HOUSING FINANCE AUTHORITY OF BROWARD COUNTY, FLORIDA MULTI-FAMILY HOUSING BOND PROGRAM

APPLICATION FOR PROPOSED PROJECT

1. DEVELOPER INFORMATION

2.

A.	Developer's Name:
B.	Developer's Mailing Address:
C.	Developer's Telephone/Fax #:
D.	Contact Person(s):
E.	Contact Persons E-Mail Address:
F.	(i) Name of Entity Owning Project (for inclusion in Inducement Resolution):
	 (ii) Type of Entity, with applicable State of formation (e.g. Florida Limited Partnership, New York Corporation):
	(iii) Attach copy of Entity's Certificate in Good Standing from State.
PRO	DJECT INFORMATION
A.	Project Name:
B.	Project Address:
C.	Description of Location:
D.	Type of Project: () New Construction () Rehabilitation
E.	Number of Acres:
F.	Type of Building:() Detached() Semi-detached() Town home() Walk-up() Elevator
G.	Number of Stories: Units per Building:
H.	Number of Units: Total Number:
	# of Studio: # of 2 Bedroom:
	# of 1 Bedroom: # of 3 Bedroom:
	Other:
I.	Describe Planned Amenities:
J.	Est. Total Construction Cost: \$ Cost per Unit: \$
K.	Est. Construction Start Date: Completion Date:

3. STATUS INFORMATION

4.

5.

A.	Status of Site Control/Acquisition:
B.	What is current zoning?
C.	Status of Site Plan Approval:
D.	Status of Platting:
FIN.	ANCING INFORMATION
A.	Amount of Bond Financing Requested\$
	Taxable Amount \$
	Tax-Exempt Amount \$
B.	Credit Enhancement Information, if applicable:
	(i) Lender's Name
	(ii) Address
	(iii) Phone Number
	(iv) Contact Person
	(v) Has it been finalized?(give status)
	(vi) Fixed Rate or Variable Rate(describe)
OTH	IER INFORMATION (optional)

6. UNDERSTANDING OF BOND POLICIES

Signature