

**2018/2019 MULTIFAMILY UNIFORM APPLICATION**

Texas General Land Office (“GLO” or the “Agency”)

Mailing Address: P.O. Box 12873, Austin, TX 78711-2873

Physical Address: 1700 N. Congress Ave., Suite 935, Austin, TX 78701-1495

The undersigned (“Applicant”) hereby submits an application to GLO for financial assistance, has read and understands the Multifamily Uniform Application (the “MUA”) instructions, and certifies that all information provided in this MUA and in the 2018/2019 Multifamily Uniform Application Packet, herein referred to as **Attachment A**, is true and correct to the best of their knowledge and belief.

*Submitted MUAs must be signed by a* *representative with authority to execute documents on the Applicant’s behalf.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |       |  |       |  |
|  | *Applicant’s Authorized Representative’s Signature* |  | *Representative’s Printed Name, Title* |  | *Date* |  |

**I. Applicant Information, Allocation Selection, and Activity Overview**

## Applicant Information

Provide the contact data for the Applicant’s staff person who is responsible for this MUA and contract administration. This primary contact will not be the consultant or the end service provider.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Applicant Legal Name: |        |  |  |
| Applicant Contact Name: |        |  |  |
| Mailing Address: |        | City: |        | State |    | ZIP: |       |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |
|  |  |  |  |  |  |

Applicant’s *“Physical Address”* is different from the *“Mailing Address,”* provide the physical address below:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Applicant Physical Address: |        |  |
| City: |        | State: |    | ZIP: |       |  |
| 2nd Contact Name (required): |        |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

## Applicant Legal Description

(a) Is Applicant legally formed? [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  For-Profit Corporation | [ ]  Non-profit Corporation | [ ]  General Partnership | [ ]  Limited Partnership |
|  |
| [ ]  Limited Liability Company | [ ]  Unit of Local Government | [ ]  Individual/D.B.A. | [ ]  Housing Authority |

(b) Legal form of Applicant is/will be a (check only one):

(c) Other Designation (mark all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Historically Underutilized Business | [ ]  CHDO | [ ]  COG | [ ]  Federal Tax Exemption |

(d) Applicant is in good standing with the Secretary of State? [ ]  Yes [ ]  No

(e) The Applicant’s State Filing # is:

1. **DUNS Number or Federal Tax ID**

The Office of Management and Budget (“OMB”) issued a directive to implement the requirement for grant applicants to provide a Dun and Bradstreet (“D&B”) Data Universal Numbering System (“DUNS”) number when applying for Federal grants, including HOME funds, on or after October 1, 2003. The DUNS number will supplement other identifiers required by statute or regulation, such as tax identification numbers. To apply for a DUNS number, applicants can go to the Dun & Bradstreet website at <https://www.dnb.com/duns-number.html>.

**DUNS number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Allocation Selection

|  |  |
| --- | --- |
| 2018 Floods: | 2019 Floods: |
| HUD MID [ ]  Requested Amount $\_\_\_\_\_\_\_\_ | HUD MID [ ]  Requested Amount $\_\_\_\_\_\_\_\_\_ |
| State MID [ ]  Requested Amount $\_\_\_\_\_\_\_\_ | State MID [ ]  Requested Amount $\_\_\_\_\_\_\_\_\_ |

**\*Check all that apply above, but no one application may exceed $5 million total CDBG funding.**

## Activity Overview

**Development Name and Location**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Development Name: |        | Total Request Amount  | $      |  |
| Address: |        | ZIP Code  |       |  |
| City: |        | County: |        |  |

**II. Eligible Activities, Funding Request, And Financials**

1. **Program Eligible Activities**

Check the boxes next to the program name to indicate the activities this Application will fund.

|  |  |  |  |
| --- | --- | --- | --- |
| GLO Programs for which this Application will be used: | Rehabilitation | Reconstruction | New Construction |
| CDBG Disaster Recovery | [ ]  | [ ]  | [ ]  |

1. **Previously Awarded State and Federal Funding**
2. Has this site/activity previously received GLO funds? [ ]  Yes [ ]  No
3. If “Yes”, enter Project #      and GLO Funding Source
4. Has this site/activity previously received non-GLO federal funding?

 [ ]  Yes [ ]  No

1. Will this site/activity receive non-GLO federal funding for costs described in this Application?

 [ ]  Yes [ ]  No

1. **Other Funding Requested or Received**

(Note: this MUA is not meant to serve as a request for these funds)

Complete the table below to describe this MUA’s funding request.

|  |  |  |
| --- | --- | --- |
| Other Loan Programs for which this Application will be used: | Requested Amount | If the award will be in the form of a loan, the requested terms are: |
| Interest Rate (%) | Amortization (Yrs) | Term (Yrs) |
| HOME Activity Funds | $       |      |    |    |
| HOME CHDO Operating Expenses | $       |      |    |    |
| Housing Trust Fund | $       |      |    |    |
| Housing Tax Credit (Annual amount) | $       |      |    |    |
| Private Activity Mortgage Revenue Bond | $       |      |    |    |
| 501(c) (3) Mortgage Revenue Bond | $       |      |    |    |

* 1. **Financial Statement, Current Operating Budget, And CDBG Budget**
1. Financial Statement

Applicant must provide all information requested in the *‘Financial Statement’* tab of **Attachment A,** for this MUA to be considered complete.

If requested by the GLO, Applicant may be required to provide additional current financial documentation in compliance with principles outlined by the Governmental Accounting Standards Board (“GASB”). Applicant should utilize the GASB’s Generally Accepted Accounting Principles (“GAAP”).

For more information, Applicant should visit the GASB website at <https://www.gasb.org/home>.

1. Current Operating Budget

Applicant must provide a current operating budget that demonstrates that the Applicant has or will have, through the securing of financial resources, the financial capacity to complete the Project. The current operating budget should include the identification of the uses of CDBG funds should this Application be selected for award.

Applicant should complete the *‘Current Operating Budget’* tab of **Attachment A** to provide the information requested. The GLO may, at its discretion, request additional documentation.

1. CDBG Budget

Applicant must provide a separate budget table that accurately accounts for the intended uses of CDBG funds for this Project. Applicant should complete the *‘CDBG Budget’* tab of **Attachment A** to provide the information requested. The GLO may, at its discretion, request additional documentation.

**III. Relevant Project Information**

**3.01 Site Attributes**

 Applicant should provide the required information below to provide the GLO with all relevant information related to the Project site. Additional information may be requested, if deemed necessary by the GLO.

|  |
| --- |
| 1. **Site Attributes**
 |
|  |
| Total Acquisition Acreage: |       | Development Site Acreage: |       | # Units per Acre: |       |
|  |
|  | [ ]  Single Site | [ ]  Contiguous Multiple Sites (# Sites:   ) | [ ]  Scattered Sites (# Sites:   )\*\* |
|  |
|  |
|  |
|  |
| 1. **Development Attributes** *Selections must be consistent with submitted architectural plans*
 |
|  |
| # of Residential Buildings:       | Maximum # of Floors:       | # of Non-Residential Buildings:       |
|  |
|  | **Configuration:** | [ ]  Garden Style | [ ]  Duplex/Triplex/Fourplex | [ ]  Scattered Site |
|  | [ ]  Townhome  | [ ]  >4 units per building | [ ]  SRO  |
|  |  |  |  |
|  |
|  | [ ]  Fire Sprinkler in all residential areas | # of Passenger Elevators:    Wt Capacity       |
|  |
|  |
| 1. **Exterior** *Selections must be consistent with submitted architectural plans*
 |
|  |
|  | **Subfloor** |  | **Walls** |  |
|  |  | [ ]  Wood |  |       % Plywood/Hardboard |
|  |  | [ ]  Concrete Slab |  |       % Vinyl or Aluminum Siding |
|  |  | [ ]  Other *(Describe)* |  |       % Masonry Veneer |
|  |  |  |  |       % Fiber Cement Siding |
|  |  |  |  |       % Stucco |
|  |  |  |  |       % Other *(Describe)* |
|  |
|  | **Parking** | **Roofs** |
|  |  |     #Shed or Flat Roof Carport Spaces |  | [ ]  Built-Up Tar and Gravel |
|  |  |     #Detached Garage Spaces |  | [ ]  Comp. Shingle |
|  |  |     #Uncovered Spaces |  | [ ]  Comp. Roll |
|  |  |     #Parking Garage Spaces |  | [ ]  Elastomeric |
|  |  |  |  | [ ]  Wood Shake |
|  |  |  |  | [ ]  Other *(Describe)* |
|  |
|  |
| 1. **Interior** *Selections must be consistent with submitted architectural plans*
 |
|  |
|  | **Flooring** | **Air System** |
|  |  |       % Carpet |  | [ ]  Forced Air |
|  |  |       % Resilient Covering |  | [ ]  Furnace |
|  |  |       % Ceramic Tile |  | [ ]  Hot Water |
|  |  |       % Light Concrete |  | [ ]  Warm and Cooled Air |
|  |  |       % Other *(Describe)* |  | [ ]  Heat Pump, packaged |
|  |  |  |  | [ ]  Wall Units |
|  |  |  |  | [ ]  Other *(Describe)* |
|  |
|  | **Walls** | **Other** |
|  |  | [ ]  Drywall |  | [ ]  Washer and Dryers onsite (#      ) |
|  |  | [ ]  Plaster |  | [ ]  Fireplace included in all Units |
|  |  | [ ]        - Foot Ceilings |  | [ ]  Fireplace onsite (#      ) |
|  |  |  |  | [ ]  Other *(Describe)* |

**3.02 Site Information**

Applicant should provide the required information below to provide the GLO with all relevant information related to the Project site. Additional information may be requested if deemed necessary by the GLO.

|  |  |
| --- | --- |
| 1. **Zoning and Census Tract Designation**
 |  |
|  |  |  |  |
|  | 1. The site zoned for the proposed use?

 [ ]  Yes [ ]  No [ ] N/A |  |  |
|  | 1. The current zoning designation is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |
|  | 1. The site is in the process of being rezoned?

 [ ]  Yes [ ]  No [ ]  N/A |  |  |
|  | 1. Proposed Activity: Rehabilitation [ ]  Reconstruction [ ]
 |  |  |
|  | 1. The present (and proposed) use of the property is non-conforming under existing zoning restrictions
 |  |  |
|  |  |  [ ]  Yes [ ]  No [ ]  N/A |  |  |
|  | 1. Digit Census Tract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  |
| 1. **Flood Zone Designations**
 |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 1. Site is entirely outside a designated 100 yr. Flood Hazard Area or Flood Plain?

 [ ]  Yes [ ]  No |  |  |
|  | 1. Site is within Hazard Area but the development is designed as required by program rules?

 [ ]  Yes [ ]  No |  |  |
|  | 1. Site is not in Hazard Area.
 |  |  |
|  |  |  |  |
|   |  [ ]  Yes [ ]  No |  |  |
|  |  |  |

**Applicant or Applicant Representative Certification:**

Applicant or Applicant Representative certifies that the information presented in Section 3.02 above is true and correct to the best of their knowledge.

**Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. §287, §1001, and 31 U.S.C. §3729.**

.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| By: |       |  |       |  | Its: |       |
|  | *Signature of Applicant/Owner* |  | *Date* |  |  |  |

**3.03 Building Unit Configuration**

Applicant should provide the information below as it relates to the unit configuration(s) and distribution of those units for the Project.

Additionally, Applicant must complete the *‘Building Unit Configuration’* tab of **Attachment A**. The GLO may, at its discretion, request additional supporting documentation if deemed necessary.

|  |
| --- |
| 1. **Building/Unit Configuration:**
 |
| [ ]  Garden Style Walkup | [ ]  Garden Style Elevator | [ ]  Scattered Site Development | [ ]  Townhome |
| [ ]  Modular | [ ]  Mixed Use Development | [ ]  Duplex/Triplex/Fourplex | [ ]  Other |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Maximum # Floors: |       |  | Elevator-Served: | [ ] No [ ] Yes | Total Site Acreage: |       |
|  |  |  |  |  |  |  |  |
| # Res. Buildings: |       |  | # of Non-Res. Buildings: |       |  | # Units per Acre: |       |
|  |  |  |  |  |  |  |  |
| Total Units: |       |  | Total Market Rate Units: |       |  | Total LI Units: |       |

1. **Unit Distribution**

Applicant should provide unit distribution information to clarify the proposed number of units and the bedroom/bathroom distribution amongst those units. A sample chart is provided below:

|  |  |  |
| --- | --- | --- |
| Bedrooms | Bathrooms | # of Units |
| 3 | 2 | # of units in Project |
| 2 | 2 | # of units in Project |
| 2 | 1 | # of units in Project |

 *\*Applicant should list all bedroom/bathroom ratios applicable to the Project.*

**3.04 Scattered Site Information**

Applicant should provide the information below, if applicable, to provide the GLO with all relevant information related to a Project proposed on scattered sites. Additional information may be requested, if deemed necessary by the GLO.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 11 Digit Census Tract Number | Legal (Lot, Block, Subdivision) | Address (Street Number and Name) | Acres (Decimal Out to 4 Places) | No. of Units on This Lot | Bldg. Type(s) (SFR, 2plex, 3plex, 4plex, 5plex, etc.) | Contract Grantor & Grantee |
| 1 |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |
| 7 |       |       |       |       |       |       |       |
| 8 |       |       |       |       |       |       |       |
| 9 |       |       |       |       |       |       |       |
| 10 |       |       |       |       |       |       |       |
| 11 |       |       |       |       |       |       |       |
| 12 |       |       |       |       |       |       |       |
| 13 |       |       |       |       |       |       |       |
| 14 |       |       |       |       |       |       |       |
| 15 |       |       |       |       |       |       |       |
| 16 |       |       |       |       |       |       |       |
| 17 |       |       |       |       |       |       |       |
| 18 |       |       |       |       |       |       |       |
| 19 |       |       |       |       |       |       |       |
| 20 |       |       |       |       |       |       |       |
| 21 |       |       |       |       |       |       |       |
| 22 |       |       |       |       |       |       |       |
| 23 |       |       |       |       |       |       |       |
| 24 |       |       |       |       |       |       |       |
| 25 |       |       |       |       |       |       |       |
| 26 |       |       |       |       |       |       |       |

**3.05 Development and Unit Amenities**

Applicant should check all applicable amenities for the proposed Project.

1. **Unit Amenities and Quality. Select All That Apply:**

[ ]  Covered entries

[ ]  Nine-foot ceilings

[ ]  Microwave ovens

[ ]  Self-cleaning ovens

[ ]  Ceiling fixtures in all rooms

[ ]  Refrigerator with icemaker

[ ]  Laundry connections

[ ]  Storage room

[ ]  Laundry equipment (washers and dryers) in each individual unit

[ ]  Thirty-year architectural shingle roofing

[ ]  Covered patios/balconies

[ ]  Covered parking

[ ]  100% masonry on exterior

[ ]  Greater than 75% masonry

[ ]  Use of energy efficient alternative construction materials

[ ]  R-15 Walls / R-30 Ceilings (rating of wall system)

[ ]  14 SEER HVAC air conditioners, evaporative coolers, or radiant barrier in the attics

[ ]  High Speed Internet service to all Units at no cost to residents

[ ]  Fire Sprinklers in all Units

1. **Common Amenities. Select All That Apply:**

[ ]  Full perimeter fencing

[ ]  Controlled gate access

[ ]  Gazebo with sitting area

[ ]  Accessible walking/jogging path

[ ]  Community laundry room

[ ]  Barbecue grills and picnic tables

[ ]  Covered pavilion that includes barbecue grills and tables

[ ]  Swimming pool

[ ]  Furnished fitness center

[ ]  Equipped and functioning business center or equipped computer learning center

[ ]  Furnished community room

[ ]  Library

[ ]  Enclosed sun porch

[ ]  Service coordinator office

[ ]  Senior activity room

[ ]  Health screening room

[ ]  Secured entry

[ ]  Horseshoe pit, putting green or shuffleboard court

[ ]  Community dining room

[ ]  Children’s playscape(s) or Tot Lot(s)

[ ]  Sport court

[ ]  Furnished and staffed children’s activity center

[ ]  Community theater room

1. **Green Building Amenities. Select all that apply:**

[ ]  Green building amenities (indicate which below)

 [ ]  a. Evaporative coolers

[ ]  b. Passive solar heating/cooling

[ ]  c. Water conserving features

[ ]  d. Solar water heaters

[ ]  e. Irrigation and landscaping

[ ]  f. Sub-metered utility meters

[ ]  g. Energy Efficiency

[ ]  h. Thermally and draft efficient doors

[ ]  i. Photovoltaic panels for electricity

[ ]  j. Construction waste management

[ ]  k Recycling service provided throughout the compliance period

[ ]  l. Water permeable walkways

[ ]  m. Bamboo flooring, wool carpet, linoleum flooring; straw board, poplar OSB; or cotton batt insulation

**3.06 Annual Operating Expenses and Proforma**

(a) Annual Operating Expenses

Applicant must provide the projected annual operating expenses of the Project which should account for, at a minimum, staff payroll, utility costs, relevant taxes, maintenance costs, and other any other foreseeable relevant expense.

Applicant should complete the ‘*Annual Operating Expenses’* tab of **Attachment A** to provide the information requested. The GLO may, at its discretion, request additional documentation.

1. Operating Proforma

Applicant must provide an operating proforma to include the annual projected income and expenses for the Project over a thirty (30) year period. This document must, at a minimum, account for an annual 1% increase in income and an annual 2% increase in expenses.

Applicant should complete *‘Thirty Year Proforma’* tab of **Attachment A** to provide the information requested. The GLO may, in its discretion, request additional documentation.

**3.07 Utility Allowance**

Applicant must provide a detailed narrative of which method or model it will use to calculate the amount deemed necessary to cover residents’ reasonable utility costs. These cost, known as the utility allowance, should estimate the expenses associated with, if applicable, unit usage of electricity, natural gas, propane, fuel oil, wood or coal, water and sewage service, and garbage collection.

Applicant should complete the *‘Utility Allowance’* tab of **Attachment A** to provide the information requested. The GLO may, in its discretion, request additional documentation.

**3.08 Disaster Recovery Supportive Services**

Applicant should indicate all support services, if applicable, that will be provided to tenants of the Project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) Will supportive services be provided to tenants? | [ ]  Yes [ ]  No | Services will be: | [ ]  Mandatory [ ]  Optional |  |
| (b) Cost of the services included in rent? | [ ]  Yes [ ]  No | If “No”, the estimated monthly tenant expense is: | $      |  |
| (c) Description of services: |        |  |
| (d) Name of Service Provider: |        |  |
| (e) Contact Name: |        |  | Phone: | (   )    -     |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
|  |  |  |  |  |

**3.09 Rehabilitation-Specific**

1. **Rent Roll Information**

For the rehabilitation of rental developments, a current rent roll is required. The rent roll must be dated not more than six months prior to the first day of the Application acceptance period. It should generally disclose the terms and rate of all leases and holdovers as of the date of the rent role. At a minimum, it should include: the unit number, the unit type (number of bedrooms, baths and size of the unit), the tenant’s name if occupied or “vacant” if not occupied, date current tenant moved in or, if vacant, the date the last tenant moved out, date of lease expiration, the monthly rent amount stated on the lease, the monthly rent amount paid by the tenant (i.e. net of concessions or subsidy).

Applicant should complete the *‘Rent Schedule’* tab of **Attachment A** to provide the information requested. The GLO may, at its discretion, request additional documentation

1. **Existing Low-Income Use Restrictions Or Existing Subsidies On Housing Rehabilitation Activities**
2. Is the existing property subject to low-income use restrictions or receiving subsidies from a local, state or federal source? [ ]  Yes [ ]  No
3. If “Yes”, will the continued operation of this property with low-income use restrictions be placed at risk without the award of the requested funds? [ ]  Yes [ ]  No

*If the answer to either question above is “Yes”, Applicant should attach a thorough description of the restrictions or subsidies to this MUA. At a minimum, the attachment should describe the source, terms, length of restriction period, and explain how the award of GLO funds will help preserve the unit affordability.*

1. Is temporary relocation of a current tenant(s) anticipated during the rehabilitation period? [ ]  Yes [ ]  No
2. Is permanent relocation of a current tenant(s) anticipated during or after the rehabilitation period?

[ ]  Yes [ ]  No

**If the answer to either of the previous two questions is “Yes”, then Applicant must attach a relocation plan that complies with the regulations presented in the Uniform Relocation Act found at 49 C.F.R. Part 24.**

**IV. Other Project-Specific Requirements**

**4.01 Scope of Work**

Applicant must provide a detailed scope of work detailing the duties, activities, and responsibilities related to any applicable pre-development, development, design coordination, and construction of the Project.

Although no specific form is required under this MUA, the GLO expects Applicants to provide a scope of work that aligns with current construction industry practices. The GLO may, in its discretion, request additional document and further clarification of any scopes of work provided under this section.

**4.02 Phase I Environmental Assessment**

Applicant must provide a Phase I Environmental Assessment, in accordance with 24 C.F.R. Part 58. The environmental review must, by law, include an evaluation of the previous uses of the site or other evidence of contamination on or near the site. Required environmental assessments work to ensure that the occupants of the proposed Project site are not adversely affected by any identified hazards.

**4.03 Duplication of Benefits Documentation**

Federal law prohibits a person, household, business, government, or other entity from receiving financial assistance from multiple sources for the same purpose. To prevent a duplication of benefits, Applicant must provide a complete the Duplication of Benefits (DOB) Calculation Form found located on the GLO’s website at:

 <https://recovery.texas.gov/files/programs/affordable-rental/set-up-documents/4.-duplication-of-benefits-dob-calculation-form.pdf>

**V. Financing Participants**

Applicant should provide the requested information below, in conjunction with the *‘Summary of Sources and Uses’* tab of **Attachment A**, for all current and proposed non-GLO financing sources. Use additional sheets if necessary and/or attach a written narrative to further describe any funding source other than grants, loans or equity described herein. A copy of the commitment letter for each funding source confirming the elements below should be attached, if applicable. ‘’tab

**Subsequent changes to the proposed financing participants require GLO written consent.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Source #:** |    | Amount: | $       | [ ]  Interim [ ]  Permanent [ ]  Equity | Commitment Date |   /  /   |  |
|  |
| Source Name: |        | Contact Name: |        |
|  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
|  |
| Phone: | (   )    -     | Fax: | (   )    -     |  |  |  |
|  |
| Level of Commitment: | [ ]  Closed [ ]  Firm [ ]  Conditional [ ]  Letter of Interest [ ]  Other: | (Describe) |  |
|  |  |
| [ ]  **Grant** | Terms: |       |  |
|  |  |
| [ ]  **Loan** | [ ]  Recourse [ ]  Non-Recourse | Amortization Term: |     yrs | Repayment Term: |     yrs |  |
|  |
|  | Interest Rate: |       % | [ ]  Fixed [ ]  Adjustable [ ]  Floating |
|  |
|  | Rate Index: |       | Annual Payment | $       | Lien Priority |       |  |
|  |
| [ ]  **Syndication** | Tax Credits Estimate: | $       | Syndication Factor: | $       Per Credit Dollar |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Source #:** |    | Amount: | $       | [ ]  Interim [ ]  Permanent [ ]  Equity | Commitment Date |   /  /   |  |
|  |
| Source Name: |        | Contact Name: |        |
|  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
|  |
| Phone: | (   )    -     | Fax: | (   )    -     |  |  |  |
|  |
| Level of Commitment: | [ ]  Closed [ ]  Firm [ ]  Conditional [ ]  Letter of Interest [ ]  Other: | (Describe) |  |
|  |  |
| [ ]  **Grant** | Terms: |       |  |
|  |  |
| [ ]  **Loan** | [ ]  Recourse [ ]  Non-Recourse | Amortization Term: |     yrs | Repayment Term: |     yrs |  |
|  |
|  | Interest Rate: |       % | [ ]  Fixed [ ]  Adjustable [ ]  Floating |
|  |
|  | Rate Index: |       | Annual Payment | $       | Lien Priority |       |  |
|  |
| [ ]  **Syndication** | Tax Credits Estimate: | $       | Syndication Factor: | $       Per Credit Dollar |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Source #:** |    | Amount: | $       | [ ]  Interim [ ]  Permanent [ ]  Equity | Commitment Date |   /  /   |  |
|  |
| Source Name: |        | Contact Name: |        |
|  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
|  |
| Phone: | (   )    -     | Fax: | (   )    -     |  |  |  |
|  |
| Level of Commitment: | [ ]  Closed [ ]  Firm [ ]  Conditional [ ]  Letter of Interest [ ]  Other: | (Describe) |  |
|  |  |
| [ ]  **Grant** | Terms: |       |  |
|  |  |
| [ ]  **Loan** | [ ]  Recourse [ ]  Non-Recourse | Amortization Term: |     yrs | Repayment Term: |     yrs |  |
|  |
|  | Interest Rate: |       % | [ ]  Fixed [ ]  Adjustable [ ]  Floating |
|  |
|  | Rate Index: |       | Annual Payment | $       | Lien Priority |       |  |
|  |
| [ ]  **Syndication** | Tax Credits Estimate: | $       | Syndication Factor: | $       Per Credit Dollar |
|  |  |  |

**VI. Application Participants, Ownership Chart, Unique Identifier, and Special Interests**

## 6.01 Application Participants

***Applicants should note that subsequent changes to the ownership structure presented in this section must be expressly approved, in writing, by the GLO. It is the intent of the GLO, should an award be made, to execute relevant contract documents with the listed Applicant only.***

The purpose of this Article VI, and its subsections, is to identify and describe the organizations and persons that will own, control and benefit from the Application activity to be funded with GLO assistance. The Applicant’s ownership structure must be reported down to the level of the individual Principals (natural persons) and outlined in accordance with Section 6.02 below

Persons that will exercise control over a partnership, corporation, limited liability company, trust, or any other private entity should be included in the organizational chart. Nonprofit entities, public housing authorities, publicly traded corporations, individual board members, and executive directors must be included in this section. In the case of:

* Partnerships – Principals include all general Partners and Special LPs (any LP that is not the Syndicator is a “Special LP”).
* Corporations – Principals include the executive director and all members of the board (shown with “0%” ownership as applicable). For to-be-formed instrumentalities of PHAs, where the executive director and board remain to be determined, include the PHA, itself, and its members.
* Limited liability companies – Principals include all the managing member and all other members.

## 6.02 Ownership Chart

To assist the GLO in its analysis of the Applicant’s ownership structure and financial solvency, all Applicants must provide a **chart of the Development Owner and other charts, as applicable, of special interests**, including the organizations and persons that comprise the **Developer, Guarantors and any organizations and/or persons that will receive more than 10% of the developer fee.** The charts must clearly illustrate the complete structure of the subject organization by providing the names and ownership percentages of all applicable entities as identified above. The percentage ownership of all organizations and natural persons in control of these entities and sub entities must also be clearly defined.

An example of an acceptable chart is presented below:

Applicant

Organization 1

1%

Limited Partner/Syndicator

99%

Org. 1.1

49%

Org. 1.2

51%

Principal 1, Org. 1.1

President, 85%

Principal 2, Org. 1.1

V.P., 10%

Principal 3, Org. 1.1

Treasurer, 5%

Board President, Org. 1.2

Board Member, Org. 1.2

V.P., 49%

Information about **Organizations** that will own or control the Applicant or other related organizations will be provided in Part “B. List of Organizations with an Ownership or Special Interest in the Applicant.” Information for Persons that directly own or control the Applicant will also be provided in that form.

Note that the **percentage** refers to the entity to which the Person is directly connected, not to the whole development owner. The percentage will also be provided in “Part C, List of Principals of Organizations with an Ownership or Special Interest in the Applicant.”

Executive Director, Org. 1.2

Information about individual Board members and the Executive Director of **Nonprofit Organizations** and **Government Instrumentalities** will be provided here and in “Part C, List of Principals of Organizations with an Ownership or Special Interest in the Applicant.”

Information about **Persons (Principals)** that will own or control the Organizations will be provided in “Part C, List of Principals of Organizations with an Ownership or Special Interest in the Applicant.”

Applicant

Organization 1

1%

Limited Partner/Syndicator

99%

Org. 1.1

49%

Org. 1.2

51%

Principal 1, Org. 1.1

President, 85%

Principal 2, Org. 1.1

V.P., 10%

Principal 3, Org. 1.1

Treasurer, 5%

Board President, Org. 1.2, 0%

Board Member, Org. 1.2, 0%

Information about **Organizations** that will own or control the Applicant or other related organizations will be provided in Part “B. List of Organizations with an Ownership Special Interest in the Applicant.” Information for Persons that directly own or control the Applicant will also be provided in that form.

Note that the **percentage** refers to the entity to which the Person is directly connected, not to the whole development owner.

Information about **Persons** (Principals) that will own or control the Organizations will be provided in “Part C. List of Principals of Organizations with an Ownership or Special Interest in the Applicant.”

Executive Director, Org. 1.2, 0%

Information about the Board Members and Executive Director of **Nonprofit Organizations** and **Government Instrumentalities** will be provided here and in “Part C. List of Principals of Organizations with an Ownership or Special Interest in the Applicant.”

**6.03 Applicant Unique Identifier**

**(DO NOT INCLUDE IN ELECTRONIC SUBMISSION)**

So that GLO may effectively review Applications to establish that all participants are eligible under program rules, a unique identifier must be provided for the Applicant and organizations with an ownership interest or special interest in the Applicant. Applicable special interests include developers, guarantors and recipients of more than 10% of the developer fee. Natural persons with direct ownership in the development owner (rather than ownership in an owner of the development owner) must be on the form. For nonprofit organizations, governmental entities such as public housing authorities, and publicly traded companies, the executive directors and board members must be included on the form. In general, the form is meant to include all parties that are required to be listed on the preceding organizational charts.

The information provided in this section may be deemed confidential and other submitted information shall be presumed to be subject to disclosure unless a specific exception to disclosure under the PIA applies. If it is necessary for Applicant to include proprietary or otherwise confidential information in its Solicitation Response or other submitted information, Applicant must clearly label that proprietary or confidential information and identify the specific exception to disclosure of that information in the PIA. Merely making a blanket claim that all information provided under this section is protected from disclosure because it contains some proprietary information is not acceptable. In order to trigger the process of seeking an Attorney General opinion on the release of proprietary or confidential information, the specific provisions of the MUA that the Applicant considers proprietary or confidential must be clearly labeled as described above. Any information which is not clearly identified as proprietary or confidential shall be deemed to be subject to disclosure pursuant to the PIA, except as provided by law.

1. Applicant Information

|  |  |
| --- | --- |
| Legal Name of Applicant |  |
| Federal Tax Payer Identification or Social Security Number |  |

1. Organizations and Principals

The purpose of this section is to identify and describe the organizations and persons that must be listed on the preceding organizational charts because they will own, control and/or benefit from the Application activity to be funded with GLO assistance.

|  |  |  |
| --- | --- | --- |
| Legal Name of Organization with Ownership or Special Interest in the Applicant (Including Developer, Guarantor, & Recipient of more than 10% of Developer Fee) | Legal name of Principals of Organizations with an Ownership or Special Interest in the Applicant | Federal Tax Payer Identification Number or Social Security Number |
| Organization 1.1 | (Leave blank if space to left is not blank) | 123-456-7890 |
|  | Principal 1 of Organization 1.1 | 321-456-7890 |
|  | Principal 2 of Organization 1.1 | 231-456-7890 |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
|       |       |       |
|       |       |       |
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|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

1. Development Team Members

The purpose of this section is to identify and describe the parties that must be listed on the preceding because they will play some role in the development of the Project to be funded with GLO assistance.

|  |  |  |
| --- | --- | --- |
| Development Team Members | Legal Name | Federal Tax Payer Identification Number or Social Security Number |
| Developer: |       |       |
| Housing General Contractor: |       |       |
| Infrastructure General Contractor: |       |       |
| Cost Estimator: |       |       |
| Architect: |       |       |
| Engineer: |       |       |
| Market Analyst: |       |       |
| Appraiser: |       |       |
| Attorney: |       |       |
| Accountant: |       |       |
| Property Manager: |       |       |
| Originator or Underwriter: |       |       |
| Syndicator: |       |       |
| Support Service Provider: |       |       |
| Support Service Provider: |       |       |
| Application Consultant or Admin. Agent: |       |       |
| Other: |       |       |
| Other: |       |       |
| Other: |       |       |

*\*Additional pages of this form can be found at the “2018 Additional Forms” link on the GLO’s website.*

**6.04 Special Interests Identification**

1. Provide the requested information for all partnerships, corporations, limited liability companies, trusts, or any other public or private entity and their Affiliates[[1]](#footnote-1) that will have an ownership or special interest in or that will exercise control over the Applicant. Organizations that own or control other organizations should also be identified until the only remaining sub-entity would be natural persons. Organizations that are Developers and/or guarantors must also be listed below as must any organization (and natural person whose ownership interest in an applicable entity is direct instead of via membership in an organization) that will receive more than 10% of the developer fee.

|  |  |  |
| --- | --- | --- |
| Organization Legal Name: |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |
|  |  |
| Name(s) and Ownership % of Entities the Organization Owns or Controls: |  |
|  |        |      % |
|  |  |
| Is Organization legally formed? | [ ] Yes [ ] No | Date of formation: |        |
| Legal Form of Organization is or will be (mark all that apply): |  |  |  |
| [ ]  For-profit Corporation | [ ]  Nonprofit Corporation | [ ]  General Partnership | [ ]  Limited Partnership |
| [ ]  Limited Liability Company | [ ]  Unit of Local Government | [ ]  Housing Authority | [ ]  Individual/DBA |
|  |
| Other Designations (mark all that apply): |
| [ ]  Historically Underutilized Business | [ ]  Federal Tax Exemption | [ ]  Community Housing Development Org. |

|  |  |  |
| --- | --- | --- |
| Organization Legal Name: |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |
|  |  |
| Name(s) and Ownership % of Entities the Organization Owns or Controls: |  |
|  |        |      % |
|  |  |
| Is Organization legally formed? | [ ] Yes [ ] No | Date of formation: |        |
| Legal Form of Organization is or will be (mark all that apply): |  |  |  |
| [ ]  For-profit Corporation | [ ]  Nonprofit Corporation | [ ]  General Partnership | [ ]  Limited Partnership |
| [ ]  Limited Liability Company | [ ]  Unit of Local Government | [ ]  Housing Authority | [ ]  Individual/DBA |
|  |
| Other Designations (mark all that apply): |
| [ ]  Historically Underutilized Business | [ ]  Federal Tax Exemption | [ ]  Community Housing Development Org. |

|  |  |  |
| --- | --- | --- |
| Organization Legal Name: |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |
|  |  |
| Name(s) and Ownership % of Entities the Organization Owns or Controls: |  |
|  |        |      % |
|  |  |
| Is Organization legally formed? | [ ] Yes [ ] No | Date of formation: |        |
| Legal Form of Organization is or will be (mark all that apply): |  |  |  |
| [ ]  For-profit Corporation | [ ]  Nonprofit Corporation | [ ]  General Partnership | [ ]  Limited Partnership |
| [ ]  Limited Liability Company | [ ]  Unit of Local Government | [ ]  Housing Authority | [ ]  Individual/DBA |
|  |
| Other Designations (mark all that apply): |
| [ ]  Historically Underutilized Business | [ ]  Federal Tax Exemption | [ ]  Community Housing Development Org. |

1. Provide the information for all **organizations and natural persons** with an ownership or special interest in the development owner, developer, or guarantor or that will receive more then 10% of the developer fee. This information must also include the executive directors and board members of nonprofits, corporations and government instrumentalities (even if the executives and board members own “0%” of the organization.) **Note:** you must submit *the information required under the Section X* for each person/entity identified as having previous participation on this form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization Name: | Principal Name: | Role/Title | % Interest in the Org. | **Principal has Previous Participation with Funding from GLO**: |
| Organization 1.1 | (Blank if space to left is not blank) | Development Owner | 100% | [ ]  Yes [ ]  No |
|  |  |  |  |  |
|  | Principal 1 | General Partner | 100% | [ ]  Yes [ ]  No |
| Organization 1.2 (the GP, e.g. a non profit) | (Blank if space to left is not blank) | General Partner | 100% | [ ]  Yes [ ]  No |
|  | Principal 1 | Executive Director | 0% | [ ]  Yes [ ]  No |
|  | Principal 2 | Board Member | 0% | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |
|       |       |       |       | [ ]  Yes [ ]  No |

**VII. Development Team Member Information**

Provide all requested information and documentation on all known development team members. Additionally, the ‘Other’ category should be used to list all known development team members identified in Section 6.03(c). If it is anticipated that a development team category will not be utilized, please indicate “N/A”.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Developer Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members[[2]](#footnote-2)\* | [ ]  Yes [ ]  No |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Housing General Contractor Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Infrastructure General Contractor Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Cost Estimator Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Architect Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Engineer Name** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Market Analyst Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members[[3]](#footnote-3)\* | [ ]  Yes [ ]  No |
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| **Appraiser Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Attorney Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Accountant Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Property Manager Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Originator or Underwriter Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Syndicator Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Supportive Service Provider Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members[[4]](#footnote-4)\* | [ ]  Yes [ ]  No |
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| **Supportive Service Provider Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Supportive Service Provider Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Application Consultant or Admin Agent Name:** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Other (Describe):** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| **Other (Describe):** |        |  |
| Contact Name: |        |  |
| Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Fax: | (   )    -     | Email: |        |  |
| Proposed Fee: | $       |  | Entity is a certified Texas HUB? | [ ]  Yes [ ]  No |
| This is a direct or indirect, financial, or other interest with Applicant or other team members\* | [ ]  Yes [ ]  No |
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| --- | --- | --- | --- | --- | --- | --- |
|  | *Signature of Applicant/Owner* |  | *Date* |  |  |  |

**VIII. Nonprofit Organizations**

Only nonprofit organizations should complete this section. All nonprofit Applicants or principals must complete this form without regard to their level of ownership or the set-aside under which the Application was made.

**8.01 Organization Certification**

1. **Organization Certification**

Organization Name:

1. Legal Status:

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| --- | --- | --- | --- | --- |
|  | [ ]  501(c)(3) | [ ]  501 (c)(4) | [ ]  tax-exempt under 501(a) |  |
|  | [ ]  PHA | [ ]  other (specify):        |  |

1. Date of legal formation of Nonprofit Organization:   /  /
2. Is the Applicant comprised of a joint venture between a Nonprofit Organization and for-profit entity? [ ]  Yes [ ]  No
3. If “Yes”, will this nonprofit organization control the Applicant? [ ]  Yes [ ]  No
4. What is the ownership percentage of this nonprofit organization?
5. Describe the nonprofit’s participation as part of the Applicant:
6. Describe the nonprofit’s participation in the operation of the development throughout the compliance and/or extended use period:
7. Does the nonprofit have prior experience in owning, managing or developing affordable housing?

 [ ]  Yes [ ]  No

1. If “Yes”, describe such experience:
2. If the nonprofit will participate through a related subsidiary entity, provide the name of such entity:

Subsidiary Entity Name:

1. Legal Status:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | [ ]  501(c)(3) | [ ]  501 (c)(4) | [ ]  tax-exempt under 501(a) |  |
|  | [ ]  PHA | [ ]  other (specify):        |  |

1. Is the nonprofit (or related subsidiary entity) assured of owning an interest in the development throughout the compliance period? [ ]  Yes [ ]  No
2. Will the nonprofit be contributing funds to the development? [ ]  Yes [ ]  No
3. If “Yes”, explain:
4. Will the nonprofit receive any part of the development or management fees paid in connection with the development? [ ]  Yes [ ]  No
5. If “Yes”, explain:
6. How many full time staff members does the nonprofit have?
7. How many of them will substantially participate in the proposed development?
8. Describe their activities:
9. Has any for-profit entity (including the owner of the development or any entity directly or indirectly related to such owner) appointed any directors to the governing board of the nonprofit? [ ]  [ ] Yes [ ]  [ ]  No
10. If “Yes”, explain:
11. Does the nonprofit have any financial arrangements with an individual(s) or for-profit entity including anyone or any entity related directly or indirectly to the owner of development? [ ]  Yes [ ]  No
12. If “Yes”, explain:

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| --- | --- |
| Initial: |       |

1. Disclose any personal (including family) relationships that any of the staff members, directors or other principals involved in the formation or operation of the non-profit have, either directly or indirectly, with any persons or entities involved or to be involved in the development on a for-profit basis including, but not limited to, the owner of the development, any of its for-profit general partners, employees, limited partners or any other parties directly or indirectly related to such owner:
2. Was this organization formed by any individuals or for profit entities for the principal purposes of meeting set aside requirements or scoring preferences associated with this Application? [ ]  Yes [ ]  No
3. Purpose(s) of formation of nonprofit:

 **For Community Housing Development Organizations Only**

1. Do the members of this organization’s Board of Directors serve in a voluntary capacity and receive no compensation, other than reimbursement for expenses for their services, and the nonprofit organization operates in a manner so that no part of its net earnings inures benefit of any individual, corporation, or other entity? [ ]  Yes [ ]  No

The undersigned Applicant and nonprofit entity hereby certify that, to the best of its knowledge, all of the forgoing information is correct, complete and accurate.[[5]](#footnote-5)

**Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. §287, §1001, and 31 U.S.C. §3729.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |       |  |  |       |
|  | *Applicant/Owner Name* |  |  | *Nonprofit Name* |

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| --- | --- | --- | --- | --- |
| By: |       |  | By: |       |
|  | *Authorized Signature* |  |  | *Authorized Signature* |
|  |  |  |  |  |
| Name: |        |  | Name: |        |
| Title: |        |  | Title: |        |
| Date: |   /  /   |  | Date: |   /  /   |

**8.02 List of Board Members, Directors, and Officers**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name: |        | Title: |        |  |
| Home Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Ext: |       | Fax: | (   )    -     |  |
| Occupation: |        |  |
| Does the individual (check all that apply): |  |  |
|  | (1) serve as a private individual acting in a private capacity?[[6]](#footnote-6) [ ]  Yes [ ]  No |  |  |
|  | (2) have a relationship, as Affiliate or otherwise, w/members of the Applicant or Development team?[[7]](#footnote-7) [ ]  Yes [ ]  No |
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| Name: |        | Title: |        |  |
| Home Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Ext: |       | Fax: | (   )    -     |  |
| Occupation: |        |  |
| Does the individual (check all that apply): |  |  |
|  | (1) serve as a private individual acting in a private capacity? [ ]  Yes [ ]  No |  |  |
|  | (2) have a relationship, as Affiliate or otherwise, w/members of the Applicant or Development team? [ ]  Yes [ ]  No |
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| Name: |        | Title: |        |  |
| Home Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Ext: |       | Fax: | (   )    -     |  |
| Occupation: |        |  |
| Does the individual (check all that apply): |  |  |
|  | (1) serve as a private individual acting in a private capacity? [ ]  Yes [ ]  No |  |  |
|  | (2) have a relationship, as Affiliate or otherwise, w/members of the Applicant or Development team? [ ]  Yes [ ]  No |
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|  |  |  |
| Name: |        | Title: |        |  |
| Home Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Ext:: |       | Fax: | (   )    -     |  |
| Occupation: |        |  |
| Does the individual (check all that apply): |  |  |
|  | (1) serve as a private individual acting in a private capacity? [ ]  Yes [ ]  No |  |  |
|  | (2) have a relationship, as Affiliate or otherwise, w/members of the Applicant or Development team? [ ]  Yes [ ]  No |
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| --- | --- | --- |
|  |  |  |
| Name: |        | Title: |        |  |
| Home Address: |        | City: |        | State: |    | ZIP: |       |  |
| Phone: | (   )    -     | Ext:: |       | Fax: | (   )    -     |  |
| Occupation: |        |  |
| Does the individual (check all that apply): |  |  |
|  | (1) serve as a private individual acting in a private capacity? [ ]  Yes [ ]  No |  |  |
|  | (2) have a relationship, as Affiliate or otherwise, w/members of the Applicant or Development team? [ ]  Yes [ ]  No |
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| By: |       |  |       |  | Its: |       |
|  | *Signature of Applicant/Owner* |  | *Date* |  |  |  |

**IX. Certification Of Principals**

*This certification must be signed and filed* ***by each natural person and by an authorized person on behalf of each organization*** *that, either directly or through ownership of an intermediary organization, is the Applicant, will have an ownership interest in the Development Owner, Developer, Guarantor or any organization, that will receive more than 10% of the developer fee, or that, directly, will receive more than 10% of the developer fee. For nonprofit organizations, government instrumentalities and publicly traded corporations,* ***the executive director and members of the board must sign even if such persons have no ownership****.*

I hereby apply to the Texas General Land Office for approval to participate in the Application activity as a Principal of the Applicant. I certify that all statements made by me in the Section VI of this MUA and related exhibits are true, complete, and correct and are made in good faith. I further certify that to the best of my knowledge none of the following violations has occurred that would otherwise cause the Applicant and any MUAs they have submitted to be ineligible:

1. The applicant, development owner, or developer is an administrator of a previously funded contract for which State funds have been partially or fully de-obligated due to failure to meet contractual obligations during the 12 months prior to application submission date, unless the de-obligation was voluntary and approved by the GLO prior to the contract term expiration date or the de-obligated amounts were excess funds remaining on a completed Contract;
2. The applicant, development owner, or developer has failed to submit a response to provide an explanation, evidence of corrective action or a payment of disallowed costs or fees as a result of a monitoring review;
3. The applicant, development owner, or developer has failed to make timely payment or is delinquent on any loans or fee commitments made to the State of Texas on the date of the MUA submission;
4. The applicant, development owner, or developer has been or is barred, suspended, or terminated from procurement in a state or federal program or listed in the List of Parties Excluded from Federal Procurement or Non-Procurement Programs or has otherwise been debarred by HUD or the State of Texas;
5. The applicant, development owner, or developer per has violated the “State’s revolving door policy;
6. The applicant, development owner, or developer has been convicted of a state or federal felony crime involving fraud, bribery, theft, misrepresentation of material fact, misappropriation of funds, or other similar criminal offenses within fifteen years preceding the Application deadline;
7. The applicant, development owner, or developer at the time of Application submission is:
8. subject to an enforcement or disciplinary action under state or federal securities law or by the NASD;
9. subject to a federal tax lien;
10. or is the subject of an enforcement proceeding with any governmental entity;
11. The applicant, development owner, or developer with any past due audits has not submitted those past due audits to the required agency in a satisfactory format on or before the MUA;
12. The submitted MUA has an entire volume of the MUA missing; has excessive omissions of documentation from the Threshold Criteria or Uniform Application documentation; or is so unclear, disjointed, or incomplete that a thorough review cannot reasonably be performed by the Agency, as determined by the Agency. If an Application is determined ineligible pursuant to this section, the Application will be terminated without being processed as an Administrative Deficiency. To the extent that a review was able to be performed, specific reasons for the Agency’s determination of ineligibility will be included in the termination letter to the Application;
13. The applicant, development owner, or developer or anyone that has controlling ownership interest in the development owner, or developer that is active in the ownership or control of one or more other rent restricted rental housing properties in the State of Texas administered by the Agency is in Material Noncompliance with the Land Use Restriction Agreement (“LURA”); and
14. Any MUA that includes financial participation by a person who, during the five year period preceding the date of the bid or award, has been convicted of violation a federal law in connection with a contract awarded by the federal government for relief, recovery, or Reconstruction efforts as a result of Hurricanes Dolly and/or Ike or Katrina or any other disaster occurring after September 256, 2005 or was assessed a federal civil or administrative penalty in relation to such a contract.

**The Applicant hereby asserts that he has read and understands all the information contained in this section of the Application. By signing this document, Applicant is affirming that all statements made in this government document are true and correct.**

**Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. §287, §1001, and 31 U.S.C. §3729.**

*Entity/Person Represented by this form*

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| --- | --- | --- | --- | --- | --- | --- |
| By: |       |  |       |  | Its: |       |
|  | *Signature of Applicant/Owner/Authorized Person* |  | *Date* |  |  |  |

|  |  |
| --- | --- |
| STATE OF: |        |
| COUNTY OF: |        |

I, the undersigned, a notary public in and for said County, in said State, do hereby certify that
      , whose name is signed to the foregoing statement, and who is known to be one in the same, has acknowledged before me on this date, that being informed of the contents of this statement, executed the same voluntarily on the date same foregoing statement bears.

Given under my hand and official seal this     day of       ,      . (seal)

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|       |  |       |
| *Notary Public Signature* |  | *Commission Expires* |

List the “Applicant Legal Name” followed by the “Program Code” for each current or pending GLO Application in which this entity is a Principal. Use the following program codes: HOME Program = HM, Housing Trust Fund = HT, Housing Tax Credit = HTC, Office of Colonia Initiatives = OC, Tax-Exempt Private Activity Mortgage Revenue Bond = TP, 501 (c)(3) Tax-Exempt Mortgage Revenue Bond = TM:

# Previous Participation and Background Certification

All sections presented under this Article X must be completed by persons identified int his MUA to have ownership or exercise control over the completion of this Project or related support services. Persons who are otherwise included in the Applicant ownership chart required under Section 6.02 must also complete these sections.

Nonprofit entities, public housing authorities, and publicly traded corporations are required to submit documentation for the entities involved; documentation for individual board members and executive directors is also required for this section.

**If the person or entity has previous experience** **with GLO funding**, then this should be noted by checking the “Yes” box in in the form presented in Section 6.04(b). **If the person or entity has no previous experience with GLO funding**, then this should be noted by checking the “No” box, and responses under this Article X are not required.

**10.01 Previous Participation Certification**

Any Person receiving more than 10% of the Developer fee will also be required to submit documents for this section. Units of local government are also required to submit this document. All participation in any GLO funded or monitored activity, including non-housing activities, must be disclosed. Review the information for accuracy and full disclosure as incomplete forms or disclosure may result in disqualification of the Application or an administrative deficiency.

Entity/Person Printed Name:

List the “Applicant Legal Name” for each current or pending GLO Application of the Principal:

###  Experience with GLO Housing Construction/Rehab. Programs

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| GLO Activity ID #[[8]](#footnote-8) | Property Name | Property City | Total # of Units | HOME | HTF | HTC | Mort. Revenue Bonds | Other: Describe | Term of Participation or Contract Begin (mm/yy) | Term of Participation or Contract End (mm/yy) | Disclosure[[9]](#footnote-9) |
|       |       |       |       | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |   /   |   /   | [ ]  |
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**10.02 Background Certification**

Entity/Principal Printed Name:

List the “Applicant Legal Name” for each current or pending GLO Application of the Principal:

1. Experience with GLO Service-related Activities **(CDBG, Comprehensive Energy Assistance Program, Weatherization Assistance Program)**

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| GLO Activity ID #[[10]](#footnote-10) | Grantee, Contractor, or Sub-Recipient Name | Grantee, Contractor or Sub-Recipient City | Contract Amount | HOME | HTF |  | CSBG | CEAP | WAP | ENTERP | Other: Describe | Term of Participation or Contract Begin (mm/yy) | Term of Participation or Contract End (mm/yy) | Disclosure[[11]](#footnote-11) |
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**XI. Accessibility Certification Form**

(The development engineer, an accredited architect, or other GLO approved third-party accessibility specialist must complete this form.)

 **Units for Persons with Disabilities**

 I (We) certify that the Development will comply with the accessibility standards that are required under Section 504, Rehabilitation Act of 1973 (29 U.S.C. Section 794), and specified under 24 C.F.R. Part 8, Subpart C. This certification meets the requirement that the Applicant provide a certification from the Development engineer, an accredited architect or Department-approved third-party accessibility specialist, that the Development will comply with the accessibility standards that are required under Section 504, Rehabilitation Act of 1973 (29 U.S.C. Section 794), and specified under 24 C.F.R. Part 8, Subpart C and this subparagraph. Developments involving New Construction (not including non-residential buildings) where some units are two-stories or single family design and are normally exempt from Fair Housing accessibility requirements, a minimum of 20% of each Unit type (i.e. one bedroom, two bedroom, three bedroom) will provide an accessible entry level and all common-use facilities in compliance with the Fair Housing Guidelines, and include a minimum of one bedroom and one bathroom or powder room at the entry level. A similar certification will also be required after the development is completed from an inspector, architect, or accessibility specialist.

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| By: |       |  |       |  |       |
|  | *Signature of development engineer, architect or Department-approved third-party accessibility specialist* |  | *Engineer, Architect, or Accessibility Specialist?* |  | *Date* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |       |  |       |  |       |
|  | *Printed Name* |  | *Firm Name, if Applicable* |  | *Its* |

**Attached to this MUA:**

**Attachment A –** 2018/2019 Multifamily Uniform Application Packet

1. Affiliate – An individual, corporation, partnership, joint venture, limited liability company, trust, estate, association, cooperative or other organization or entity of any nature whatsoever that directly, or indirectly through one or more intermediaries, Controls, is Controlled by, or is under common Control with any other Person, and specifically shall include parents or subsidiaries. Affiliates also include General Partners, Special Limited Partners and Principals with an ownership interest. [↑](#footnote-ref-1)
2. [↑](#footnote-ref-2)
3. [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)
5. If different, both the nonprofit organization and the Applicant must sign. [↑](#footnote-ref-5)
6. An individual is considered to be acting in a private capacity if the individual is not an employee of a public body and is not being paid by a public body while performing functions in connection with the nonprofit organization. A public body is any state, city, county, town, township, village or other general purpose political subdivision of the state. [↑](#footnote-ref-6)
7. If “Yes”, attach explanation of such relationship to this form. [↑](#footnote-ref-7)
8. GLO Activity ID #: Final Development, Contract or Loan Number used by GLO to identify the development or activity. [↑](#footnote-ref-8)
9. Disclosure: Check the box if the development or activity has known past non-compliance or defaults, technical or otherwise. If disclosures exist, then provide on separate document a description of the issue and note whether it has been cured. Examples of disclosures include: defaults, mortgage relief, assignments, foreclosures, material/mechanic’s liens, legal action, issuance of IRS Form 8823, instances of non-compliance with local building codes or planning regulations, and other program findings of non-compliance. [↑](#footnote-ref-9)
10. GLO Activity ID #: Final Development, Contract or Loan Number used by GLO to identify the development or activity. [↑](#footnote-ref-10)
11. Disclosure: Check the box if the development or activity has known past non-compliance or defaults, technical or otherwise. If disclosures exist, then provide on separate document a description of the issue and note whether it has been cured. Examples of disclosures include: defaults, mortgage relief, assignments, foreclosures, material/mechanic’s liens, legal action, issuance of IRS Form 8823, instances of non-compliance with local building codes or planning regulations, and other program findings of non compliance. [↑](#footnote-ref-11)