



BORROWER CHECKLIST

Dear Borrower(s):

In order to complete your New Partners Loan Application, please submit copies of the items checked below. Thank you.

- Property Photograph** (one photograph showing the entire front of the property)
- Streetscape Photograph** (one photograph showing the property and the other buildings on the block surrounding it)
- Proposed Layouts for the Building** (if already prepared)*
- Deed or Contract of Sale** (copy)
- Mortgage(s) and Note(s)** if applicable (copy)
- Mortgage Statement** (copy of *most recent* statement)

A. If the building is currently owned by one or more individuals, copies of the two *most recent* (for each individual on the deed):

- Federal Tax Returns**
- State Tax Returns**
- W-2 Forms**

OR

B. If the building is currently owned by an entity, financial statements for the entity prepared by an accountant:

- Balance Sheet and Statement of Operations** (currently dated)
- Federal Tax Return** (signed copy of the entity's *most recent* tax return filed with the I.R.S.)
- Certificate of Incorporation** (if a corporate applicant), or **Partnership Agreement** (if a partnership applicant)
- Filing Receipt** (for corporation)
- Personal Financial Statement** (two most recent tax returns and listing of assets/liabilities for all partners or principals)

Bank and Brokerage Statements for corporation or individual owner:

- Savings Account**
- Securities Account**
- IRA**
- Insured Market Rate Account**
- CD's**

Timely receipt of these items will help us to process your application. Thank you for your cooperation. Sincerely,

Loan Consultant

Date

Telephone Number

* If you have not yet hired an architect, please contact HPD's Small Buildings Unit at 212-863-6417 for further information.



For Agency Use Only

Date Received: _____

Non-Profit Referral:

Yes ___ No ___

NEW PARTNERS LOAN APPLICATION

I. APPLICANT INFORMATION

Please refer to the Definition Sheet (p. 13) for any terms on the application that require clarification

A. APPLICANT

B. CO-APPLICANT

Name: _____

Name: _____

Present Address:

Present Address:

Street: _____ Apt. _____

Street: _____ Apt. _____

City/State/Zip: _____

City/State/Zip: _____

Years at Address: _____

Years at Address: _____

Own Rent

Own Rent

Home Phone: (____) _____

Home Phone: (____) _____

Cell Phone: (____) _____

Cell Phone: (____) _____

Email Address: _____

Email Address: _____

Date of Birth: ____/____/____

Date of Birth: ____/____/____

Social Security #: _____

Social Security #: _____

Employment:

Employment:

Are you self-employed? Yes No

Are you self-employed? Yes No

If yes, company name: _____

If yes, company name: _____

If no:

If no:

Employer's Name: _____

Employer's Name: _____

Employer's Address: _____

Employer's Address: _____

Work Phone: _____

Work Phone: _____

How long have you worked there?

How long have you worked there?

Years _____ Months _____

Years _____ Months _____

Your position: _____

Your position: _____

C. NON-PROFIT PARTNER

1. Contact Information

Name of Organization: _____

Executive Director: _____

Contact Person: _____

Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

2. What role does the non-profit anticipate playing in this project? _____

D. BORROWER(S)

1. The Borrower(s) is:

Individual Limited Partnership General Partnership
 Limited Liability Corporation Other (specify) _____

2. Borrower Information for Partnerships and Corporations:

For Partnerships Only:

Name of Partnership: _____

Principal Business of Partnership: _____

Address: _____ Telephone: _____

For Corporations Only:

Name of Corporation: _____

Address: _____ Telephone: _____

Date of Incorp: _____ State of Incorp: _____

3. Will a new entity be formed for this project? Yes No

4. If yes, what type?

Limited Partnership General Partnership HDFC
 Limited Liability Corporation Other (specify) _____

Name of new Partnership or Corporation: _____

Address: _____ Telephone: _____

5. List of Borrower(s)

Please list the names of either (a) Individual Borrowers; (b) General Partners if Partnership; (c) Officers if Corporation; or (d) Members if LLC *(please attach additional sheet of paper if needed)*

<u>NAME</u>	<u>TITLE*</u>	<u>HOME ADDRESS</u>	<u>PHONE</u>	<u>% Owned</u>

*Under TITLE indicate: Individual, General Partner, President, Vice President, Treasurer, Member, Stockholder, as appropriate.

6. Legal Questions for Borrower(s):

<u>QUESTION</u> <i>(If "Yes" answer is given to a question in this column, please explain on an attached sheet)</i>	<u>BORROWER</u>		<u>AMOUNT</u>	<u>CO-BORROWER</u>		<u>AMOUNT</u>
	Yes	No		Yes	No	
a. Do you have any outstanding judgments or liens attached to subject property? Or any other properties in NYC?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
b. Have you been declared bankrupt or filed bankruptcy within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
c. Have you had property foreclosed upon or given title or deed in lieu thereof?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
d. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
e. Are you a party in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
f. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
g. Are you the subject of any legal or tenant action regarding violation of the Housing Maintenance Code, the Building Code, the Zoning resolution or the Multiple Dwelling Law?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

E. PERSONAL FINANCIAL STATEMENT

1. Gross Monthly Income

<u>ITEM</u>	<u>BORROWER</u>	<u>CO-BORROWER</u>	<u>TOTAL</u>
Gross Monthly Salary	\$	\$	\$
Dividends and Interest			
Total Rental Income <i>(for ALL properties)</i>			
Other			
Total	\$	\$	\$

2. Assets

<u>CHECK ONE</u> Co- Jointly Applicant Applicant Held	<u>TYPE OF ACCOUNT</u>	<u>FINANCIAL INSTITUTION</u>	<u>ADDRESS</u>	<u>ACCOUNT NUMBER</u>	<u>ACCOUNT BALANCE</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$

3. Other Real Estate Holdings

(Please attach separate sheet if necessary)

Address of Property	Type of Property	Purchase Price	Date of Purchase	Amount of Mortgages and Liens	Present Market Value (approx.)	Monthly Gross Rental Income	Monthly Mortgage Payments	Monthly Taxes, Insurance, Maintenance and Misc.	Monthly Net Rental Income
		\$		\$	\$	\$	\$	\$	\$
		\$		\$	\$	\$	\$	\$	\$
		\$		\$	\$	\$	\$	\$	\$
		\$		\$	\$	\$	\$	\$	\$
		\$		\$	\$	\$	\$	\$	\$

4. Liabilities

<u>CHECK ONE</u> Co- Jointly Applicant Applicant Held	<u>TYPE OF ACCOUNT</u>	<u>CREDITOR</u>	<u>ADDRESS</u>	<u>ACCOUNT NUMBER</u>	<u>ACCOUNT BALANCE</u>	<u>MONTHLY PAYMENT</u>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					\$	\$

5. Please list any other names under which you have received credit:

II. PROJECT INFORMATION

For Agency Use Only C.T. _____ C.P.D. _____

A. PREMISES

Address: _____

Borough: _____ Zip: _____ Block: _____ Lot: _____

B. BUILDING DESCRIPTION

1. Approximate Age of Building: _____

2. Building Dimensions: _____

3. Construction Type:

Frame
 Masonry
 Attached
 Semi-attached
 Detached

4. Building is:

Fully Occupied
 Partially Occupied
 Vacant

5. Apartment Distribution

<u>APARTMENT SIZE</u>	<u>NUMBER OF APARTMENTS</u>		<u>CURRENT STATUS</u>	
	Current	Proposed	Vacant	Occupied
0 Bedroom				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
5 Bedroom				
Total				

5a. Owner Occupancy

(1) Does the owner currently occupy an apartment in the building? Yes No

If yes, the apartment is a _____ (0,1,2 etc.) bedroom apartment

(2) Will the owner occupy an apartment in the building after renovation? Yes No

If yes, the apartment is a _____ (0,1,2, etc.) bedroom apartment

6. Commercial Usage

<u>SQUARE</u> <u>FEET</u>	<u>USAGE</u>		<u>RENTS</u>	
	Current	Proposed	Current	Proposed

C. RENT ROLL

1. Rent Roll as of _____
Date

2. Total Current Monthly Rent: \$ _____

3. Total Current Annual Rent: \$ _____

4. On the following page (Page 8), list the rents charged on residential and commercial units. For commercial units indicate the type of business and terms of lease. If some of the units or the entire building is vacant, list the rents you project you will collect after rehabilitation in the projected column.

RESIDENTIAL UNITS

Apt No.	Tenant's Name (Primary Tenant) Last Name, First Name	Child under age 7 living in apartment		Tenant's Annual Income (approx.)	Receiving Section 8 Rental Assistance		Total Sq. Feet	No. bed-rooms	Total No. of rooms	<u>Check One</u>		Lease Expiration Date	<u>Rental Status</u>			Current Monthly Rent	Projected Monthly Rent
		Yes	No		Yes	No				Occ- upied	Vac- ant		RC	RS	DC		
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	

COMMERCIAL UNITS

	Tenant's Name	Business Type	Total Sq. Feet	<u>Check One</u>		Lease Expiration Date	Current Monthly Rent	Projected Monthly Rent
				Occupied	Vacant			
1.								
2.								
3.								
4.								

D. MORTGAGE(S)

1. FIRST MORTGAGE

Lender: _____ Mortgage No.: _____

Address: _____

Face Amount: \$ _____ Interest Rate: _____ %

Origination Date: _____ Maturity Date: _____

Self-Liquidating Balloon \$ _____ Explain: _____

Amount of Payment: \$ _____ Per Month or Quarter

Present Balance: \$ _____ Date of Last Payment: _____

2. SECOND MORTGAGE

Lender: _____ Mortgage No.: _____

Address: _____

Face Amount: \$ _____ Interest Rate: _____ %

Origination Date: _____ Maturity Date: _____

Self-Liquidating Balloon \$ _____ Explain: _____

Amount of Payment: \$ _____ Per Month or Quarter

Present Balance: \$ _____ Date of Last Payment: _____

E. TAX AREARS/LIENS

Please check if any of the following apply to this property:

		<u>Amount</u>
1. Outstanding Real Estate Taxes	<input type="checkbox"/>	\$ _____
2. Outstanding Water/Sewage Charges	<input type="checkbox"/>	\$ _____
3. Other Outstanding City Charges (e.g. ECB, DOB, DOH, etc. violations)	<input type="checkbox"/>	\$ _____
4. Outstanding Liens	<input type="checkbox"/>	\$ _____

F. SCOPE OF WORK

1. Please check all proposed work for this project:

- | | | | | | |
|------------------|--------------------------|------------------|--------------------------|--------------------|--------------------------|
| Demolition | <input type="checkbox"/> | Roof | <input type="checkbox"/> | Public Hallway | <input type="checkbox"/> |
| Concrete | <input type="checkbox"/> | Windows | <input type="checkbox"/> | Public Lobby | <input type="checkbox"/> |
| Masonry | <input type="checkbox"/> | Doors | <input type="checkbox"/> | Apartment Finishes | <input type="checkbox"/> |
| Carpentry | <input type="checkbox"/> | Plumbing | <input type="checkbox"/> | Mailboxes | <input type="checkbox"/> |
| Structural | <input type="checkbox"/> | Electrical | <input type="checkbox"/> | Heating | <input type="checkbox"/> |
| Bathrooms | <input type="checkbox"/> | Gas/Steam Repipe | <input type="checkbox"/> | Painting | <input type="checkbox"/> |
| Kitchens | <input type="checkbox"/> | Waterproofing | <input type="checkbox"/> | Boiler/burner | <input type="checkbox"/> |
| Compactor | <input type="checkbox"/> | Sprinkler System | <input type="checkbox"/> | Lead Abatement | <input type="checkbox"/> |
| Asbestos Removal | <input type="checkbox"/> | Exterior Repairs | <input type="checkbox"/> | | |
| | | Retaining Wall | <input type="checkbox"/> | | |
| | | Rear Yard | <input type="checkbox"/> | | |

Other Please Specify: _____

2. Is there a contractor you are proposing to work with on this project?

- Yes No

3. If yes, please provide:

Contractor Name: _____

Contractor Address: _____

G. ANNUAL EXPENSES

Actual Figures for Year _____ to _____
month day year month day year

EXPENSES (exclusive of debt service)

- 1. Supplies \$ _____
- 2. Exterminating Service \$ _____
- 3. Heating \$ _____
- 4. Gas and Electricity (not metered to tenants) \$ _____
- 5. Repairs \$ _____
- 6. Legal \$ _____
- 7. Accounting and Auditing \$ _____
- 8. Painting \$ _____

- 9. Superintendent/Handyman salaries \$ _____
- 10. Management Fee \$ _____
- 11. Water and Sewer Charges \$ _____
- 12. Fire and Liability Insurance \$ _____
- 13. Building Reserve \$ _____
- 14. Total Expenses before Taxes and Debt Service \$ _____
- 15. Real Estate Taxes \$ _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES (OPTIONAL)

Borrower's Name: _____

I do not wish to provide this information (initials) _____

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Other
- Female
- Male
- Hispanic
- Black, not of Hispanic origin
- White, not of Hispanic origin

Co-Borrower's Name: _____

I do not wish to provide this information (initials) _____

- American Indian/Alaskan Native
- Asian, Pacific Islander
- Other
- Female
- Male
- Hispanic
- Black, not of Hispanic origin
- White, not of Hispanic origin

APPLICANT/CO-APPLICANT AGREEMENT

By my signature below, I apply for a rehabilitation loan from the New York City Department of Housing Preservation and Development, to be secured by a lien on the subject property, and represent that I am the owner of the subject property and further represent that all information given by me in this application is true and complete. Verification may be obtained from any source named in this application.

I/We understand that, under the provisions of the United States Criminal Code, it may be a federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements concerning any of the above facts.

Applicant's Signature

Date

Co-Applicant's Signature

Date

Affidavit of Applicant to Cooperate with Processing

State of New York _____

County of _____

_____, 20____
Date

I/we _____
Borough Zip

residing at: _____
being duly sworn, depose and say as follows:

(1) That I/we am/are the Owner(s) of the premises known and designated as:

(Address of Property to be Rehabilitated)

Borough

(2) That I/we have requested the Department of Housing Preservation and Development (HPD) of the City of New York to process my/our application for a Small Building Loan, the proceeds of which loan will be used to make the said property conform to the rehabilitation standards in existence in the area in which the property is located and remove any violations placed thereon by the City of New York through any of its administrative agencies.

(3) That I/we have and do hereby authorize the said HPD of the City of New York, its agents, representatives or other persons acting on its behalf to inspect the property and determine the amount and nature of any improvements necessary to make the said property conform to the standards in existence in the area in which the property is located.

(4) That I/we understand that in the processing of said application it shall be necessary for HPD of the City of New York to proceed with an investigation of my/our credit and financial status; to acquire and evaluate a search of the public records of the City of New York for the purpose of determining the source and nature of my/our title to the property and the encumbrances thereon; to obtain from whatever source necessary any information relating to my occupation, employment, and business relationships.

(5) That in case it becomes necessary to obtain the services of an architect, engineer or other professional person or firm in the processing of my/our application and the performance heretofore referred to improvements, I/we agree to employ or authorize the employment of such person or firm and further agree to include the expenses of same in the amount of the proposed loan or pay for the services out of my/our private funds, whichever shall be permissible under existing rules, regulations or laws. That I/we shall give any further aid and assistance necessary in order to achieve an orderly processing of my/our application and the construction of the improvements.

This affidavit is given for the purpose of verifying my/our interest and willingness to obtain the above mentioned loan, knowing full well that the facts and statements contained herein will be relied on for the truth thereof and I/we certify that I/we shall accordingly perform as set forth herein.

Date at _____, New York this _____ day of _____, 20_____

Sworn to me this _____
_____ day of _____, 20_____

DEFINITION SHEET

Please refer to the following definitions of important terms found in the Small Building Loan Application:

Definitions in Section **I. APPLICANT INFORMATION**

- **Co-Applicant** (page 1, Section I B):
Please fill out this section if another person will be obligated with you on this loan, or if you are relying on your Co-Applicant's/Guarantor's income
- **Gross Monthly Salary** (page 4, Section I E 1):
Gross monthly salary includes overtime, bonuses, and commissions
- **Total Rental Income** (page 4, Section I E 1):
This item includes rental income for *ALL* buildings owned by the applicant
- **Assets** (page 4, Section I E 2):
Please use this table to provide us with information about your finances, including your Savings Accounts, IRA, Insured Market Rate Accounts, CD's and/or others (Please do *NOT* include Checking Accounts)
- **Liabilities** (page 5, Section I E 4):
Please use this table to provide us with information about department store credit cards, auto loans, mortgages, leases, finance company loans and/or other monthly obligations

Definitions in Section **II. PROJECT INFORMATION**

- **Total Current Monthly and Annual Rent** (page 7, Section II C):
These two figures should include both residential and commercial rental income
- **Annual Expenses** (page 10, Section II G):
This section should include expenses for *occupied buildings only*