



**Dignity Health Community Investments
Housing Application Form**

I. Basic Organizational Information

1. Date of Application: _____ Contact Person: _____

2. Name of Borrower:

3. Address:

4. Telephone: () _____ Fax: () _____
E-Mail: _____

5. Name of Sponsor Organization (if any): _____
Address of Sponsor Organization: _____

6. Explain the relationship between Borrower and Sponsor:

7. What is the legal structure of the Borrower?

8. Amount requested (give minimum & maximum): \$ _____
Interest Rate (give range): _____% Desired Term (Number of Years): _____

9. Total Project Cost: \$ _____

II. History of the Organization

1. When was the organization incorporated? _____



**Dignity Health Community Investments
Housing Application Form**

2. Give a brief description of the Borrower’s philosophy and mission.

3. How many paid staff members are there? _____ List primary staff positions:

4. Describe the geographic and demographic area that your organization serves. (Include information about the population, median family income, and any other information that would be helpful in understanding your service area.)

5. If your organization has members in addition to the Board (i.e. tenant’s council), describe the qualifications for membership and the extent of their involvement.

6. Social Criteria: The following statements constitute DIGNITY HEALTH’s social criteria. Describe an event or activity of your organization that actualizes DIGNITY HEALTH’s social criteria. You need not address every one.

How does your organization/project:

- Target resources to low-income communities:

- Invest in the revitalization of urban or rural areas:

**Dignity Health Community Investments
Housing Application Form**

- Empower low-income people to create, manage and own enterprises:

- Demonstrate a commitment to healthy communities:

- Safeguard the environment as it links to the health of the community:

III. Project Information

1. Site Address: _____

2. Do you have site control? YES NO

3. Has the site been inspected? YES NO

If YES, by whom? _____

4. Has the site been appraised? YES NO

If YES, please send a copy.

5. Are any taxes owed on the site? YES NO

If YES, amount? \$ _____ Who is responsible? _____

6. Describe this project. (Revitalize neighborhood, expand space, provide community support, long-term affordability, etc.)

**Dignity Health Community Investments
Housing Application Form**

7. Are there any challenges or road blocks to the success of this project? If so, please describe.

8. If a new project, do you have a development team? If so, please complete the following:

Project Director within your organization: _____

Architect: _____

Construction Manager/Consultant: _____

Attorney: _____

Financial Consultant/Bookkeeper: _____

General Contractor: _____

Property Management (post construction): _____

9. Are there any other technical assistance advisors connected with the project or needed for the project?

____ YES ____ NO

If YES, please identify and indicate if they are committed or needed.

10. What is the timetable for completion of this development? Give starting date and months to complete.

	Start Date	No. of Months to complete
Pre-development phase:	_____	_____
Construction phase:	_____	_____
Rent-up/Occupancy phase:	_____	_____



**Dignity Health Community Investments
Housing Application Form**

IV. Development Plan and Financing

1. Please include a complete pro-forma for the project's development phase (if applicable) and for five years of operations.

2. Indicate the other sources of financing for this project:

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Other: _____

3. How will this loan be secured? _____

4. What is the source of repayment on this loan? _____

5. If this loan is for construction of rehab financing, pre-development or start-up costs, what is the source and status of take-out financing?

6. List any other matters that you believe pertinent to our understanding of this project and loan request.

**Dignity Health Community Investments
Housing Application Form**

7. Please include the following documents as applicable:
- ***Rental Project***
Marketing Plan
 - ***Homeownership Project***
Marketing Plan
Homebuyer's Mortgage Qualification Plan
 - ***Emergency Shelter/Transitional Housing/SRO Projects***
Social Service/Management Plan

V. Property Usage

1. The present owner(s) of the property is/are:

2. The present occupant(s) of the property is/are:

3. The previous and present use of the property is/are:

Present: _____

Previous: _____

4. The previous and present use of all adjacent properties is/are:

Present: _____

Previous: _____

5. Has the property or any adjacent property ever been used for industrial, manufacturing, refining or processing purposes? _____ YES _____ NO

If YES, please describe:



**Dignity Health Community Investments
Housing Application Form**

APPLICATION CHECK LIST

Please include the following items with your completed application:

- _____ Certified Articles of Incorporation by the Secretary of State. (The Secretary of State should certify that this is a true copy of your articles, including any amendments if applicable.)
- _____ Current Letter (dated within the last six months) from the IRS and from the State Tax Authority authorizing your tax exempt status.
- _____ Certified By-Laws of the Borrower by your Corporate Secretary (your Corporate Secretary should certify that this is a true and correct copy of your By-Laws).
- _____ Certification, Corporate Resolution to Borrow and Incumbency Certificate of the Board of Directors of the Borrower authorizing the loan, indicating the amount, indicating the security, and naming the person(s) designated to sign documents on your behalf (template enclosed)*.
- _____ Attorney's Certification (form enclosed)*.
- _____ Current Certificate of Good Standing for the State in which you are incorporated and for all states where you are qualified to conduct business*.
- _____ Audited Financial Statements for the past three fiscal years.
- _____ Financial Statements for the current year that compares actual to budget, and lists borrower's sources of income and expenses.
- _____ Next year's organizational budget if your fiscal year ends within three months of the filing date of this application.
- _____ Descriptive brochure of the Borrower and/or pictures of the project (if available)
- _____ Appraisal and Title Search
- _____ Wire Instructions for where Dignity Health funds are to be wired, including:
 - Bank Name
 - Bank Address
 - Bank Routing Number (ABA #)
 - Account Name
 - Account Number
 - Reference (if applicable)

(continued on next page...)



**Dignity Health Community Investments
Housing Application Form**

- _____ List of your Board of Directors with occupation/affiliation, term of office, indication if a member is a person of low income, indication if elected or appointed.

- _____ Names and resumes of Borrower's top two or three senior managers (e.g. Director, CFO).

- _____ Letters of Support (preferably, if applicable, one letter should be from the Dignity Health facility in your area).

- _____ Development pro-forma as outlined in Section IV, Item 1.

- _____ Housing documents as applicable and outlined in Section IV, Item 7.

***These documents are *not* required with the application, but *are* required before funding.**



**Dignity Health Community Investments
Housing Application Form**

CORPORATE RESOLUTION TO BORROW¹

_____ (**Name of Organization**) _____

The Board of Directors of _____ (organization) _____ hereby authorized the submission of a Loan Application, the incurring of indebtedness, the execution of a Loan Agreement and any Agreements thereto, a Promissory Note, a Deed of Trust and any other documents necessary to secure a loan from Dignity Health ("DIGNITY HEALTH").

WHEREAS,

A. _____ (organization) _____ is a nonprofit corporate entity established under the laws of the State of California and empowered to own property, borrow money, and give security for loans.

B. DIGNITY HEALTH is authorized to make loans as part of its alternative investment policy to nonprofit corporations for charitable purposes.

C. _____ (organization) _____ wishes to obtain from DIGNITY HEALTH a Loan for the purpose of _____

¹ This Corporate Resolution to Borrow is intended to be a model for a Resolution authorizing a Loan Agreement. Applicants may use their own format if it contains substantially all the authorizations in the model.



**Dignity Health Community Investments
Housing Application Form**

BE IT RESOLVED THAT

1. _____(organization)_____ shall submit to DIGNITY HEALTH an application for a loan in the form requested by DIGNITY HEALTH.

2. If the Loan is approved, _____(organization)_____ is hereby authorized to incur indebtedness in an amount not exceeding \$_____, and to enter into a Loan Agreement with DIGNITY HEALTH for the purposes set forth in the loan application and Loan Agreement as approved by DIGNITY HEALTH. _____(organization)_____ may execute a Promissory Note, a Deed of Trust and such other instruments necessary as required by DIGNITY HEALTH to evidence and secure the indebtedness.

3. _____(organization)_____ authorizes _____(person, title)_____, to execute in the name of _____(organization)_____, the Loan Application and the Loan Agreement, Promissory Note, a Deed of Trust and such other instruments necessary or required by DIGNITY HEALTH for the making and securing of the Loan, and any amendments thereto.

4. _____(organization)_____ authorizes _____(person, title)_____ to execute any and all documentation required by DIGNITY HEALTH in the disbursement of funds during the term of the Loan.

Passed and adopted on ____ day of _____, 2000, by the following vote:

Ayes: _____

Nays: _____

Abstain: _____

Absent: _____



**Dignity Health Community Investments
Housing Application Form**

CERTIFICATE OF SECRETARY

The undersigned _____, Secretary of _____ (organization) _____, does hereby attest and certify that the foregoing is a true and full copy of a Resolution of the Board of Directors adopted at a duly convened meeting on the date above-mentioned, which has not been altered, amended or repealed.

INCUMBENCY CERTIFICATE

The undersigned _____, Secretary of _____ (organization) _____, does hereby attest and certify that the signature(s) below are those of the person(s) authorized pursuant to the above resolution to execute in the name of _____ (organization) _____, the Loan Application and the Loan Agreement, Promissory Note, a Deed of Trust and such other instruments necessary or required for the making and securing of the Loan, and any amendments thereto.

(Person, Title)

(Signature)

(Person, Title)

(Signature)

Dated: _____

Secretary

(Name of Organization)

**Dignity Health Community Investments
Housing Application Form**

ATTORNEY'S CERTIFICATION²

I _____, legal counsel for _____ ("the Borrower") am duly authorized to practice law in the State of California, and have sufficient knowledge and experience to give the opinions contained herein. I am personally knowledgeable about the status and affairs of the Borrower and hereby certify that the following are true and correct to the best of my knowledge. This opinion is provided in connection with the entering into of a debt transaction between the Borrower and Dignity Health (the "Loan Agreement"), and the associated Promissory Note (the "Note").

1. The Borrower is a nonprofit public benefit corporation, duly organized and validly existing under the laws of the State of California.

2. The Borrower is duly licensed or qualified and in good standing in all jurisdictions where the nature of the business conducted or assets owned or leased by it requires such licensing or qualifying.

3. The Borrower is incorporated as a nonprofit public benefit corporation under the laws of the State of California. The Borrower is recognized by the Internal Revenue Service as an organization described in Section 501(c)(3) of the Code, and is not a private foundation as defined in Section 509(a) of the Code, because it is an organization described in Section 509(a)(1) and 170(b)(1)(A)(vi) of the Code. I have no knowledge of any circumstances under which such exempt status may be jeopardized; the Borrower has received no notice of impending audit or investigation of its tax exemption, nor is any such audit or investigation currently under way.

4. The Borrower is legally empowered to incur indebtedness and to enter into the Loan Agreement with Dignity Health for the purposes set forth in the Loan Agreement.

² This Attorney's Certification is intended to be a model for a legal Opinion regarding the loan transaction contemplated herein. Applicants may use their own format if it contains substantially all the statements in the model.



**Dignity Health Community Investments
Housing Application Form**

5. This Loan Agreement has been duly approved and authorized by the actions of the governing body of The Borrower.

6. The Borrower has full power and authority to own property, conduct its business as now conducted and execute, deliver and perform the Loan Agreement and the Note and to perform each and all of the matters and things therein provided for.

7. The Borrower is not currently in bankruptcy or subject to court supervised insolvency proceedings.

8. The Borrower is not currently subject to investigation, claims or actions by a person, firm, court or government agency as the result of a staff and/or board member violating any laws or regulations. There is no legal action or proceedings pending or to the Borrower's or my knowledge threatened against the Borrower.

Date: _____

Legal Counsel

Firm Name

Firm Address

Phone Number