



KOVAR

APPLICATION FOR GROUP HOME LOAN

1. Project Mortgagor (sponsor/borrower):

(Name of Organization)

(Address)

_____, Virginia

(City/Town)

(Zip Code)

(Contact Person) (Telephone)

(Alternate Person) (Telephone)

B. Mortgagor is: non-profit 501(c) (3) _____; Governmental Agency _____
(Yes/No) (Name)

(Please explain)

2. Community Service Board (CSB) providing support:

(Name)

(Address)

_____, Virginia

(City/Town)

(Zip Code)

(Contact Person) (Telephone)

(Alternate Person) (Telephone)

NOTE: If additional space is needed, use additional sheets showing number and paragraph of question.

b. CSB will provide mortgagor with funds to support project mortgage and related Housing expenses?

Yes _____ No _____ Other . _____

(explain)

If the answer to Question 2b is yes, CSB is to complete parts 12 and 13.

c. If this loan application is granted, will the facility operated on the property upon which the loan is made be open to all persons with intellectual disabilities without regard to race, color, gender, creed, or national origin?

Yes _____ No _____ Other . _____

(explain)

3. Project:

a. _____
(Property Location Address)
_____ Virginia _____
(City/Town/County) (Zip Code)

b. Site control by mortgagor corporation: (check only one)

- owns property
- has a sales agreement
- other . _____
- has option to buy
- has lease with option to buy

(Explain)

(Options and agreements to purchase should have a life of at least 120 days with provision to extend for an additional 30 days from date of application submission to KOVAR.)

4. Development Method: (check only one)

- | | | |
|--|------------------|-----------|
| a. <input type="checkbox"/> Acquisition without rehabilitation | Sales Price | \$ _____. |
| b. <input type="checkbox"/> Acquisition with rehabilitation | Sales Price | \$ _____. |
| Estimated cost of rehabilitation | | \$ _____. |
| | Total | \$ _____. |
| c. <input type="checkbox"/> Rehabilitation only | Estimated cost | \$ _____. |
| d. <input type="checkbox"/> New construction | Land Sales Price | \$ _____. |
| Estimated construction cost | | \$ _____. |
| Estimated "soft" costs (legal, architect, permits, etc.) | | \$ _____. |
| | Total | |
| | Devel. Costs | \$ _____. |

5. Loan Requested:

Estimated value of completed project \$ _____.

Loan amount requested \$ _____.

(Maximum loan amount cannot exceed 75% of appraised value - maximum of \$150,000 for a ten-year loan, maximum of \$350,000 for a fifteen-year , or a maximum of \$500,000 for a twenty-year loan (subject to change) - of project - actual loan amount will be determined by use of Virginia Housing Development Authority (VHDA) underwriting procedures.)

Show the amount (25% or more) of equity or down payment to be provided. \$ _____.

Describe the source of equity funds (federal, state or local grants/loans or private donations in the form of cash or property) on an attached sheet.

6. Housing Type: (check only one)

- a. Single family detached, number of bedrooms: _____.
- b. Townhouse, number of bedrooms: _____.
- c. Multi-family, number of apartments: _____.
- d. Condominium units, number of units in complex: _____.
- e. Congregate (living units with community dining room and kitchen):
 number of bedrooms _____, and/or individual apartments _____

7. Description of the residential service to be offered in the facility: (check only one):

a. Group home

b. Supervised apartment

8. Client Population to be Served:

a. Primary Disability Identification

Intellectual Disability

b. Age: (check all that apply)

_____ Children/Adolescents (0-18)

_____ Adults (19-64)

_____ Elderly (65+)

c. Sex:

_____ Female

_____ Male

_____ Both

d. Level of Disability:

Intellectual Disability

_____ Mild

_____ Severe

_____ Moderate

_____ Profound

e. Number of clients with intellectual disabilities: (enter figures in both spaces)

_____ Number of clients who will be served on an annual basis once the facility's program is fully operational.

_____ Number of clients who will be served during the first fiscal year of operation (normally smaller than the first figure due to start-up/phase-in of the program).

e. Implementation: Enter projected schedule or status for all of the following items that apply.

_____ Application date plus number of weeks or estimated dates

_____ Zoning approval

_____ Consultation with VDBHDS Licensure Office

_____ Loan closing

_____ Health Department inspections completed

_____ Fire Marshall's certificate

_____ Building inspection approval

_____ Occupancy certificate obtained

_____ Staff hired

_____ Clients screened

_____ Clients occupy facility

f. Project Manager Name:

(Address)

_____, Virginia
(City/Town) (Zip Code)

(Contact Person) (Telephone)

10. Project Operating Budget: Enter all applicable items in both columns for the budget of the program that will deliver services in the facility

	First Year FY _____	Annualized Oper. Budget FY
a. Revenues:		
1. BH/ID/DD General Funds	_____	_____
2. Other .	_____	_____
3. TOTAL STATE FUNDS .	_____	_____
(1+2)		
4. Local Gov't Appropriations .	_____	_____
5. Other Local Match .	_____	_____
6. TOTAL LOCAL MATCHING FUNDS .	_____	_____
(4+5)		
7. Direct Client Fees .	_____	_____
8. Parent Fees .	_____	_____
9. Insurance Fees/Medicaid .	_____	_____
10. Other Fees (Auxiliary Grants) .	_____	_____
11. TOTAL FEE REVENUES .	_____	_____
(7-10)		
12. Gov't Rent Subsidies .	_____	_____
13. Other Federal Funds .	_____	_____
14. TOTAL FEDERAL FUNDS .	_____	_____
(12+13)		
15. TOTAL REVENUES .	_____	_____
(3+6+11+14)		
b. Expenses:		
1. Personnel Costs .	_____	_____
2. Staff Development Costs (training) .	_____	_____
3. Mortgage .	_____	_____
4. Property Taxes .	_____	_____
5. Utilities: Heat/Water/Electricity .	_____	_____
6. Telephone .	_____	_____
7. Facility Maintenance .	_____	_____
8. Facility Insurance .	_____	_____
9. Other: .	_____	_____
10. Equipment (other than furniture) .	_____	_____
11. Furniture/Furnishings .	_____	_____
12. Equipment Maintenance .	_____	_____
13. Facility Supplies .	_____	_____
14. Food/Drugs/Medical Supplies .	_____	_____
15. Transportation Equipment .	_____	_____
16. Transportation Services - Insurance .	_____	_____
17. Consultants .	_____	_____
18. Liability Insurance .	_____	_____
19. Other: _____	_____	_____
20. TOTAL EXPENSES .	_____	_____
(1-19)		

11. Chief Executive Officer of the Mortgagor Corporation:

Signature	Title
Name (Typed)	Date

12. Program Services:

a. Name of Program/Service in the CSB’s FY 20____ Program Application/Performance Contract which contains the funds necessary to operate this project: .

b. Program/Service operated by: (check only one)

_____ This CSB directly

_____ CSB-established private, non-profit corporation (name: _____)

_____ Contract agency (name: _____)

If a contract agency, describe the nature of the contractual relationship (e.g. for the entire program/service, for services for specific individuals, for purchases of identified beds or services:

c. List the other necessary services and the name of the programs(s) which will provide them:

Service

Program

13. Certifications by the CSB regarding proposed project located at:

_____ (address)

_____ (City/State/Zip Code)

a. I certify that funds are available in our budget to operate this project, and that other necessary emergency, outpatient, day support, case management and transportation services will be available to residents of this project when the site becomes operational.

b. I further certify that, to the best of my knowledge, the mortgagor has the intent and ability to provide the services deemed necessary for the success of the project; that the proposed location and type of housing are suitable for the contemplated residents and that there exists a need in the area of housing for persons with intellectual disabilities; and that the development is economically feasible to the extent that it is projected to have or to receive funds in an amount

sufficient to pay for debt service and all of the requisite services deemed necessary for the success of the project.

Name of CSB providing assurances and certifications:

Signature of Executive Director or Chairman

Title

Name (Typed)

Date

(Mortgagor)

Signature of Executive Director or Chairman

Title

Name (Typed)

Date