

**APPLICATION FOR:
MULTIFAMILY HOUSING REHABILITATION PROGRAM
Office Of Development**

The City of New York
Department of Housing Preservation
& Development

MF HRP Loan
100 Gold Street - 9U8
New York, NY 10038
212-863-6412

DATE:	LOAN #
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FEE OWNER:

BUILDING:

1. Name of Owner: (Check applicable type: Individual Partnership Corporation) Principal's Name Telephone: Email Address Alt. Phone:	
1A. Mailing Address:(Include zip code)	2. Property Address (include zip code cross streets at both corners).
1B. Managing Agent's name, address, telephone:	
1C. Owner's representative/attorney, if any: name, address and telephone:	2B: Block: Lot:
	2C: Old Law: New Law: Other:
1E. Superintendant's name, telephone, apartment unit:	2D. Dimension of building and size of lot.
	2E. Assessed valuation (current)
	2F. Elevator (yes/no):

3. Apartment Distribution

Number of stories above basement: _____ Total number of units: _____

Number of vacant: _____ Number occupied: _____ Basement unit/rms: _____

List how many units of each of the following: Commercial/Professional units: _____

1 Rm: _____	2Rms : _____	3Rms: _____	4Rms: _____
5Rms: _____	6Rm: _____	7Rms: _____	

4. Square Footage:

Stories per building: _____ Commercial Square Footage (gross) _____

Square Footage at Base: _____ Residential Square footage (gross) _____

** If there are multiple buildings, please provide a breakdown per building on an attached page.

5. Check proposed work:

Boiler/burner: []	Plumbing: []	Electrical []
Roof: []	Masonry: []	Waterpfg: []
Elevator: []	Concrete []	Gas/Steam Repipe:[]
Compactor: []	Structural []	Mailboxs []
Other(specify): _____	Kit'enRehab []	Doors(apt/bldg)[]
	Bath Rehab []	Windows: []

6. Building purchased on: _____ by _____ (Purchase/Foreclosure/Inheritance/Other)

Date

Amount paid in cash:	\$ _____
Paid by assuming existing mortgages:	\$ _____
Paid by purchase (Bank) mortgages	\$ _____
Other (paid taxes, liabilities, others):	\$ _____
Total purchase price	\$ _____

I hereby certify under the certification penalty provided by law, that all the information included in or annexed to this application is true to the best of my knowledge and belief.

Signature: _____
Print name: _____
Date: _____ Title: _____

Premises: _____

INCOME & EXPENSE STATEMENT FOR:

(For twelve (12) months periods)

INCOME	Previous Year Actual (12 months)	Current Year Estimated (12 months)
1 Gross income from apartment rental/maint.	\$ _____	\$ _____
2 Gross income from commercial/profl units	\$ _____	\$ _____
3 Other income	\$ _____	\$ _____
4 Subtotal Income:	\$0	\$0
5 Loss due to vacancy	\$ _____	\$ _____
6 Loss due to uncollectable rents	\$ _____	\$ _____
7 Gross Income(L4 less L5 and L6):	#VALUE!	#VALUE!

OPERATING EXPENSE:

8 Superintendant and Maintenance Staff salaries:	\$ _____	\$ _____
9 Maintenance supplies (Janitorial)	\$ _____	\$ _____
10 Exterminating Services	\$ _____	\$ _____
12 Water and Sewer	\$ _____	\$ _____
11 Elevator (Annual Maintenance Contract)	\$ _____	\$ _____
12 Heating	\$ _____	\$ _____
13 Gas (Not metered to tenants)	\$ _____	\$ _____
14 Electricity (Not metered to tenants)	\$ _____	\$ _____
15 (Repair /Replace/ or Maintenance):		
A. Plumbing	\$ _____	\$ _____
B. Electrical	\$ _____	\$ _____
C. Elevator	\$ _____	\$ _____
D. Heating	\$ _____	\$ _____
E. Roofing	\$ _____	\$ _____
F. Windows	\$ _____	\$ _____
G. Painting	\$ _____	\$ _____
16 Reserve Contributions (annual)	\$ _____	\$ _____
17 Others (Specify)	\$ _____	\$ _____
18 Subtotal(8 thru 18):	0	0

ADMINISTRATIVE EXPENSES:

19 Renting Expense (Broker's Fee)	\$ _____	\$ _____
20 Management Fees	\$ _____	\$ _____
21 Legal Expenses	\$ _____	\$ _____
22 Accounting and Auditing Fee	\$ _____	\$ _____
TAXES AND INSURANCE:	\$ _____	\$ _____
23 Real Estate Tax	\$ _____	\$ _____
24 Corporate Taxes (not corporate income tax)	\$ _____	\$ _____
25 Fire, Liability and other Insurance Expenses:	\$ _____	\$ _____
26 Sub Total (L19 thru L26)	0	0

27 Income less Exp.: (L7 less L18,L 26) #VALUE! #VALUE!

MORTGAGE DEBT SERVICES:

28 First Mortgage:	\$ _____	\$ _____
29 Second Mortgage:	\$ _____	\$ _____
30 Total Debt Services (Lines 28 and 30):	0	0
31 Net Income (L25 less L30):	#VALUE!	#VALUE!

(You must initial your answers to questions 32 and 33)

- 32 Refinanced recently? If so, When? Provide details on separate attachment. []No []Yes _____
- 33 Made insurance claims in the last five years? Provide details on attachment.[]No []Yes _____
- 34 What is current reserve balance? Please provide most recent statement. \$ _____
- 35 What heating fuel is used? [] Oil [] Gas [] Electric
- 36 What grade of oil used? []grade 2 [] grade4 []grade 6
- 37 Type of cooking equipment: [] Gas [] Electric

Premises: _____

RENT REGISTRATION INFORMATION FORM

TO: BOROUGH DIRECTOR; DHCR DISTRICT OFFICE
DIVISION OF HOUSING AND COMMUNITY RENEWAL
RENT ADMISTRATION, REGISTRATION UNIT, 5th Floor
Jamaica, NY 11433

Registration Docket Number (If known) _____

RE: _____
PREMISES

BOROUGH & ZIP CODE

Dear Borough Director:

I, the owner of the above premises, have registered the captioned premises with the NYS, Division of Housing and Community Renewal. I hearby authorize you to provide access to, and written copies of, any rent and service registration requested by the NYC, Dept of Housing Preservation and Development in connection with its Multifamily Housing Rehabilitation Program.

In particular, the forms they need are:

- 1) Annual Registration Summary (Form #RR-IS).
- 2) Print-out of latest Apartment Registration Listing.

Very truly yours:

Print: Owner's name

Please Mail Requested Forms To:

**Department of Housing Preservation & Development
MF HRP Loan
100 Gold Street - 9U
New York, NY 10038**

Signature of Owner

Date

Premises: _____

MORTGAGES

Number of Mortgages on the building: _____

For each mortgage, please provide note and most recent statement.

First Mortgage:

Mortgagee's Name: _____

Address: _____

Original Amount : _____ **Int. Rate:** _____ **Orig.Date:** _____

Self- Amortizing [] Or Balloon [] **Term of Mortgage:** _____

Payment: [] Monthly \$ _____ [] Quarterly \$ _____

Amt. toward Principal & Interest: _____

Amt. toward Taxes: _____ (paid by mortgagee)

Amt. toward Insurance: _____ (paid by mortgagee)

Current balance: _____ As of (date) _____

Second Mortgage:

Mortgagee's Name: _____

Address: _____

Original Amount : _____ **Int. Rate:** _____ **Orig.Date:** _____

Self- Amortizing [] Or Balloon [] **Term of Mortgage:** _____

Payment: [] Monthly \$ _____ [] Quarterly \$ _____

Amt. toward Principal & Interest: _____

Amt. toward Taxes: _____ (paid by mortgagee)

Amt. toward Insurance: _____ (paid by mortgagee)

Current balance: _____ As of (date) _____

Third Mortgage:

Mortgagee's Name: _____

Address: _____

Original Amount : _____ **Int. Rate:** _____ **Orig.Date:** _____

Self- Amortizing [] Or Balloon [] **Term of Mortgage:** _____

Payment: [] Monthly \$ _____ [] Quarterly \$ _____

Amt. toward Principal & Interest: _____

Amt. toward Taxes: _____ (paid by mortgagee)

Amt. toward Insurance: _____ (paid by mortgagee)

Current balance: _____ As of (date) _____

MORTGAGE INFORMATION RELEASE FORM



TO: _____

Mortgage Number (if known) _____

RE: _____

PREMISES

Dear Mortgage Officer:

I, the owner of the above premises, have given a mortgage to you. I hereby authorize you to provide, in writing, any mortgage information requested by the Department of Housing Preservation & Development in connection with its Multifamily Housing Rehabilitation Program, including the attached form.

Very truly yours,

Owner (s) (Please print)

Signature of Owner

State of New York)
County of) ss.:

(Name) _____
being duly sworn, deposes and says:

1. I reside at _____
and am personally familiar with the facts set forth below:

2. I am the owner
(if the owner is an individual) _____
OF _____

I am the General Partner of _____, the owner
(if the owner is a partnership) _____
OR

I am the (Vice) President of _____, the owner
(if the owner is a corporation) _____

of the premises known as _____

3. I make this affidavit to induce the City of New York, acting by and through its Department of Housing Preservation & Development (hereafter "HPD"). to make a loan for the rehabilitation and/or improvement of the multiple dwelling (s) at the above premises, and I know that HPD will rely on the veracity of this Affidavit in making decisions concerning the loan transaction.

4. Within the prior (6) months, I, (acting on behalf of the owner) in good faith, made separate applications for a loan in the amount of \$ _____ for the rehabilitation and/or improvement at the prevailing interest rates with the above premises as security, from the following "two" lending institutions which normally provide such financing.

Name of Institution	Date	Amount Requested
First _____	_____	_____
Second _____	_____	_____

Each lending institution declined to make such loan.

5. I believe my loan applications were declined not because of prior mortgage defaults, poor credit histories or requests for funds which exceeded the value of the security, but rather because for the neighborhood, the age of the building, the reasons set forth below or other factors not known to me.

Sworn to before me this _____ day of _____

Signature of Owner

Notary Public

Print Name and Title

Date: _____