



**BALTIMORE COUNTY, MARYLAND
APPLICATION FOR FINANCIAL ASSISTANCE**

Please complete all requested information.

1. DATE _____

2. APPLICANT INFORMATION:

NAME _____
 ADDRESS _____
 TELEPHONE _____
 EMAIL _____

TYPE OF ENTITY: **NON-PROFIT** **FOR-PROFIT** **INDIVIDUAL** **OTHER**

Please attach an organizational chart identifying all entity owners owners/applicants and their underlying owners, members, partners, or major shareholders.

3. COUNCILMANIC DISTRICT: _____ 4. LEGISLATIVE DISTRICT: _____

5. PURPOSE OF REQUEST: **NEW LOAN** **LOAN MODIFICATION** **LOAN SUBORDINATION**
 LETTER OF SUPPORT **PILOT** **REFINANCE** **OTHER**

6. PROPOSED USE OF REQUESTED FUNDS:

7a. ANTICIPATED CLOSING DATE: _____

7b. ANTICIPATED CONSTRUCTION/RENOVATION START DATE: _____

7c. ANTICIPATED COMPLETION DATE: _____

TOTAL PROJECT COST	AMOUNT REQUESTED FROM BALTIMORE COUNTY	OTHER FUNDING SOURCES	
		AMOUNT	BY SOURCE

9. LIST ALL COUNTY, FEDERAL, STATE AND OTHER GRANTS AND LOANS AWARDED TO THE APPLICANT IN THE CURRENT AND LAST TWO FISCAL YEARS. (FISCAL YEAR IS JULY 1 TO JUNE 30.) ATTACH A SEPARATE SCHEDULE, IF NECESSARY.

FISCAL YEAR	AMOUNT	TYPE OF GRANT OR LOAN

10a. IS THERE AN ANTICIPATED NEED FOR ADDITIONAL GRANT/LOAN FUNDS FROM THE COUNTY IN THIS OR FUTURE YEARS TO CONTINUE THE PROJECT OR THE APPLICANT'S OPERATIONS? YES NO

10b. IS THERE AN ANTICIPATED NEED FOR ADDITIONAL GRANT/LOAN FUNDS IN THE FUTURE TO WHICH THE COUNTY WILL BE EXPECTED TO SUBORDINATE AS LIEN POSITIONS OR COVENANTS? YES NO

10c. HAS THE APPLICANT APPLIED FOR OTHER GRANTS/LOANS FROM OTHER COUNTY AGENCIES THIS YEAR? IF YES, PLEASE DESCRIBE BELOW:

APPROXIMATE DATE	AMOUNT	TYPE OF REQUEST

11. WILL THE REQUESTED FUNDING BE USED TO PURCHASE, TO MAKE IMPROVEMENTS TO, OR BUY EQUIPMENT WHICH WILL BENEFIT REAL PROPERTY? YES NO

IF THIS IS A TAX CREDIT TRANSACTION, DOES THE DIRECTOR ANTICIPATE REGULATION DURING THE LOAN YEAR?
 YES NO

PROPERTY ADDRESS	PROPERTY OWNER

ATTACHMENTS (LIST) _____

12. IF THE APPLICANT IS OTHER THAN AN INDIVIDUAL, SUPPLY THE NAMES OF OFFICERS AND BOARD MEMBERS. IF THE APPLICANT IS A PARTNERSHIP OR CORPORATION, ALSO SUPPLY THE NAMES OF PARTNERS, SHAREHOLDERS OR MEMBERS. PROVIDE THIS INFORMATION AS AN ATTACHMENT IF NECESSARY.

_____	_____
_____	_____
_____	_____
_____	_____

13. LIST THE NAMES OF ANY CLOSELY RELATED ORGANIZATIONS AND ANY GRANTS OR LOANS AWARDED TO, OR APPLIED FOR, BY THE ORGANIZATIONS IN THE CURRENT OR LAST TWO FISCAL YEARS. (FOR EXAMPLE, A CLOSELY RELATED ORGANIZATION HAS THE SAME OFFICERS OR BOARD MEMBERS OR BOTH ORGANIZATIONS BELONG TO THE SAME PARENT.)

_____	_____
_____	_____
_____	_____

14. WILL THE APPLICANT SUPPLY IN-KIND SERVICES OR OTHER NON-CASH BENEFITS TO THE PROJECT? IF SO, DESCRIBE THE SERVICES OR BENEFITS AND HOW THE VALUE WAS CALCULATED.

SERVICES OR NON-CASH BENEFIT	HOW CALCULATED

15. WHAT IS THE POPULATION TO BE SERVED BY THE PROJECT? WHAT IS THE ANTICIPATED COMMUNITY BENEFIT?

16. HOW DID THE APPLICANT LEARN OF BALTIMORE COUNTY'S AVAILABLE GRANT AND LOAN PROGRAMS?

17. THIS APPLICATION INCLUDES ADDITIONAL INFORMATION INCLUDING PROJECT DESCRIPTION AND DEVELOPMENT TEAM NARRATIVE TEMPLATE, FORM 202, AND APPLICATION CHECKLIST. THE ADDITIONAL INFORMATION REQUIRED WITH THIS APPLICATION CAN BE ACCESSED FROM ATTACHMENTS TO THE AFFORDABLE HOUSING DEVELOPMENT GUIDE PROVIDED ON THE BALTIMORE COUNTY WEBSITE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

IN ADDITION, PLEASE REVIEW DHCD'S AFFORDABLE HOUSING DEVELOPMENT GUIDE FOR ADDITIONAL INFORMATION RELATED TO THIS APPLICATION FOR FINANCIAL ASSISTANCE.

I HEREBY CERTIFY THAT THE INFORMATION SUPPLIED IN THIS APPLICATION IS CORRECT AS OF THE DATE INDICATED, AND AGREE TO SUPPLEMENT THIS APPLICATION AS NECESSARY TO REFLECT ANY CHANGES IN THE INFORMATION SUPPLIED WHILE THE APPLICATION IS PENDING.

APPLICANT SIGNATURE

NAME

TITLE

DATE

FOR COUNTY USE ONLY: ARE THERE ANY CONDITIONS THE APPLICANT MUST SATISFY PRIOR TO CONSIDERATION OF THE FUNDING REQUEST? COUNTY AGENCY SUPPLYING THE FINANCIAL ASSISTANCE _____ ANTICIPATED SOURCE OF FUNDING _____ DATE, TIME AND PLACE OF AGENCY REVIEW _____
