

MISSOURI
LINKED*DEPOSIT
Loans to Develop Our Future

MULTI-FAMILY HOUSING LOAN APPLICATION

Owner: a person, firm or corporation that intends to develop, renovate or construct a low and moderate-income multi-family residential structure.

Developer: an individual who purchases and develops a two or four unit residential structure for low and moderate-income residents and agrees to reside in one of the units or live within one-half mile of the developed structure for at least the next five years.

Name of housing developer/owner: _____

Mailing Address: _____ City: _____

County: _____ State: _____ ZIP: _____

Physical Address (if different than mailing address): _____

City: _____ County: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Social Security #: _____ Tax I.D. #: _____

Telephone Number: _____ FAX Number: _____

Project Description: New Development Rehabilitate Development

Project Address/Location – Street: _____

City: _____ County: _____ State: _____

Number of Units: _____ Bedrooms/Unit: _____ Projected Rent/Unit: _____ MHDC Rent _____
Projected rent cannot exceed MHDC's recommended rent for the corresponding county.

If applying as Developer, address of developer residence: _____

Description of public benefit: _____

Reason for funding request: _____

Total Cost of Project \$ _____ Amount Requested \$ _____

Type, source, and amount of other funding: _____

DEMOGRAPHIC INFORMATION

Have you participated in the Missouri Linked Deposit Program previously? Yes No

If yes, what time period: _____



CLINT ZWEIFEL
MISSOURI STATE TREASURER



Are you a minority-owned firm and/or a female-owned firm or neither (question required by 30.758, RSMo)

Are you a veteran, reservist or member of National Guard or the spouse of such or neither

ATTESTED BY APPLICANT:

- (a) Do not currently owe any unpaid, non-protested taxes to the State or any political subdivision* True False
- (b) Business has no environmental compliance issues with the MO Department of Natural Resources. True False
- (c) No owner of this business has pleaded guilty to or been found guilty of, or is currently incarcerated, on probation or on parole, for a felony or a crime of moral turpitude; and no owner of this business is currently facing charges for a felony or a crime of moral turpitude.* True False
- (d) I have read and verify I am in compliance with all state statutes and policies of Treasurer Zweifel's office relative to the Missouri Linked Deposit Program. True False

**NOTE: Treasurer Zweifel's office may require documentation to verify compliance with these statements.*

I certify that I have the requisite authority to complete this application on behalf of the applicant and that by my signature the applicant and all employees of the applicant shall be bound by its terms and the provisions of sections 30.750 through 30.850, Revised Statutes of Missouri. I certify that this linked deposit loan shall be used exclusively for the purposes indicated in this application. I acknowledge that receipt of the reduced interest rate loan applied for herein carries the obligation to purchase, develop or rehabilitate the multi-family residential property described in this application. I agree to immediately notify Treasurer Zweifel if there is a reasonable expectation that the project will not be able to be completed as described herein. I understand that if the applicant will not be able to or does not meet the projections stated herein, Treasurer Zweifel may deem it necessary to modify the amount, term or interest rate of the deposit, as appropriate. In the event that the loan proceeds are not used for allowable operating expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that Treasurer Zweifel may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests, including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability, and that I am aware of the Conflict of Interest Policy adopted by Treasurer Zweifel's office and I comply with that policy. Furthermore, I certify that I am in compliance with all state and federal laws.

I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. By signing below and accepting the linked deposit, I acknowledge that information related to this linked deposit application may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo.

(Owner/Developer Signature) (Title) (Date)

I understand that as the developer of a two or four unit project, I must currently reside and continue to reside for the next five years within 1/2 mile of the multi-family housing project for which these funds will be used and that I will have to repay the interest savings if I do not meet this requirement.

(Developer's Signature) (Title) (Date)



BANK CERTIFICATION:

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify Treasurer Zweifel's office and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to Treasurer Zweifel's office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify Treasurer Zweifel's office if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this loan.

I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by the Treasurer Zweifel's office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).

The interest rate that would normally apply to this loan is _____%.

I am requesting a multi-year fixed rate? yes no If yes, please submit justification and indicate term.

For Lender:

Signature	Title	Date
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Americans with Disabilities Act (ADA) Notice

No qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs or activities of Treasurer Zweifel's office, or be subjected to discrimination by Treasurer Zweifel. Any applicant for the Missouri Linked Deposit Program who needs special accommodations (e.g., documents prepared in an alternative format or special telecommunications assistance) should request such accommodations from Treasurer Zweifel. For more information about such services, contact the Director of Investments at (573)751-8530.



BORROWER CERTIFICATION FORM

Dear Borrower,

Please review and certify by signing below that you meet all the following requirements for receiving a Missouri Linked Deposit Program loan. You may access our ineligible borrowers list at this website: www.treasurer.mo.gov/IneligibleBorrowers.aspx. You must sign and return this form to our office in order for your application to be approved. If your signed form is not returned to our office, your application will not be approved. **Please note** – a separate, signed, Certification Form is required from each owner of a business, farm or entity that is applying for Missouri Linked Deposit Program benefits.

I, _____ (print name), certify that:

1. I am applying to receive a Missouri Linked Deposit Program loan;
2. I have not pleaded guilty to or been found guilty of or am not currently incarcerated, on probation or on parole for a felony conviction or a crime of moral turpitude;
3. I am not currently facing charges for a felony or a crime of moral turpitude and am not currently on probation for any crime;
4. I have read and verify that I am not in violation of the Treasurer’s Conflict of Interest Policy (www.treasurer.mo.gov/policiesandinformation.aspx); and
5. I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. **I also acknowledge that information related to this linked deposit application (such as business name, loan amount, estimated savings, etc) may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo. (Customer Initials) _____**

Please confirm your business or farm mailing address:

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Please confirm the physical address of your business or farm (if different than mailing):

Address: _____

City: _____ County (please provide all counties, if necessary): _____

State: _____ Zip: _____

Signature of applicant Date

Print Full Name Date of Birth Name of Business, Farm, or Entity on loan application