

**Cities of Lakeport and Clearlake, California CDBG-DR MHP Rental Development RFP Application
To be completed by the primary Applicant (Developer) – Do not alter the form**

Complete all information and sign, as requested. For check boxes, double click to open dialogue box.

1. Enter the full legal name of your organization: _____

Name & Title of organizational contact: _____

Phone number: _____ Email address: _____

2. Mailing address of the organization: _____

City: _____ State: _____ Zip: _____

Street address, if different from above: _____

3. Location (street address) of project: _____

4. Name of project: _____

5. What is the legal structure of the Developer entity?

- Individual (not a partnership or corp.)
- Partnership
- For-profit corporation
- Non-profit corporation

6. Is the organization any of the following?

- 51% minority ownership
- 51% female ownership
- 51% minority business enterprise

7. Federal Tax ID Number: _____

8. Will anyone on the development team occupy a unit in the project? Yes No

9. Is Developer a Community Housing Development Org. (CHDO)? Yes No

If yes, what is the date of your most recent CHDO certification? _____

10. Is your organization applying for funds to build new rental housing? Yes No

Is your organization proposing a mixed income, mixed use, or mixed income/mixed use project?

- Mixed income
- Mixed use
- Mixed income & mixed use

11. Have any persons employed by your agency been debarred by HUD or the State of California? Yes No

12. Are there any restrictions on the contracting of your agency with any federal or state agency, or with Nevada County? Yes No

13. Has your organization or one of its principals filed for bankruptcy within the past ten years? Yes No

- 14. Number of CDBG-DR funded units that you plan to develop? _____
- Number of market rate units that you plan to develop? _____
- Total number of housing units that you plan to develop? _____
- Number of commercial units that you plan to develop? _____
- Square footage of commercial space that you plan to develop? _____

- 15. Total development budget for project? \$ _____
- Funding request from CDBG-DR Program? \$ _____

- 16. CDBG-DR unit breakdown by income level:
- Number of units at 80% AMI and below? _____
- Number of units at 60% AMI and below? _____
- Number of units at 50% AMI and below? _____
- Number of units at 30% AMI and below? _____

To the best of my (our) knowledge and belief, all information in this application is true and correct. The governing body of the Developer applicant has duly authorized this document and application for funding, and the Developer applicant will comply with all CDBG-DR Program requirements, if funding is awarded. Developer applicant agrees to adhere to all contracting and hiring requirements of the federal, state, County, and City government. Developer applicant understands and agrees that all units developed or redeveloped through this CDBG-DR funding must be sold to income eligible households.

The undersigned authorizes the City staff and their consultants to conduct investigations necessary to establish developer capacity and project feasibility, including but not limited to such verifications as employment, credit, construction experience, property ownership and financial condition. It is further authorized that the City may send requests to receive such information from a lender or lenders so designated for the purpose of securing financial information.

Any person who knowingly makes a false statement or misrepresentation in this application or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than \$5,000 and/or imprisonment for not more than two years, under provisions of the United States Criminal Code.

Authorized Representative:

Signature: _____

Name and Title: _____

Date: _____