

**EXHIBIT 4.01  
GENERAL APPLICATION FORM**

Please provide all known information as requested. Check all boxes that apply.

**PROJECT INFORMATION**

Project Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Supervisorial District: \_\_\_\_\_ Service Planning Area: \_\_\_\_\_  
Unincorporated: \_\_\_\_\_

*Type of project:*

- New Construction
- Acquisition
- Conversion
- Preservation
- Acquisition & Rehabilitation
- Rehabilitation

Target Population to be Served: \_\_\_\_\_  
Total # of Units: \_\_\_\_\_  
Total # of Units Subsidized by OC Housing and Community Development: \_\_\_\_\_  
Total # of PBVs requested: \_\_\_\_\_  
County commitment needed by: \_\_\_\_\_  
Please explain what is driving that date: \_\_\_\_\_

**APPLICANT INFORMATION** (Attach additional sheet for Co-Applicant Information, if applicable)

Legal Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
\*UEI # \_\_\_\_\_ DUNS # \_\_\_\_\_

\* The County requires a valid UEI and DUNS number prior to Contract Award. If needed, your agency may obtain one at no cost at <https://www.SAM.GOV>

*Legal Status of Applicant:*

- Individual
- General partnership
- Limited liability corporation
- Non-profit corporation
- Limited partnership
- CHDO
- For-profit corporation
- Joint venture
- Other: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Development Team Information (Attach a limited partnership organizational chart, if available)**

Managing General Partner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Co-General Partner

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Lead Developer

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Joint Developer

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Lead Service Provider

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

GC Name:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Architect

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**PROJECT FINANCING**

***OC Housing and Community Development Capital Loan Request:***

Requested Funding Source:	HOME	MHSA/BHSA	15G Reserves	HSA	Total
Funding Request:	\$	\$	\$	\$	\$
Funds Requested at Construction:	\$	\$	\$	\$	\$
Funds Request at Permanent:	\$	\$	\$	\$	\$
Requested Terms:					
If other, please explain:					

Applicants may request a specific funding source; however, OC Housing and Community Development may not be able to grant this request.

***Project Based Voucher Requests:***

Requested Type:	Housing Choice	VASH	Total
Numbers Requested:			

***MHSA/BHSA Capitalized Operating Subsidy Reserve Program\*:***

Requested Amount:	\$
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*\*Only if no project-based rental assistance vouchers or other rental subsidies are available through the County and/or participating city, to address operational deficits attributable to restricted MHSA supportive housing units.*

Regional Housing Needs Allocation transfer or credit is required. Please refer to Section 2.08 of the NOFA for more information. Have you obtained proof of the acquiescence of the RHNA policy via approval by the governing board:

\_\_\_\_\_

Is your project applying for tax credits? If so, is it a 4% or 9% tax credit project? \_\_\_\_\_

**SOURCES & USES OF FUNDS**

**ACQUISITION FUNDING** (List all sources of funding based on lien priority.)

Name of Lender/Source	Amount	Term in Months	Interest Rate	Per Unit Cost	Per Bedroom Cost	Committed	
						Yes	No
TOTAL							

**CONSTRUCTION PERIOD FUNDING** (List all sources of funding based on lien priority. Please refer to Section 2.14.09 on the County’s subordination policy.)

Name of Lender/Source Contact Person and Phone Number	Amount	Term in Months	Interest Rate	Per Unit Cost	Per Bedroom Cost	Committed	
						Yes	No
<b>TOTAL*</b>							

\*Must be consistent with Exhibit 4.03-A Development Financial Pro forma

**PERMANENT FUNDING** (List all sources of funding based on lien priority.)

Name of Lender/Source Contact Person and Phone Number	Amount	Term in Months	Interest Rate	Per Unit Cost	Per Bedroom Cost	Committed	
						Yes	No
<b>TOTAL*</b>							

\*Must be consistent with Exhibit 4.03-A Development Financial Pro forma

**USES OF FUNDS**

Uses of Funds	Amount	Per Unit Cost	Per Bedroom Cost
Land Cost			
Fees, Permits, Studies			
Direct Construction Cost			
Indirect Construction Cost			
Rent-up/Marketing Cost			
Financing Cost			
Other: _____			
<b>TOTAL DEVELOPMENT COST</b>			

**NOTE:** Above Sources and Uses of Funds must agree with the information shown in Exhibit 4.03-A.

**PREVAILING WAGE REQUIREMENTS** – Check if either of the following wage requirements were included in the Total Development Cost of your project.

Davis-Bacon Wages

State Prevailing Wages

**SITE INFORMATION**

*Current Owner/Seller Information:*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

*Site Control:*

Deed  Option  Other: \_\_\_\_\_

Security Position (check one):

Fee Simple  Leasehold (Ground Lease )

Lot Size: \_\_\_\_\_ sq. ft. \_\_\_\_\_ acres

Census Tract: \_\_\_\_\_ APN: \_\_\_\_\_

Legal Description:

Prior Use of Property:

Current Number of occupied units: \_\_\_\_\_

Number of potential relocated households: \_\_\_\_\_

For projects requesting PBVs, [is concentration of poverty less than or equal to 20%](#): \_\_\_\_\_

<b>EXISTING or PROPOSED STRUCTURE INFORMATION</b>		
	<b>Existing Building</b> (if applicable)	<b>Proposed Configuration</b> (after Rehab or New Construction)
Units		
Bedrooms		
Buildings		
Stories		
Parking spaces		
Residential sq. ft.		
Common area sq. ft.		
Parking sq. ft.		
Commercial sq. ft.		
Total building sq. ft.		
OC Housing and Community Development - assisted sq. ft.		

<b>UNIT MIX</b>		
<b>Unit Mix</b>	<b>Existing Unit Mix</b>	<b>Proposed Unit Mix</b> (after rehab or construction)
0 bedroom/SRO		
1 bedroom		
2 bedrooms		
3 bedrooms		
4 bedrooms		
TOTAL UNITS		



<b>PROJECT TIMELINE*</b>			
<b>Activity</b>	<b>Estimated Start Date</b>	<b>Estimated Completion Date</b>	<b>Comments</b>
Site Acquisition			
Environmental Clearance – CEQA			
Environmental Clearance – NEPA			
Application for Entitlements (e.g. Conditional Use Permit, Variance)			
Submission of plans to Building Department			
Application for Construction Financing			
Application for Permanent Conventional Financing			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Other Loans and Grants (describe source)			
Application for Low-Income Housing Tax Credits (4% or 9%)			
Receipt of Construction Bids			
Commencement of Construction			
Completion of Construction			
100% Lease-up			
Receipt of Permanent Financing			

\*Please note that PBVs may be limited or unavailable at any time due to any change in federal law or regulations and availability may be impacted by when the PBVs are anticipated to be used. The commitment of PBVs is tied to the proposed completion date at application. If there are any delays in completion of the project, please notify the County as soon as possible.