



COMMUNITY  
DEVELOPMENT  
AGENCY SCOTT COUNTY

## 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 specific. Identify other funding sources and amounts.*

*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
2. \_\_\_\_\_ New Construction      \_\_\_\_\_ Rehabilitation
3. \_\_\_\_\_ Owner-Occupied      \_\_\_\_\_ Rental

**LENDER INFORMATION:**

Contact Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**LEGAL COUNSEL:**

Contact Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**FINANCIAL INFORMATION:***Additional financial information may be requested.*

## Estimated Project Related Costs:

1. 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

1. Private Financing Institution \$ \_\_\_\_\_
2. Business Assistance Requested (Total Request) \$ \_\_\_\_\_
3. Other Public Funds \$ \_\_\_\_\_
4. Developer Equity \$ \_\_\_\_\_
- 5. TOTAL SOURCES** \$ \_\_\_\_\_

**PUBLIC PURPOSE:**

What benefits will the County and its residents gain if assistance is provided?

\_\_\_\_\_ Provides Affordable Housing \_\_\_\_\_ Provides a mixed income housing option \_\_\_\_\_ Meets goals of city/county  
\_\_\_\_\_ Tax Base \_\_\_\_\_ Removal of Blight \_\_\_\_\_ Redevelopment/Reuse \_\_\_\_\_ Other (please list)

**USE OF HOUSING TRUST FUNDS:**

Please check all that apply.

\_\_\_\_\_ Building Improvements \_\_\_\_\_ Building Expansion \_\_\_\_\_ New Construction \_\_\_\_\_ Other (describe)  
\_\_\_\_\_ Equipment purchases \_\_\_\_\_ Infrastructure/utilities \_\_\_\_\_ Assessments \_\_\_\_\_  
\_\_\_\_\_ Site improvements \_\_\_\_\_ Land acquisition \_\_\_\_\_ Demolition/clean-up \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_

(Land MV: \$ \_\_\_\_\_ # of acres: \_\_\_\_; Bldg MV: \$ \_\_\_\_\_)

Current Property Taxes: \$ \_\_\_\_\_

Estimated Market Value Following Completion \$ \_\_\_\_\_

(Land MV: \$ \_\_\_\_\_ # of acres: \_\_\_\_; Bldg MV: \$ \_\_\_\_\_)

Estimated Property Taxes: \$ \_\_\_\_\_

Applicant	Title	Date
Applicant	Title	Date

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

To exercise these rights, contact the Executive Director, Scott County CDA, 100 5<sup>th</sup> 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
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