## **LOAN APPLICATION**

This application must be submitted online in ZoomGrants. https://www.zoomgrants.com/zgf/NOAH

If you have questions or require assistance, please call PHCD at (786) 469-2165 or email CommunityDevelopmentServices@miamidade.gov

State:	Zip	
Home Phone: ()		
Property City:		
	_	
No. of Apartment units	3. No. of parking	spaces
No. of Commercial unit	s 6. Is Building vac	ant?
Rent \$ /n	nonth 9. Proposed Rent \$	/month
eral Partnership 🛮 🗆 Li	mited Partnership	ion 🗆 LLC
-N-S # (Required):		
ivo # (itequirea):	<del></del>	
	II. PROPOSED SOURCE	OF FUNDS
\$	II. PROPOSED SOURCE	OF FUNDS
\$ \$	II. PROPOSED SOURCE	OF FUNDS
\$	PHCD Loan	\$
\$ \$	PHCD Loan Other loan(s) (including equity)	\$ \$
\$ \$ \$	PHCD Loan Other loan(s) (including equity)	\$ \$ \$
\$ \$ \$	PHCD Loan Other loan(s) (including equity)	\$ \$ \$
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\$\$ \$\$ \$\$ \$\$	PHCD Loan Other loan(s) (including equity)	\$ \$ \$
\$\$ \$\$ \$\$ \$\$	PHCD Loan Other loan(s) (including equity)	\$ \$ \$
	No. of Apartment units  No. of Commercial unit  Rent \$/r  eral Partnership □ Li	

**AGREEMENT:** The undersigned applies for the loans in this application to be secured by a mortgage on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application and the attachments are true and are made for the purpose of obtaining the loan. Verification and other relevant information may be obtained from any source named in this application and/or in attachments. PHCD is authorized to discuss this Application and information contained herein or in the exhibits and attachments hereto with any necessary party referenced herein. Applicant authorizes PHCD to run a credit check for purposes of this application.

Reasonable access to the property will be provided for PHCD's staff or its agents. The property title holder authorizes the release to PHCD of any existing municipal code inspection reports cited against the subject property.

The undersigned assumes responsibility for selecting and using contractors which conform to PHCD standards. PHCD does not warrant the performance of any contractor.

Signature	Date	Signature	Date	
Address	Phone	Address	Phone	
Signature	Date	Signature	Date	
Address	Phone	Address	Phone	

APPLICATION CHECKLIST (T	ab 1)
Loan Application	
Statement of Property Ownership	
Statement of Rental Income	
Statement of Operating Expenses	
Rehabilitation Plan documents:	
Narrative Scope of Work	
Project Budget	
Contractor Information Form	
Rehabilitation Schedule	
Pictures of exterior and interior of site	
In addition to completing and returnin	g the above forms, the following documents must be provided:
If not personally managed, name and ad number of units currently managed (Tal	dress of proposed property manager and listing of properties and b 2)
Evidence of site control: deed, signed sa (Tab 3)	lles contract, option agreement or contract purchase articles of agreement
Evidence of insurance on the property	(Tab 4)
Current rent roll (Tab 5)	
Copy of partnership (general or limited) a of incorporation, bylaws, corporate resolu	agreement or, if applicable, other organizational documents (i.e., articles utions, etc.) (Tab 6)
Copy of most recent real estate tax bill (	Tab 7)
Executed Construction Contract for all tra	ades/scope of work (Tab 8)
Statement of the actual cost of goods, se	ervices and equipment proposed in the project (Tab 9)
Floor plan drawings, architectural plans e	engineering reports (if applicable) (Tab 10)