

Scott County Housing Trust Fund (SCHTF) Application

APPLICANT INFORMATION:				
Applicant Name:	Date:			
Applicant Address:				
City:	State:	Zip Code:		
Contact Person / Authorized Representative: Title:		:		
Daytime Phone: Alternate Phone:	Fax:			
Brief description of the development company:				
PROJECT INFORMATION:				
Please attach description of the proposed project (including building size, building type, number of units, type of units, proposed rents, site plan and building elevation drawings).				
Please attach a description of why the assistance is needed, be samounts.	pecific. Identify other	funding sources and		
Identify the target market, their income levels and proposed rent structure or sales price.				
Please attach a legal description of the property.				
Location of Proposed Project:				
Parcel #'s:				
Present ownership of site:				
Anticipated project start date: Completion Date:				
Amount of Assistance Requested:				
TYPE OF HOUSING:				
1 Multifamily Single-Family	Mixed Use			
2New Construction Rehabilitation				
3 Owner-Occupied Rental				

LENDER INFORMATION: Contact Nam	me:		
Name of Bank:	Phone Number:		
LEGAL COUNSEL: Contact Name	e:		
Name of Firm:	Phone Number:		
FINANCIAL INFORMATION: Additional f	financial information may be requested.		
Estimated Project Related Costs:			
Land Acquisition	\$		
2. Site Development	\$		
3. Building Cost	\$		
4. Equipment	\$		
5. Architectural/Engineering Fees	\$		
6. Legal Fees	\$		
7. Off-Site Development Costs	\$		
8. Other (please explain)	\$		
9. TOTAL PROJECT COST	\$		
Sources of Financing			
Private Financing Institution	\$		
Business Assistance Requested (Tota	al Request)\$		
3. Other Public Funds	\$		
4. Developer Equity	\$		
5. TOTAL SOURCES	\$		
PUBLIC PURPOSE: What benefits will the	e County and its residents gain if assistance is provided?		
Provides Affordable Housing Prov	vides a mixed income housing option Meets goals of city/county		
Tax Base Removal of Blight	nt Redevelopment/Reuse Other (please list)		
USE OF HOUSING TRUST FUNDS: Please check all that apply.			
Building Improvements Building	g Expansion New Construction Other (describe)		
Equipment purchases Infrastru	ucture/utilities Assessments		
Site improvements Land ac	cquisition Demolition/clean-up		

TAX IMPACT: COMPLETED BY CDA STAFF				
Current Market Value \$				
(Land MV: \$# of a	acres:; Bldg MV: \$	_)		
Current Property Taxes: \$				
Estimated Market Value Following Completion \$				
(Land MV: \$# of a	acres:; Bldg MV: \$	_)		
Estimated Property Taxes: \$				
AUTHORIZED SIGNATURE OF APPLICANT	-			
ACTIONIZED GIONATONE OF ALT EIGAN	_			
I/We certify that all statements on this application are true and correct to the best of my/our knowledge and that any intentional misstatements will be grounds for disqualification.				
I/we authorize and agree to provide reasonable access to information, and reasonable access to construction				
project site to allow monitoring the project implementation for compliance with program objectives and assistance guidelines.				
By signing – applicant(s) agrees to job creation requirements, provide additional information if requested, and				
may be required to provide to Scott County CDA a deposit to cover administration and consulting expenses associated with your project. Unused funds will be returned upon completion of this process.				
If abatement request is approved – an abatement agreement is required.				
Applicant	Title	Date		
Applicant	Title	Date		

WHEN COMPLETE - PLEASE RETURN TO:

Email: jfoust@scottcda.org -Scott County CDA 100 5th Ave. E. Shakopee MN 55379

Submit along with application:

- 1) \$1,500 Application Fee. (Contact for electronic payment procedures)
- 2) Preliminary financial commitment from bank/funding source (commitment letter)
- 3) Pro Forma Analysis
- 4) Financial statements Profit and Loss and Balance Sheet for 2 years and current
- 5) Two-year financial projection
- 6) Construction plans and itemized project construction statement
- 7) Legal Description
- 8) Proof of site control
- 9) Documentation from the City demonstrating current zoning and approval status. If rezoning is necessary or city approval has not been completed, outline the timeframe and approval process.
- 10) All other materials as outlined in application

*The CDA reserves the right to request additional financial documentation as needed to process the application

TENNESSEN WARNING: DATA PRIVACY STATEMENT

In accordance with the Minnesota Government Data Practices Act, the Scott County CDA is required to inform you of your rights as they pertain to private information collected from you. Private data is that information which is available to you from the Scott County CDA but is not available to the public. The personal information the Scott County CDA collects about you is generally considered private.

The information collected from you, as part of the attached application will be used to determine your eligibility for public financial assistance. You are not required to provide this information, but if you do not, the Scott County CDA will not be able to determine your eligibility for assistance.

The private data we collect will be disseminated and used only when it is required for administration and management of the program. Persons or agencies with whom this information may be shared include:

- 1. Members of the Scott County CDA and Scott County CDA staff who review applications.
- 2. Staff persons involved in administration of the assistance program.
- Auditors who perform required audits of Scott County CDA and Scott County programs.
- 4. Other state and federal agencies providing funding assistance to you.
- 5. Those persons whom you authorize to see the data.
- 6. Law enforcement personnel in the case of suspected fraud.

Unless otherwise authorized by state statute or federal law, other government agencies using the private data must also treat it as private.

You may wish to exercise your rights as contained in Minnesota Government Data Practices Act. Those rights include:

- 1. The right to see and obtain copies of the data maintained on you,
- 2. The right to be told the contents and meaning of the data, and

Applicant

3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Executive Director, Scott County CDA, 100 5th Ave. E Shakopee MN 55379.

I/we have read and understand the above information regarding my/our rights as a subject of government data.

Applicant Title Date

Date

Title