APPLICANT:	LICANT: DATE RECEIVED:			
	APPLICANT INFORMATION			
Date Submitted:	Legal Name of Applicant:	Date Applicant Established:	EIN or TIN:	
Corporate Structure	Date of Incorporation	State of Incorporat	State of Incorporation:	
Applicant Contact Information:	Other Contact Information:	Primary Billing Cor	Primary Billing Contact:	
Name:	Name:	Name:	_	
Title:	Title:	Title:		
Address:	Firm:	Address:		
riadi ess.	Address:	riadi ess.		
County:	Address.			
Email:	County:	County:		
Phone:	Email:	-		
Phone:			Email:	
	Phone:		Phone:	
	Relationship to Applicant:	Relationship to Ap	Relationship to Applicant:	
Guarantor (if any)	Developer (if different than	Borrowing entity (if different than	
Name:	applicant)	applicant)		
Title:	Name:	Name:	Name:	
Address:	Title:	Title:		
	Address:	Address:		
County:				
Email:	County:	County:	County:	
Phone:	Email:	Email:	<u> </u>	
	Phone:	Phone:		
	TRANSACTION INFORMATION			
Transaction Type: Nonpro	ofit/Public Benefit Housing	Manufacturing/Po	ollution Control	
·· <u></u>	Government Othe	or.		
	Government Other	ei		
Principal Amount:	Tax-Exempt Amount:	Taxable <i>i</i>	Taxable Amount:	
\$	\$	\$	\$	
Expected Financing Date:	Average Life:		Final Maturity:	
	vears			
Type of Offering: (check)	years Purpose of Offering:	 Denomi	ination:	
Type of Offering. (Check)	rui pose di Offernig.	Dellolli	mation.	
Competitive:	New Money:	\$		
Negotiated:	Refunding:			
Private or Direct Placement:	State Volume Cap Required:			

APPLICANT:		DATE RECEIVED:				
If Private or Direct Placemen	t, Parties	If Ref	funding, Bonds Refunded			
(include detaile		escription benefits associated v	with the Project)			
	Security a	and Pledge				
Credit Enhancement Letter of Credit	If Credit Enhanced, Credit Provider(s)		Expected Ratings Unenhanced Enhanced Moody's			
Bond Insurance Other None			S&P Fitch Other			
		INFORMATION				
Lead Underwriter/Placement Agent Firm: Name: Title: Address: Email:		Bond Counsel Firm: Name: Title: Address: Email:				
Phone: Underwriters' Counsel Firm: Name: Title:		Phone: Firm: Name: Title:	Disclosure Counsel			

APPLICANT:	CANT: DATE RECEIVED:				
Address:		Address:			
Email:		Email:			
Phone:		Phone:			
	cial Advisor		stee		
Firm:		Firm:			
Name:		Name:			
Title:		Title:			
Address:		Address:			
riadiess.		, tadi ess.			
Email:		Email:			
Phone:		Phone:			
There.	Underwr	iting Syndicate			
Firm	Role	Firm	Role		
' '' ''	Note	1 """	Note		
					
Other	Consultant	Other Co	onsultant		
Firm:	Consultant	Firm:	Silsaltailt		
Role:		Role:			
Name:		Name:			
Title:		Title:			
Address:		Address:			
Address.		Address.			
Email:		Email:			
Phone:		Phone:			
Thorie.	DPOIECT	SITE LOCATION			
	PROJECT	SITE LOCATION			
Street Address:					
City:					
State:					
County:					
Zip Code:	an alain aine.				
Current No. of Employees					
Full-time jobs created/reta		DE DROJECT COCTS			
		OF PROJECT COSTS			
	-	please use construction costs			
Source of Funds	Amount	Summary of Projects Costs	Amount		
Tax-Exempt Bond Proceeds	\$	Land Acquisition	\$		
Taxable Bond Proceeds Other*		Building Acquisition Rehabilitation			
Other*		New Construction			
Other*		New Machinery/Equipment			
Other*		Used Machinery/Equipment			
Equity		Architectural & Engineering			
Total Source of Funds	\$ 0.00	Legal & Professional			
. J.a. Joan C. Ji i uliuj	7 0.00	Legal & Froncissional	i e		

DATE RECEIVED:

		Other*	-		
		Other*	-		
		Other*	-		
		Other*	-		
		Costs of Issuance			
		Total Project Costs	\$ 0.00		
	ADDITIONAL INFORMATIO	N IF AFFORDABLE HOUSING			
Project Name:					
Street Address:					
City:		County:			
State:		Zip Code:			
Land Owned/Date		Land Leased or Lease			
Acquired or Option:		Option Date:			
Current zoning of Project Site	e:				
Does Project Require a Zonin		Yes No			
If Yes, Describe Changes Req	-				
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		
ADDITIONAL REQUIREMENTS					
, is since the desired the second sec					
 Provide description of the borrower and/or affiliates. Provide description of the Developer's experience (including a summary of other multi-family housing development projects completed within the past five years) Financial Statements (or annual reports) for the most recent 3 years and most recent quarterly statement. Provide financial forecast of the project (including income statement, balance sheet, summary of cash flow, and 					

Please submit completed application to acfa@bayareametro.gov

6) Provide a preliminary project schedule identifying project milestone dates.

7) Describe all applicable state and federal environmental qualifications that the project has met including California

forecasted sources and uses of financing).5) Please provide current year estimated results.

Environmental Quality Act (CEQA) certification.

APPLICANT: _____