hom	expected sit								
Number of Bed	rooms	Baths		Sq. Footage	e Range: <i>fi</i>	rom	to		
Sales Price Ran	ge: from	\$			to \$				
HOMEBUYE	R DOWNP	AYMENT A	SSISTANCE						
Check any prog	grams that v	vill be utilized	to assist hom	ebuyers with	downpayr	ment and/or clos	sing costs.		
Grant Funds									
HOME fun	ds			Adminis	tered By:				

Federal Home Loan Bank (FHLB)	Administered By:
American Dream Downpayment Initiative (ADDI)	Administered By:
Other:	Administered By:

□ I will not be utilizing any grant funds program.

# **MHC Programs**

6.

Mortgage Revenue Bond Program (MRB)

Downpayment Assistance Program (DPA)

## 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