

## **Housing Authority** of the **County** of **Santa Barbara**

P.O. Box 397 • Lompoc, CA 93438-0397 815 West Ocean Avenue • Lompoc, CA 93436-6526 (805) 736-3423 • FAX (805) 735-7672 • TDD (800) 545-1833 Ext. 594

| APPLICANT      | INFORMA  |        | N                      |             |       |                     |  |
|----------------|----------|--------|------------------------|-------------|-------|---------------------|--|
| Project Name   | e:       |        |                        |             |       |                     |  |
| Name of Dev    | eloper:  |        |                        |             |       |                     |  |
| Primary Cont   | act:     |        |                        |             |       |                     |  |
| Title:         |          |        |                        |             |       |                     |  |
| Address:       |          |        |                        |             |       |                     |  |
| Telephone N    | umber:   |        |                        |             |       |                     |  |
| Fax Number     |          |        |                        |             |       |                     |  |
| Email          |          |        |                        |             |       |                     |  |
| BORROWER       | R DESCR  | IPTIC  | DN                     |             |       |                     |  |
| Type of Entity | y:       |        | For-profit Corporation | on          |       | -profit Corporation |  |
|                | _        |        | Municipality           |             | Part  | nership             |  |
|                |          |        | Other (specify):       |             |       |                     |  |
|                |          |        | ou be applying for St  | tate Volum  | ne Ca | p?                  |  |
| Name of Bor    |          | ntity: |                        |             |       |                     |  |
| Date Establis  |          |        |                        |             |       |                     |  |
|                |          |        | using Projects Com     |             |       |                     |  |
| Number of Lo   | ow Incom | e Mu   | Iti-Family Project Co  | ompleted in | n the | last 10 years:      |  |
| _              |          |        | M INFORMATION          |             |       |                     |  |
| UNDERWRI       | TER/PLA  | CEME   | ENT AGENT              | BOND (      | COU   | NSEL                |  |
| Firm:          |          |        |                        | Firm:       |       |                     |  |
| Contact:       |          |        |                        | Contact     | :     |                     |  |
| Address:       |          |        |                        | Address     | s:    |                     |  |
| Telephone:     |          |        |                        | Telepho     | ne:   |                     |  |
| Fax:           |          |        |                        | Fax:        |       |                     |  |
| Email:         |          |        |                        | Email:      |       |                     |  |

| PROJECT DESCRIPTI          | ON            |          |             |                  |             |          |
|----------------------------|---------------|----------|-------------|------------------|-------------|----------|
| Current Project Name:      |               |          |             |                  |             |          |
| New Project Name:          |               |          |             |                  |             |          |
| Project Street Address     |               |          |             |                  |             |          |
| City:                      |               |          |             |                  |             |          |
| County:                    |               |          |             |                  |             |          |
| Is Project located in unir | ncorporated   | part of  | f           |                  |             |          |
| County?                    | •             | •        |             |                  |             |          |
| Total Number of Units:     | Marke         | t        |             | Restricted       | Total Ur    | nits     |
| Lot Size:                  |               |          |             |                  |             |          |
| Amenities:                 |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
| Type of Construction (i.   | e Wood Fi     | rame 2   | 2 story     |                  |             |          |
| 10 buildings):             | .o. 1100a i i | arrio, z | _ O(O) y ,  |                  |             |          |
| To bananigo).              |               |          |             |                  |             |          |
| Type of Housing:           |               |          | New Con     | etruction        | Family      |          |
| Type of Housing.           |               |          |             |                  |             |          |
| La thia an Againtad Livin  | a Facility?   |          | Acq/Reha    | <u>au</u>        | Senior      |          |
| Is this an Assisted Livir  | ig Facility?  |          |             |                  |             |          |
| City or County Contoot     | Informatio    | -        |             |                  |             |          |
| City or County Contact     | iniormatio    | []       |             |                  |             |          |
| Contact Name:              |               |          |             |                  |             |          |
| Title:                     |               |          |             |                  |             |          |
| Phone Number:              |               |          |             |                  |             |          |
| Fax Number:                |               |          |             |                  |             |          |
| Email:                     |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
| PUBLIC BENEFIT             |               |          |             |                  |             |          |
| Percentage of Units in     |               |          |             |                  |             |          |
| Percentage of Area Me      |               |          | II) for Low | Income Housing L | Inits:      |          |
| Total Number of Mana       | <u> </u>      |          |             | T                | T           |          |
| Unit Size                  | % AMI         | # of I   | Restricted  | Restricted       | Market Rent | Expected |
|                            |               |          | Units       | Rent             |             | Savings  |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
| Damasilas                  |               |          |             |                  |             |          |
| Remarks:                   |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |
|                            |               |          |             |                  |             |          |

## OTHER PUBLIC BENEFIT

| SE | ERVICES PROVIDED  |
|----|---|
|    | High-speed internet service in each affordable unit of an on-going nature for a minimum of 10 years.                    |
|    | After school program of an on-going nature for a minimum of 10 years.   |
|    | Educational classes (which are not the same as the after school program) for a minimum of 10 years.                     |
|    | Licensed childcare providing 20 hours or more per week (Monday thru Friday) to residents of the development.            |
|    | Contract for services, such as assistance with the daily living activities, or provision of senior counseling services. |

| ENVIRONMENT  |     |    |     |  |
|--|-----|----|-----|--|
| Energy   |     |    |     |  |
| Does the facility exceed Title 24 Standards?                   | Yes | No | N/A |  |
| If yes, by what percentage? 10%                                |     |    |     |  |
| Does the facility have solar (PV) panels?                      | Yes | No | N/A |  |
| If yes, what is the size in kW DC?                             |     |    |     |  |
| Does the facility purchase carbon credits?                     | Yes | No | N/A |  |
| If yes, what is the annual consumption?                        |     |    |     |  |
| Water  |     |    |     |  |
| Does the facility provide any of the following?                |     |    |     |  |
| Efficient Toilets?   | Yes | No | N/A |  |
| Water-saving showerheads?                                      | Yes | No | N/A |  |
| Drought tolerant landscaping?                                  | Yes | No | N/A |  |
| Other, specify:  |     |    |     |  |
| Transportation   |     |    |     |  |
| Does the entity provide carpooling or mass-transit subsidies?  | Yes | No | N/A |  |
| Does the entity maintain a fuel efficient fleet?  Yes  No  N/A |     |    |     |  |
| Waste  |     |    |     |  |
| Does the project provide recycling facilities?                 | Yes | No | N/A |  |

| WORKEODOE Esselection and Os  |                     | 1                 |  |  |  |  |
|-------------------------------|---------------------|-------------------|--|--|--|--|
| WORKFORCE Employment Creation |                     |                   |  |  |  |  |
| Job Type/Description          | During Construction | Post Construction |  |  |  |  |
| Architect                     |                     |                   |  |  |  |  |
| Structural Engineer           |                     |                   |  |  |  |  |
| MEP Engineer                  |                     |                   |  |  |  |  |
| Landscape Architect           |                     |                   |  |  |  |  |
| Civil Engineer                |                     |                   |  |  |  |  |
| Surveyor                      |                     |                   |  |  |  |  |
| Soils Engineer                |                     |                   |  |  |  |  |
| Grading                       |                     |                   |  |  |  |  |
| Underground Utilities         |                     |                   |  |  |  |  |
| Plumbing                      |                     |                   |  |  |  |  |
| Concrete                      |                     |                   |  |  |  |  |
| Framing                       |                     |                   |  |  |  |  |
| Electrical                    |                     |                   |  |  |  |  |
| Fire Sprinklers               |                     |                   |  |  |  |  |
| Insulation                    |                     |                   |  |  |  |  |
| Drywall                       |                     |                   |  |  |  |  |
| Garage Doors                  |                     |                   |  |  |  |  |
| Clean up                      |                     |                   |  |  |  |  |

OTHER PUBLIC BENEFIT (continued

| WORKFORCE Employment Creation |                     |                   |  |  |  |  |
|-------------------------------|---------------------|-------------------|--|--|--|--|
| Job Type/Description          | During Construction | Post Construction |  |  |  |  |
| Roofing                       |                     |                   |  |  |  |  |
| Sheet Metal                   |                     |                   |  |  |  |  |
| Windows                       |                     |                   |  |  |  |  |
| Stucco                        |                     |                   |  |  |  |  |
| Gutters                       |                     |                   |  |  |  |  |
| Finish Carpentry              |                     |                   |  |  |  |  |
| Cabinets                      |                     |                   |  |  |  |  |
| Countertops                   |                     |                   |  |  |  |  |
| Flooring                      |                     |                   |  |  |  |  |
| Window Coverings              |                     |                   |  |  |  |  |
| Painting                      |                     |                   |  |  |  |  |
| Appliances                    |                     |                   |  |  |  |  |
| Mirrors                       |                     |                   |  |  |  |  |
| Fencing                       |                     |                   |  |  |  |  |
| Landscaping                   |                     |                   |  |  |  |  |
| Asphalt                       |                     |                   |  |  |  |  |
| Concrete Site Work            |                     |                   |  |  |  |  |
| Security                      |                     |                   |  |  |  |  |

### **GOVERNMENTAL INFORMATION**

| Congressional District # | State Senate District # | State Assembly District # |
|--------------------------|-------------------------|---------------------------|
|                          |                         |                           |

## FINANCING STRUCTURE

| Type of Financing:   | Public Sale                  | Private Placement | Refunding |  |  |  |  |
|--|------------------------------|-------------------|-----------|--|--|--|--|
| For Refunding only: Will you be applying for State Volume Cap?     |                              |                   |           |  |  |  |  |
| For Refunding only: Is this a transfer of property to a new owner? |                              |                   |           |  |  |  |  |
|  |                              |                   |           |  |  |  |  |
| Maturity:  | Interest Rate Mode:          | Fixed             | Variable  |  |  |  |  |
|  |                              |                   |           |  |  |  |  |
| CONSTRUCTION FINANCING:  |                              |                   |           |  |  |  |  |
| Credit Enhancement:  | None                         | Letter of Credit  |           |  |  |  |  |
|  | Fannie Mae                   | Freddie Mac       |           |  |  |  |  |
|  | Bond Insurance               | Other (specify)   |           |  |  |  |  |
| Name of Credit Enhancement Provider or F                           | Private Placement Purchaser: |                   |           |  |  |  |  |
|  |                              |                   |           |  |  |  |  |
| PERMANENT FINANCING:   |                              |                   |           |  |  |  |  |
| Credit Enhancement:  | None                         | Letter of Credit  |           |  |  |  |  |
|  | Fannie Mae                   | Freddie Mac       |           |  |  |  |  |
|  | Bond Insurance               | Other (specify)   |           |  |  |  |  |
| Name of Credit Enhancement Provider or F                           | Private Placement Purchaser: |                   |           |  |  |  |  |
|  |                              |                   |           |  |  |  |  |
|  |                              |                   |           |  |  |  |  |
| Expected Rating: None  | Unrated                      | S&P               |           |  |  |  |  |
|  | Moody's                      | Fitch             |           |  |  |  |  |
|  |                              |                   |           |  |  |  |  |
|  |                              |                   |           |  |  |  |  |
| Projected State Allocation Pool:                                   | General                      | Mixed Income      | Rural     |  |  |  |  |
| Will the project use Tax-Credit as a source of funding?            |                              |                   |           |  |  |  |  |

## **SOURCES & USES**

| CONSTRUCTION SOUR | USES |       |  |   |
|-------------------|------|-------|--|---|
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  |   |
|                   |      |       |  | _ |
| Total             |      | Total |  |   |

SOURCES & USES (continued from page 5)

| PERMANENT SOURCES | USES  |
|-------------------|-------|
|                   |       |
|                   |       |
|                   |       |
|                   |       |
|                   |       |
|                   |       |
|                   |       |
|                   |       |
|                   |       |
|                   |       |
|                   |       |
| Total             | Total |

# PRINCIPAL FINANCE TEAM INFORMATION

| FINANCIAL ADVISOR |  | REBATE ANALYST N/A | REBATE ANALYST N/A |  |
|-------------------|--|--------------------|--------------------|--|
| Firm:             |  | Firm:              |                    |  |
| Contact:          |  | Contact:           |                    |  |
| Address:          |  | Address:           |                    |  |
| Telephone:        |  | Telephone:         |                    |  |
| Fax:              |  | Fax:               |                    |  |
| Email:            |  | Email:             |                    |  |