



**CITY OF BANGOR**

**Community Development Program Application for  
Investor Owned Residential Property, Mixed-Use Loan  
Or Non-Profit**

<b>A. NAME AND ADDRESS OF BORROWERS(S)</b> (Hereafter jointly and severally called "Borrower")	PHONE NUMBER
<b>B. ADDRESS OF PROPERTY TO BE REHABILITATED</b>	PROJECT NAME
<b>C. EMAIL ADDRESS</b>	

<b>D. SELECTED CHARACTERISTICS OF BORROWER AND PROPERTY</b>		
<b>1. Legal form of Borrower entity</b> a. <input type="checkbox"/> "Person" (other than partnership or corporation) b. <input type="checkbox"/> Partnership c. <input type="checkbox"/> Corporation(profit) d. <input type="checkbox"/> Corporation (nonprofit)	<b>2. If a "Person," does any Borrower occupy a dwelling unit in the property?</b>  a. <input type="checkbox"/> Yes b. <input type="checkbox"/> No	<b>3. Number of dwelling units:</b>  a. _____ before rehabilitation b. _____ after rehabilitation

<b>E. INFORMATION CONCERNING LAND OR PROPERTY</b>		
<b>1. Site Area (Sq. Ft)</b>	<b>2. Zoning (if recently changed, submit evidence)</b>	<b>3. If leasehold, show annual ground rent, lease term and remaining years</b>

<b>F. EQUIPMENT AND SERVICES (Check Items Included in Rent, Listed Below)</b>		<b>UTILITIES (Not in Rent)</b>																				
<b>Equipment</b> <input type="checkbox"/> Range and Oven <input type="checkbox"/> Microwave Oven <input type="checkbox"/> Refrigerator <input type="checkbox"/> Parking <input type="checkbox"/> Disposal <input type="checkbox"/> Other	<table border="0"> <tr> <td><b>Services</b></td> <td><b>Gas</b></td> <td><b>Elect.</b></td> <td><b>Oil</b></td> </tr> <tr> <td><input type="checkbox"/> Heat</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Hot Water</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Cooking</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> </tr> </table>	<b>Services</b>	<b>Gas</b>	<b>Elect.</b>	<b>Oil</b>	<input type="checkbox"/> Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hot Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cooking	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>		<b>Check Utilities and Services Not Included in the Rent and Paid Directly by the Tenant</b>  <input type="checkbox"/> Electricity <input type="checkbox"/> Heating <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Repairs <input type="checkbox"/> Decorating <input type="checkbox"/> Other:
<b>Services</b>	<b>Gas</b>	<b>Elect.</b>	<b>Oil</b>																			
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<input type="checkbox"/> Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>																				

Additional Remarks:

NOTE: Round all entries to the nearest dollar, unless otherwise indicated.

<b>G. LOAN APPLIED FOR</b>			
1. Rehabilitation Cost			
a.	Amount for construction work	\$	
b.	Contingencies (not more than 5% of line 1a)		
c.	Title examination, recordation, revenue stamp, and architectural fees		
d.	Current accruals of taxes, insurance, special assessments, and ground rent	\$	
e. <b>TOTAL</b> (sum of lines a through e)			\$
2. Cash to be furnished by Borrower			
3. Line 1f minus line 2			
4. <b>TOTAL AMOUNT OF LOAN APPLIED FOR</b> (line rounded to the next highest \$50)			\$
5. Term of loan (Please select One) 5,10,15 or 20 yrs			YRS

<b>H. EXISTING DEBT ON PROPERTY TO BE REHABILITATED</b>					
Name and Address of Lender	Original Mortgage Amount (a)	Interest Rate (b)	Monthly Payment Amount (c)	Unpaid Balance (d)	Date Loan Matures
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>TOTALS</b>	\$	\$	\$	\$	

**OPERATING DATA ON PROPERTY**

<b>I. ESTIMATE OF INCOME FROM PROPERTY AFTER REHABILITATION</b>			
Number of Each Type of Unit	Bedrooms per Unit	Monthly Rent per Unit	Annual Rent at Full Occupancy
		\$	\$
1. Total Income From Dwelling Units			\$
2. Garage or Parking Spaces			
3. Stores			
4. Other (specify)			
<b>5. TOTAL INCOME</b>			\$

<b>J. ESTIMATE OF ANNUAL OPERATING EXPENSE AFTER REHABILITATION</b>	
<b>Administrative</b>	
Advertising	\$
Management Fee	
Legal and Accounting	
Other	
<b>Total Administrative</b>	\$
<b>Operating</b>	
Elevator power	
Elevator maintenance	
Air conditioning	
Fuel (heating and domestic hot water)	
Janitor supplies	
Lighting and misc. power	
Water	
Sewer	
Gas	
Garbage and trash removal	
Quarters, salaries, and taxes	
Other	
<b>Total Operating</b>	\$
<b>Maintenance</b>	
Decorating	
Repairs	
Exterminating	
Insurance	
Grounds expense (materials only)	
Furniture and furnishings	
Replacement Reserves	
Other	
<b>Total Maintenance</b>	\$
<b>TOTAL OPERATING EXPENSE</b>	\$

<b>K. PROJECTED ANNUAL OPERATING STATEMENT</b>			
1. INCOME:			\$
Total income (from section H, line 5)			
2. OPERATING EXPENSE:			\$
Total operating expense (from section I)			
3. TAXES:			
a. Real estate – estimated assessed value			
\$_____ @ \$_____ per \$1000	\$		
b. Personal property – estimated assessed value			
\$_____ @ \$_____ per \$1000	\$		
c. Other (specify)			
d. <b>TOTAL TAXES</b>			\$

4. FIXED CHARGES			
a. Principal and interest on rehabilitation loan	\$		
b. Principal and interest on other loans secured by the property			
c. Other fixed charges (specify)			
d. TOTAL FIXED CHARGES		\$	
5. Total operating expense, taxes, and fixed charges (Sum of lines J-2, J-3 d., and J-4 d.)		\$	
6. Cash available for income taxes, corporate taxes, dividends or surplus (Line J-1 minus J-5)		\$	

L. PRINCIPAL PARTICIPANTS			
1. <input type="checkbox"/> Sponsor <input type="checkbox"/> Mortgagor <input type="checkbox"/> Borrower <input type="checkbox"/> Owner Name:		2. Name	
Address (include zip code)		Address (include zip code)	
Telephone # (include Area Code)	SSN	Telephone # (include Area Code)	SSN
Email Address	D.O.B.	Email Address	D.O.B.
3. <input type="checkbox"/> Consultant <input type="checkbox"/> Agent <input type="checkbox"/> Other Authorized Representative Name:		4. General Contractor Name	
Address (include zip code)		Address (include zip code)	
Telephone # (include Area Code)	SSN (optional)	Telephone # (include Area Code)	SSN (optional)
5. Sponsor's Attorney Name		6. Architect Name	
Address (include zip code)		Address (include zip code)	
Telephone # (include Area Code)	SSN (optional)	Telephone # (include Area Code)	SSN (optional)

M. INFORMATION FOR GOVERNMENT MONITORING PURPOSES (OPTIONAL)			
<p>The following information is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity fair housing and home mortgage disclosure laws. <b>You are not required to furnish this information, but are encouraged to do so.</b> The law provides that a Lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations this Lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish the above information, please check the box below. (<i>Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.</i>)</p>			
<b>BORROWER #1</b>		<b>BORROWER #2</b>	
	<input type="checkbox"/> I do not wish to furnish this information		<input type="checkbox"/> I do not wish to furnish this information
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian	<b>Race:</b>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American <input type="checkbox"/> White		<input type="checkbox"/> Black or African American <input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male

<b>N. REQUIRED EXHIBITS</b>	
<b>EXHIBIT</b>	<b>EXHIBIT TITLE (please include all exhibits with application)</b>
1	Signed Release of Information Form
2	Personal Financial Information
3	Proof of Homeowners Insurance
4	Verification of Tenants Income – Filled out and Signed by all Tenants within the building
5	Contact Information – Phone Numbers and Email Addresses
6	Contractor Estimates (if using personal contractor)
7	Proof of Ownership
8	Current Appraisal (if applicable)
9	Utility Cost
10	Commitment of Matching Funds (if applicable)
11	Proof of Payment of taxes and all other City assessments (such as sewer and storm water)
12	Proof of currant Mortgage payments
13	Signed Agreement of the loan Terms and Conditions set forth in Appendix C
14	
15	
16	
17	
18	
19	
20	

<b>O. BORROWER'S CERTIFICATION</b>		
<p>The Borrower certifies that all information in this application and all information furnished in support, including all exhibits, of this application is given for the purpose of obtaining a City of Bangor Residential Rehabilitation Loan, and is true and complete to the best of the Borrower's knowledge and belief. Verification may be obtained from any source named herein. The Borrower has received a copy of the Form HUD-4010 for Federal Labor Standards. The Borrower agrees to abide by the requirements set forth therein in connection with any loan that may be made by the Government pursuant to this application.</p>		
_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date
<p><b>PENALTY FOR FALSE OR FRAUDULENT STATEMENT.</b> Section 1001 of Title 18, United States Code provides:          "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both."</p>		

**P. RECOMMENDATION ON APPLICATION**

Review of this application and supporting documentation indicated that the application meets the requirements for the making of a rehabilitation loan under the Community Development Residential Rehabilitation Loan Program and approval of this application is therefore recommended.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Q. DATA TO BE ENTERED BY CITY**

1. Age of structure (years)

2. Remaining economic life (years)

3. "As-is" Value (Note to Borrower: This amount used only to establish the maximum permissible loan amount. It does not necessarily represent value for any other purpose.)

\$

4. Estimated market value of commercial portion of mixed-use property after rehabilitation

\$

5. Cost of general property improvements work included in this loan

\$

**R. ACTION ON APPLICATION**

The above application was approved/ disapproved in the amount indicated in block F, line 4, by the City Council Business and Economic Development Committee on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year