

**City of Pine Bluff Department of  
Economic and Community Development**

**RENTAL HOUSING LOAN APPLICATION**

**I. PERSONAL INFORMATION:**

Applicant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

**Address of property to be rehabilitated** \_\_\_\_\_

**II. LEGAL BORROWER ENTITY:**

Loan will be made to: (Check one)

- A. \_\_\_\_\_ Individual
- B. \_\_\_\_\_ Partnership
- C. \_\_\_\_\_ Corporation (for profit)
- D. \_\_\_\_\_ Corporation (non profit)

**III. STATUS OF PROJECT RESIDENCY BY BORROWER(S):**

Does any Borrower presently occupy subject property? \_\_\_ Yes or \_\_\_ No

Does any Borrower plan to occupy the property? \_\_\_ Yes or \_\_\_ No

**IV. CREDIT REFERENCES:**

NAME & ADDRESS	ACCOUNT #	PURPOSE OF LOAN CREDIT	DATE PAID
1.			
2.			
3.			
4.			

**V. PROPERTY TO BE REHABILITATED:**

Legal Description \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physical Construction: Frame \_\_\_\_\_ Brick/Masonry \_\_\_\_\_  
 Reinforced Concrete \_\_\_\_\_  
 Other \_\_\_\_\_

Number of Units: Before Rehab \_\_\_\_\_ After Rehab \_\_\_\_\_

- Tenant Information: A. Tenant occupied unites before rehab \_\_\_\_\_  
 B. Tenant to be permanently displaced \_\_\_\_\_  
 C. Tenant to continue occupancy after rehab \_\_\_\_\_  
 D. Present monthly income of tenants, date occupied and monthly rent **(including utilities)**.

OFFICE USE ONLY			
	TENANT'S INCOME	DATE OCCUPIED	MONTHLY RENT
UNIT NO. 1			
UNIT NO. 2			
UNIT NO. 3			
UNIT NO. 4			
UNIT NO. 5			
UNIT NO. 6			
UNIT NO. 7			
UNIT NO. 8			
UNIT NO. 9			
UNIT NO. 10			
(Note: If any additional units please include on separate sheet)			

**VI. EXISTING DEBT ON PROPERTY TO BE REHABILITATED**

LENDERS & ADDRESS	Original Mortgage Amount	Monthly Payment	Unpaid Principal	Maturity Date
1.				
2.				
3.				
4.				
5.				
TOTAL				

**VII. PREVIOUS FORECLOSURE RECORD:**

Has the Borrower (including any officer or any stockholder having 10% or greater interest in a corporation) been obligated on a real property that resulted in foreclosure, deed, in lieu of foreclosure, or judgment?

\_\_\_\_ Yes    \_\_\_\_ No if "yes" attach an explanation.

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**VIII. UNIT MIX AND INCOME**

**A. PRESENT:**

Unit Mix and Income Before Rehabilitation (Actual Figure)

NUMBER OF UNITS	BEDROOM SIZE	NUMBER OCCUPIED	MONTHLY RENT/UNIT	ANNUAL INCOME
TOTAL ANNUAL RESIDENTIAL INCOME				
TOTAL OTHER INCOME				
GROSS INCOME <u>BEFORE</u> REHAB				

**B. PROJECTED:**

Unit Mix and Income After Rehabilitation (must meet HOME Requirements)

NUMBER OF UNITS	BEDROOM SIZE	NUMBER OCCUPIED	MONTHLY RENT/UNIT	ANNUAL INCOME
TOTAL ANNUAL RESIDENTIAL INCOME				
TOTAL OTHER INCOME				
GROSS INCOME <u>BEFORE</u> REHAB				

**OTHER INCOME:**

	MONTHLY INCOME	ANNUAL INCOME
LAUNDRY		
PARKING		
OTHER		
<u>SUBTOTAL</u>		
EFFECTIVE GROSS INCOME		

**EXPENSES:**

	MONTHLY EXPENSES	ANNUAL EXPENSES
OPERATIONS		
GAS		
ELECTRIC		
OIL		
WATER/SEWER		
PROPERTY TAXES		
LIABILITY INSURANCE		
FIRE HAZARD INSURANCE		
RUBBISH		
EXTERMINATING		
MAINTENANCE		
LEGAL/ACCOUNTING		
MANAGEMENT EXPENSES		
MANAGEMENT FEES		
OPERATING RESERVE		
REPLACEMENT RESERVE		
OTHER		
OTHER		
TOTAL EXPENSES		

**DEBT SERVICE:**

SOURCE	AMOUNT	RATE/TERM	MONTHLY DEBT SERVICE	ANNUAL DEBT SERVICE
DEPRECIATION				
TOTAL DEBT SERVICE				
GROSS ANNUAL PROJECTED INCOME (from page 3)				
LESS TOTAL ANNUAL EXPENSES (from page 4)				
LESS TOTAL ANNUAL DEBT SERVICES (from page 5)				
NET PROJECTED PROJECT INCOME BEFORE TAXES				

**DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT**

BORROWER'S CERTIFICATION:

The Borrower certifies that all information in this application, and all information furnished support of this application, is given for the purpose of obtaining a loan through the Department of Economic and Community Development, and is true and complete to the best of the Borrower's knowledge and belief. Verification may be obtained from and source named herein, Its is the Borrower's understanding that provided the financing is available of the Rental Housing Program.. The Borrower hereby requests an Inspection to determine the condition of the property in relation to the City's Housing Code.

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

*(If corporation-authorized signature please provide proof of authorization to sign.)*