Opportunity Enterprise Housing Development

Application #000084 · OEHD

STATUS: Submitted

DOCS NEEDED: 0 all uploaded

Partner Information | Eligibility | Demonstration of Financial Need | Certification | Review & Submit

Organization

Legal Name of Housing Development Partner Applying

* (required) Legal Form of Business

* (required) State of Formation

* (required) EIN / Federal Tax ID

Website

* (required) Business Phone

Mailing Address

Billing Street

Billing City

Billing State

Billing Zip / Postal Code

Required Documents | Optional Documents

Market Study — Upload

Uploaded

Blank.pdf (/sfc/servlet.s...

Upload File

* (required) Billing County

Physical / Business Address

* (required) Is the physical / business address the same as the billing address above?

Primary Contact

* (required) First Name

* (required) Last Name

* (required) Title

Mobile Phone

* (required) Email

* (required) Is the primary contact an owner of the applying organization?

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Project Type & Eligibility

* (required) What type of housing development project are you proposing?

* (required) Will the proposed housing be offered at below-market rates (below market rent or below median sales price)?

* (required) Is the applicant a newly formed entity created solely for the purpose of developing or operating this project?

* (required) Is your Market Study dated within the last year and does it meet HNM content parameters?

Location

Select the project location classification

Select an Option

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Required Documents

Market Study — Upload

Uploaded

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Upload File

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Partner Information | Eligibility | **Demonstration of Financial Need** | Certification | Review & Submit

Project Financing Summary & Demonstration of Need

* (required) Total Project Cost
$

* (required) HD Loan Amount Requested
$

* (required) Capital secured to date from all other sources
$

* (required) Describe why this funding gap cannot be filled through other private, public, philanthropic, or other sources.

Capital-Raising Efforts

Capital-Raising Efforts 1

For each source of financing you approached, complete the fields below and click "Add" to record another source.

* (required) Organization Type

* (required) Organization Name

* (required) If Other: describe the type of financing source

* (required) Amount requested ($)
$

* (required) Outcome

Required Documents

Market Study — Upload
Uploaded
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* (required) If declined or partially approved, what reason were you given?

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Partner Information | Eligibility | Demonstration of Financial Need | **Certification** | Review & Submit

Certification & Submission

* (required) ☑ I am duly authorized to act on behalf of the Housing Development Partner and to submit all documents pertaining to this application. All statements are true and accurate to the best of my knowledge.

* (required) ☑ I understand that if approved for Part 2, all owners of the business will be required to authorize the use of their credit report.

* (required) ☑ By checking this box, I understand and agree that the New Mexico Finance Authority is entitled to rely on all certifications made in this application.

* (required) Authorized Signatory Full Name

test

* (required) Date

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Require Docume

Market Study

—

Upload

Upload

Upload File

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Partner Information | Eligibility | Demonstration of Financial Need | Certification | **Review & Submit**

Review Your Answers

Please review your answers below before submitting. Click "Edit" to make changes.

Partner Information

Edit

ORGANIZATION

LEGAL NAME OF HOUSING DEVELOPMENT PARTNER APPLYING

LEGAL FORM OF BUSINESS

STATE OF FORMATION

EIN / FEDERAL TAX ID

WEBSITE

BUSINESS PHONE

MAILING ADDRESS

BILLING STREET

BILLING CITY

BILLING STATE

BILLING ZIP / POSTAL CODE

BILLING COUNTY

PHYSICAL / BUSINESS ADDRESS

IS THE PHYSICAL / BUSINESS ADDRESS THE SAME AS THE BILLING ADDRESS ABOVE?

PRIMARY CONTACT

FIRST NAME

LAST NAME

TITLE

MOBILE PHONE

EMAIL

IS THE PRIMARY CONTACT AN OWNER OF THE APPLYING ORGANIZATION?

Required Documents

Market Study — Upload

Uploaded

B... ×

Upload File

Eligibility

Edit

PROJECT TYPE & ELIGIBILITY

WHAT TYPE OF HOUSING DEVELOPMENT PROJECT ARE YOU PROPOSING?

WILL THE PROPOSED HOUSING BE OFFERED AT BELOW-MARKET RATES (BELOW MARKET RENT OR BELOW MEDIAN SALES PRICE)?

IS THE APPLICANT A NEWLY FORMED ENTITY CREATED SOLELY FOR THE PURPOSE OF DEVELOPING OR OPERATING THIS PROJECT?

IS YOUR MARKET STUDY DATED WITHIN THE LAST YEAR AND DOES IT MEET HNM CONTENT PARAMETERS?

LOCATION

SELECT THE PROJECT LOCATION CLASSIFICATION
—

Demonstration of Financial Need

Edit

PROJECT FINANCING SUMMARY & DEMONSTRATION OF NEED

TOTAL PROJECT COST
$

HD LOAN AMOUNT REQUESTED
$

CAPITAL SECURED TO DATE FROM ALL OTHER SOURCES
$1.00

DESCRIBE WHY THIS FUNDING GAP CANNOT BE FILLED THROUGH OTHER PRIVATE, PUBLIC, PHILANTHROPIC, OR OTHER SOURCES.

CAPITAL-RAISING EFFORTS

Capital-Raising Efforts 1

ORGANIZATION TYPE

ORGANIZATION NAME

IF OTHER: DESCRIBE THE TYPE OF FINANCING SOURCE

AMOUNT REQUESTED ($)
$

OUTCOME

IF DECLINED OR PARTIALLY APPROVED, WHAT REASON WERE YOU GIVEN?

Certification

Edit

CERTIFICATION & SUBMISSION

I AM DULY AUTHORIZED TO ACT ON BEHALF OF THE HOUSING DEVELOPMENT PARTNER AND TO SUBMIT ALL DOCUMENTS PERTAINING TO THIS APPLICATION. ALL STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

I UNDERSTAND THAT IF APPROVED FOR PART 2, ALL OWNERS OF THE BUSINESS WILL BE REQUIRED TO AUTHORIZE THE USE OF THEIR CREDIT REPORT.

BY CHECKING THIS BOX, I UNDERSTAND AND AGREE THAT THE NEW MEXICO FINANCE AUTHORITY IS ENTITLED TO RELY ON ALL CERTIFICATIONS MADE IN THIS APPLICATION.

AUTHORIZED SIGNATORY FULL NAME

DATE

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