

Form 1 - Homeownership Project/Program Summary

PROJECT/PROGRAM APPLICANT

Applicant Organization:	City of Racine		
Organization Address:	730 Washington		
City and Zip Code:	Racine 53403	County:	Racine
Executive Director:	Brian O'Connell	Email:	Michael.lechner@CityofRacine.org
Phone:	262-636-9151	Fax:	
Agency Project Contact:		Email:	
Phone:	262-636-9151	Fax:	
Development Consultant Contact:	Michael Lechner	Email:	
Phone:	262-636-9197	Fax:	
DUNS Number:			
Federal Tax ID Number:	39-6005581		
First Time Applicant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

(If yes, see list of required attachments at end of Form 1)

ORGANIZATION TYPE

(check only one)

- Government
- Local Housing Authority
- Nonprofit Community, Neighborhood, State or Regional Organization
- Federally-recognized Indian Tribe in the State of Washington
- Private Developer
- Partnership

BRIEF NARRATIVE PROJECT DESCRIPTION (Limit response to the space below)

Build new home on vacant infill lot. Home to be sold to low to moderate low income family.

Form 1 - Homeownership Project/Program Summary

PROJECT/PROGRAM NAME

Project/Program Name:	1801 Grand		
Project Address (if applicable) or Location:	1801 Grand		
City:	Racine	County:	Racine
Project tax parcel #:	1752300	Zip Code:	53403
State Legislative District:			
Federal Congressional District:			

PROJECT INFORMATION

Instructions:

- Please note that some of the information requested in this application is specific to homeownership development projects only, and some is specific to down payment assistance or owner-occupied rehabilitation programs, only.
- These distinctions are identified in the section titles.

For Existing Housing Only (check one):

- Privately Owned

- Publicly Owned
- Owned by Applicant
- Other (please specify)

Project/Program Model (check all that apply)

- Self-help/Sweat equity
- Habitat for Humanity
- Community land Trust
- Aquisition, Rehab, Resale

Form 1 - Homeownership Project/Program Summary

POPULATION(S) TO BE SERVED

Instructions:

- Enter the total number of participating households that will qualify as Single Head of Household in column A. The definition of Single Head of Household is found in the glossary. These households should be included in the total in column C.
- Enter the total number of participating households that will meet the definition of a First-time Homebuyer in Column B. The definition of a First-time Homebuyer is found in the glossary. These households should be included in the total in column C.
- Enter the total number of units to be acquired, developed or rehabilitated for the target population in column C.
- Review the example shown here before completing the table below.

SAMPLE: This program will provide home purchase financial assistance to 32 first-time homebuyer households, including an estimated 8 disabled households. Twelve from the general population of income-eligible families will also meet the Single Head of Household definition.

Population Type	A. Single Head of Household	B. First-time Homebuyers	C. Total Number of Households/Units
General	1	0	1
Senior (independent living)			
Farmworkers			
Disabled			
Developmentally disabled			
Total Units in Project or Program:	1	0	1

POPULATION(S) TO BE SERVED

Population Type	A. Single Head of Household	B. First-time Homebuyers	C. Total Number of Households/Units
General	1		1
Senior (independent living)			0
Farmworkers			0
Disabled			0
Developmentally disabled			0
Total Units in Project or Program:	1	0	1

Form 1 - Homeownership Project/Program Summary

PROPOSED NUMBER OF UNITS/BEDS BY BEDROOM SIZE AND AFFORDABILITY

Instructions:

- Enter the number of households that will receive assistance by median income and bedroom size.
- Review the example shown here before completing the table below.

SAMPLE: *This program will assist a total of 55 households acquire homes. All households will have incomes less than or equal to 80% of median. Home sizes will vary according to need.*

% of Median Income	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	Five Bedroom	Total Units
0 - 30 %						0
31 - 50%						0
51 - 60%						0
61 - 80%			1			1
Total	0	0	1	0	0	1

PROPOSED NUMBER OF UNITS/BEDS BY BEDROOM SIZE AND AFFORDABILITY

% of Median Income	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom	Five Bedroom	Total Units
0 - 30 %						0
31 - 50%						0
51 - 60%						0
61 - 80%		0	1			1
Total	0	0	1	0	0	1

Form 1 - Homeownership Project/Program Summary

PERMANENT CAPITAL FUNDING SOURCES AND TOTAL DEVELOPMENT COST

Residential			
Source and Type	Proposed Funding	Committed/ Conditional Funding	Total Funding
Home	\$280,000		\$280,000
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
			\$0
Total Residential Development	\$280,000	\$0	\$280,000

[1]

See Chapters 3 and 6 of the Housing Trust Fund Guideline and Procedure Handbook for further information.

Non-Residential			
Source and Type	Proposed Funding	Committed/Conditional Funding	Total Funding
			\$0
			\$0
Total Non-Residential Development Cost	\$0	\$0	\$0

Residential and Non-Residential Total Development Costs			
Source and Type	Proposed Funding	Committed/Conditional Funding	Total Funding
Total Development Cost	\$280,000	\$0	\$280,000

Form 1 - Homeownership Project/Program Summary

Attachment

- Board resolution or board minutes authorizing submittal (Submit with Stage 2)

Attachments for First Time Applicants Only (use colored separator sheets between documents)

- 501(c) 3 letter
- Certification from the Washington State Secretary of State that the applicant is registered to do business in Washington as a nonprofit organization in accordance with RCW 24.03
- Board composition list (members, addresses, occupations, and length of tenure on the Board)
- Audit reports for the past two years. If audits have not been completed, financial statements for each of the past two fiscal years and a year-to-date statement certified by the applicant's Chief Financial Officer, and for nonprofit organizations, tax return 990 forms for the past two years.

Form 2 - Homeownership Project/Program Schedule

Instructions:

- Provide "Date Completed" and "Status" information for the following project tasks at a minimum.
- If a task does not apply to your project, enter N/A. To add additional tasks, insert additional lines as needed.
- Submit this form in chronological order. Use the sort function to reorder the form by the "Date Completed" column.
- Project schedule must be consistent with Form 10A Estimate of Cash Flow During Development.

Category	Tasks	Date Completed/ Expected Completion	Status
	<i>For each new task you enter in this column, also enter the appropriate category in the first column.</i>		
Homeownership Activities	Selection of marketing and sales agency	4/1/2016	<i>(e.g., Completed marketing and sales agency selection process in February 2005.)</i>
Homeownership Activities	Selection of counseling and training entities	upon accepted offer	
Homeownership Activities	Homebuyer education classes	upon accepted offer	
Homeownership Activities	Prequalification of homebuyers	upon accepted offer	
Homeownership Activities	Begin home sales	4/1/2016	
Site Control	Purchase	1/16/2013	<i>(e.g., Purchased property 2/15/05.)</i>
Site Control	Option		
Feasibility Analysis/Due Diligence	Site survey	4/15/2015	
Feasibility Analysis/Due Diligence	Market study	5/30/2015	<i>(e.g., Completed market study was provided on 2/29/05.)</i>
Feasibility Analysis/Due Diligence	Phase I Environmental Assessment	10/31/2013	
Feasibility Analysis/Due Diligence	Phase 2 Environmental Assessment		
Feasibility Analysis/Due Diligence	SEPA / NEPA		

Form 2 - Homeownership Project/Program Schedule

Feasibility Analysis/Due Diligence	Capital needs assessment		
Feasibility Analysis/Due Diligence	Neighborhood notification (if required)	N.A.	
Feasibility Analysis/Due Diligence	Relocation of existing tenants	N.A.	
Financing	Appraisal	4/1/2016	<i>(e.g., Appraisal completed in February 2005)</i>
Financing	Financial underwriting		
Financing	Application for funding (specify source):*	6/18/2015	
Financing	Application for funding (specify source):		
Financing	Application for funding (specify source):		
Financing	Construction cost estimate	1/5/2015	
Financing	Lender selection		
Financing	Funding for homebuyer counseling and training		
Financing	Award date for funding source (specify):*	6/1/2015	
Financing	Award date for funding source (specify):		
Financing	Award date for funding source (specify):		
Design/Permitting	Preliminary drawings completed	1/5/2015	<i>(e.g., Completed architectural drawings in February 2005.)</i>
Design/Permitting	Zoning approval	1/5/2015	
Design/Permitting	Site plan approval	1/5/2015	
Design/Permitting	Building permits issued	7/25/2015	
Construction	Selection of general contractor	7/15/2015	<i>(e.g., Completed general contractor selection process in February 2005.)</i>
Construction	Begin construction	8/1/2015	
Construction	Issued certificate of occupancy	4/1/2016	

**Form 2 - Homeownership
Project/Program Schedule**

**Form 2 - Homeownership
Project/Program Schedule**



**Form 2 - Homeownership
Project/Program Schedule**



**Form 2 - Homeownership
Project/Program Schedule**



Form 5B Non-Residential Development Budget

Instructions:

- Note: Add an extra page if more columns are needed. Do NOT combine funding sources in a column.
- Minimum construction contingencies are 10% for new construction, 15% for rehabilitation; explain variations.

Acquisition Costs:

Purchase Price
Liens
Closing, Title & Recording Costs
Extension payment
Other:

SUBTOTAL

Non-Residential Total	Non-Residential			
	Source	Source	Source	Source
\$0				
\$0				
\$0				
\$0				
\$0				
\$0	\$0	\$0	\$0	\$0

Construction:

Basic Construction Contract
Bond Premium
Infrastructure Improvements
Hazardous Abate. & Monitoring
Construction Contingency (____%)
Sales Taxes
Other Construction Costs:

Other Construction Costs:

SUBTOTAL

\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0	\$0	\$0	\$0	\$0

Development:

Appraisal
Architect/Engineer
Environmental Assessment
Geotechnical Study
Boundary & Topographic Survey
Legal
Developer Fee
Project Management
Technical Assistance
Other Consultants:

Other:

SUBTOTAL

\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0	\$0	\$0	\$0	\$0

Other Development:

Real Estate Tax
Insurance
Relocation
Bidding Costs
Permits, Fees & Hookups
Impact/Mitigation Fees
Development Period Utilities
Construction Loan Fees
Construction Interest
Other Loan Fees (Impact Capital, State HTF, etc.)
LIHTC Fees
Accounting/Audit
Marketing/Leasing Expenses
Carrying Costs at Rent up
Operating Reserves
Replacement Reserves

SUBTOTAL

\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0				
\$0	\$0	\$0	\$0	\$0

Total Non-Residential Cost:

\$0	\$0	\$0	\$0	\$0
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Form 5C Residential Development Budget Narrative

Instructions:

- For each cost item, explain the basis for the cost, when the estimate was made and identify who made the estimates

Acquisition Costs:

Purchase Price
 Liens
 Closing, Title & Recording Costs
 Extension payment
 Other:

Total Residential Cost	
\$0	
\$10,819	Service complete funded by WHEDA
\$0	
\$0	
\$0	

Construction

Basic Construction Contract
 Bond Premium
 Infrastructure Improvements
 Hazardous Abate. & Monitoring
 Construction Contingency (%)
 Sales Taxes
 Other Construction Costs:

 Other Construction Costs:

\$220,000	Prior build cost of similar home. Michael Lechner
\$0	
\$8,000	Prior build cost of similar home sewer and water service.
\$0	
\$23,000	Prior build cost of similar home. Michael Lechner
\$0	
\$0	
\$0	

Development:

Appraisal
 Architect/Engineer
 Environmental Assessment
 Geotechnical Study
 Boundary & Topographic Survey
 Legal
 Developer Fee
 Project Management
 Technical Assistance
 Other Consultants:

 Other:

\$0	
\$2,000	Prior build cost of similar home. Michael Lechner
\$0	
\$0	
\$2,000	Prior build cost of similar home. Michael Lechner
\$0	
\$7,500	
\$0	
\$0	
\$0	
\$0	

Other Development:

Real Estate Tax
 Insurance
 Relocation
 Bidding Costs
 Permits, Fees & Hookups
 Impact/Mitigation Fees
 Development Period Utilities
 Construction Loan Fees
 Construction Interest
 Other Loan Fees (Impact Capital, State HTF, etc.)
 LIHTC Fees
 Accounting/Audit
 Marketing/Leasing Expenses
 Carrying Costs at Rent up
 Operating Reserves
 Replacement Reserves

\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	
\$0	

**Form 5C
Residential Development Budget Narrative**



Form 5D Supplemental Development Budget - Single House

Instructions:		
• Briefly describe the underlying assumptions for each item listed below.		
Revenue	Dollars	Assumptions
Sale of housing unit	\$95,000	
Minus selling costs	5.00% \$4,750	
Total Revenue	\$90,250	
Costs		
Land acquisition		
Planning/engineering	\$4,000	
Site improvements	\$8,000	
House construction	\$247,000	
Fees and other soft costs:	\$7,500	
Item (specify):		
Item (specify):		
Item (specify):		
Item (specify):		
Item (specify):		
Total fees and other soft costs:	\$0	
Costs Subtotal	\$259,000	
Estimated financing costs		
Total Costs	\$259,000	
Total revenue	\$90,250	
Minus total costs	\$259,000	
Amount of Subsidy Required	-\$168,750	

Form 6A - Homeownership Residential Per Unit Cost Data

Summary of Development Costs

Total Development Cost	\$273,319	
Less Non-Residential Cost	\$0	
Total Residential Cost	\$273,319	Repeat as A below

Residential Unit Costs

A.	Total residential development cost	\$273,319	A
B.	Number of residential units (pads for mobile home parks, bedrooms for shelters, group homes, and other forms of shared housing)	1	B
C.	Maximum number of individuals to be served	7	C
D.	Number of households to be housed	1	D
E.	Number of residential square feet	1814	E

Bridge & Permanent Financing Detail

Bridge Financing

Source	Amount	Interest Rate	Term	Source of Repayment
N.A.				
Total of all Bridge Financing	\$0			

Permanent Financing

Source	Amount	Interest Rate	Term	Comments <small>(If tax credit, indicate 4% or 9%)</small>
N.A.				
Total of Permanent Financing	\$0			= "Total Development Cost" in Project Summary

Form 6B Estimate of Cash Flow During Development

Project Name:

SOURCES AND AMOUNT OF REVENUE:

Short-term Financing

N.A.

SUBTOTAL

Quarter 1 Mo./Yr.	Quarter 2 Mo./Yr.	Quarter 3 Mo./Yr.	Quarter 4 Mo./Yr.	Quarter 5 Mo./Yr.	Quarter 6 Mo./Yr.	Quarter 7 Mo./Yr.	Quarter 8 Mo./Yr.	Quarter 9 Mo./Yr.	Quarter 10 Mo./Yr.	Totals
										\$0
										\$0
										\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Permanent Financing

HOME Funds

SUBTOTAL

\$280,000										\$280,000
										\$0
										\$0
										\$0
\$280,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$280,000

Total Revenue By Quarter

\$280,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$280,000
										\$280,000

cross-check

EXPENSES:

Acquisition Costs

Construction Costs

Dev. Costs: Professional

Other Development Costs

Repayment of Pre-Dev Loan

Total Cost By Quarter

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6	Quarter 7	Quarter 8	Quarter 9	Quarter 10	Totals
										\$0
\$73,000	\$74,000	\$81,000	\$23,000							\$251,000
\$12,350	\$8,300	\$8,350								\$29,000
										\$0
										\$0
										\$0
\$85,350	\$82,300	\$89,350	\$23,000	\$0	\$0	\$0	\$0	\$0	\$0	\$280,000

cross-check

REMAINDER BY QUARTER:

(Revenue less Cost)

\$194,650	(\$82,300)	(\$89,350)	(\$23,000)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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Notes on Potential Cash Flow Problems:

Form 6C Homebuyer Affordability Worksheet

Household Income Assumptions	
Percent of median income:	80%
Household size	4
Gross annual income	\$52,400
Gross monthly income	\$4,367
Percent of income available for housing*	30%
Percent total monthly debt (PITI + other monthly debt payments)	\$1,310.00

Property Acquisition Cost Assumptions	
Purchase price	\$95,000
Down payment required	\$9,500
Closing costs	\$0
Cash needed at closing	\$9,500
Homebuyer cash/sweat equity	\$0
Affordability gap (cash needed minus homebuyer cash available)	\$9,500

Mortgage Financing	
Amount financed	\$85,500
Loan-to-value ratio	
First mortgage amount	\$0
Monthly payment	\$0
Second mortgage amount	\$0
Monthly payment	\$0
Third mortgage amount	\$0
Monthly payment	\$0
Fourth mortgage amount	\$0
Monthly payment	\$0
Fifth mortgage amount	\$0
Monthly payment	\$0

Monthly Income Available for Debt Service	
Maximum total monthly debt payments	\$0
Maximum monthly housing cost	\$0
Property taxes	\$0
Insurance	\$0
Private mortgage insurance	\$0
Other monthly costs (e.g., car payments, credit cards, condo dues) - Specify	\$0
Maximum Total PI Payment	\$0

Monthly Debt Service Payments	
<i>The total of monthly payments cannot exceed the amount available for debt service.</i>	\$0
First mortgage	\$0
Second mortgage	\$0
Third mortgage	\$0
Fourth mortgage	\$0
Fifth mortgage	\$0
Total of monthly payments	\$0

Mortgage Assumptions	
Type (e.g., amortized, deferred, grant)	
Interest rate	
Term (e.g., number of years amortized or deferred, due on sale)	
Type (e.g., amortized, deferred, grant)	
Interest rate	
Term (e.g., number of years amortized or deferred, due on sale)	
Type (e.g., amortized, deferred, grant)	
Interest rate	
Term (e.g., number of years amortized or deferred, due on sale)	
Type (e.g., amortized, deferred, grant)	
Interest rate	
Term (e.g., number of years amortized or deferred, due on sale)	

*Note: City recommends a range of 28 to 32%. If you are using a different ratio, please explain on *Form 3 - Project/Program Description*.

Sponsor Name: City of Racine Project Name: 1801 Grand
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Related entity means an org that is less than an arms length form the Project Sponsor

Development Team Contact Information

<u>Project Sponsor</u>	
Firm Name:	City of Racine
Contact Person and Title:	Brian O'Connell Director
Address:	730 Washington Ave.
City:	Racine State: WI. Zip Code: 53403
Phone:	262-636-9151 Fax: _____
Email:	Brian.oconnell@CityofRacine.org

<u>Development Consultant</u>	
Firm Name:	City of Racine
Contact Person and Title:	Michael Lechner Housing Tec.
Address:	730 Washington Ave.
City:	Racine State: WI. Zip Code: 53403
Phone:	Email: Michael.lechner@CityofRacine.org
Related to other Development Team members?	NO
Related to Whom:	Related How: _____

<u>Architect</u>	
Firm Name:	Paul Wawrzyniak
Contact Person and Title:	Paul Wawrzyniak
Phone:	262-456-1353 Email: p_wawrzy@yahoo.com
Related to other Development Team members?	NO
Related to Whom:	Related How: _____

<u>Engineer</u>	
Firm Name:	_____
Contact Person and Title:	_____
Phone:	Email: _____
Related to other Development Team members?	YES/NO
Related to Whom:	Related How: _____

<u>Environmental Engineer</u>	
Firm Name:	_____
Contact Person and Title:	_____
Phone:	Email: _____
Related to other Development Team members?	YES/NO
Related to Whom:	Related How: _____

<u>Project Attorney</u>	
Firm Name:	_____

Contact Person and Title:	_____		
Address:	_____		
City:	_____	State: _____	Zip Code: _____
Phone:	_____	Email: _____	
Related to other Development Team members?	YES/NO		
Related to Whom:	_____	Related How: _____	

<u>Appraiser</u>			
Firm Name:	The Johnson Team		
Contact Person and Title:	Tom Johnson Broker		
Phone:	262-488-1395	Email: TeamJohnsonRacine@gmail.com	
Related to other Development Team members?	NO		
Related to Whom:	_____	Related How: _____	

<u>Market Study Firm</u>			
Firm Name:	The Johnson Team		
Contact Person and Title:	Tom Johnson Broker		
Phone:	262-488-1395	Email: TeamJohnsonRacine@gmail.com	
Related to other Development Team members?	NO		
Related to Whom:	_____	Related How: _____	

<u>Property Management Firm</u>			
Firm Name:	City of Racine		
Contact Person and Title:	Michael Lechner Housing Tec.		
Address:	730 Washington Ave.		
City:	Racine	State: WI.	Zip Code: 53403
Phone:	262-636-9112	Email: Michael.lechner@CityofRacine.org	
Related to other Development Team members?	NO		
Related to Whom:	_____	Related How: _____	

<u>General Contractor</u>			
Firm Name:	TBD		
Contact Person and Title:	_____		
Phone:	_____	Email: _____	
Related to other Development Team members?	YES/NO		
Related to Whom:	_____	Related How: _____	

<u>Sustainable Development Project Manager</u>			
Firm Name:	_____		
Contact Person and Title:	_____		
Phone:	_____	Email: _____	
Related to other Development Team members?	YES/NO		
Related to Whom:	_____	Related How: _____	

<u>Tax Advisor</u>			
Firm Name:	_____		
Contact Person and Title:	_____		
Phone:	_____	Email: _____	

Related to other Development Team members?	YES/NO
Related to Whom: _____	Related How: _____

<u>Accountant</u>	
Firm Name:	_____
Contact Person and Title:	_____
Phone: _____	Email: _____
Related to other Development Team members?	YES/NO
Related to Whom: _____	Related How: _____

<u>Tax Credit Syndicator / Investor</u>	
Firm Name:	_____
Contact Person and Title:	_____
Phone: _____	Email: _____
Related to other Development Team members?	YES/NO
Related to Whom: _____	Related How: _____

<u>Property Seller/Lessor</u>	
Firm Name:	The Johnson Team
Contact Person and Title:	Tom Johnson Broker
Address:	_____
City: _____	State: _____ Zip Code: _____
Phone: 262-488-1395	Email: TeamJohnsonRacine@gmail.com
Related to other Development Team members?	YES/NO
Related to Whom: _____	Related How: _____

Instructions:
 If you are Contracting with other organizations to offer supportive services in your project, please provide the following information. Add as many tables as needed.

<u>Service Provider</u>	
Firm Name:	_____
Contact Person and Title:	_____
Address:	_____
City: _____	State: _____ Zip Code: _____
Phone: _____	Email: _____
Related to other Development Team members?	YES/NO
Related to Whom: _____	Related How: _____

<u>Service Provider</u>	
Firm Name:	_____
Contact Person and Title:	_____
Address:	_____
City: _____	State: _____ Zip Code: _____
Phone: _____	Email: _____
Related to other Development Team members?	YES/NO
Related to Whom: _____	Related How: _____

Service Provider

Firm Name:	_____		
Contact Person and Title:	_____		
Address:	_____		
City:	_____	State: _____	Zip Code: _____
Phone:	_____	Email:	_____
Related to other Development Team members?	YES/NO		
Related to Whom:	_____	Related How:	_____



Sponsor Name: Enter Sponsor Name Here (will auto fill from Form 1A)
 Project Name: Enter Project Name Here (will auto fill from Form 1A)

Sponsor History

Instructions:
 Indicate for each project what type it was by entering SF (Single-Family) or MF (Multifamily) and F

Sponsor Name: **City of Racine**

Projects Completed in the past 5 years	Role (owner, developer, etc.)	City and State	Number of Units
Example: Heritage Place	<i>Developer</i>	<i>Racine, WI</i>	<i>50</i>
1754 Villa	City of Racine	<i>Racine, WI</i>	1
1643 Villa	City of Racine	<i>Racine, WI</i>	1
912 17th St.	City of Racine	<i>Racine, WI</i>	1
1216 Geneva	City of Racine	<i>Racine, WI</i>	1
1537 Thurston	City of Racine	<i>Racine, WI</i>	1
1706 Maple	City of Racine	<i>Racine, WI</i>	1
1124 Irving	City of Racine	<i>Racine, WI</i>	1
1841 Villa	City of Racine	<i>Racine, WI</i>	1
1620 Flett	City of Racine	<i>Racine, WI</i>	1
1435 Blain	City of Racine	<i>Racine, WI</i>	1
1213 Franklin	City of Racine	<i>Racine, WI</i>	1
2410 Kinzie	City of Racine	<i>Racine, WI</i>	1

Sponsor Name: Enter Sponsor Name Here (will auto fill from Form 1A)
 Project Name: Enter Project Name Here (will auto fill from Form 1A)

Sponsor Pipeline

Instructions:
 • Include projects for which you plan to seek funding in the next 12 months or have received at least
 • Indicate SF (Single Family) or MF (Multifamily), Rehab (R) or New Construction (NC) in project

Projects Currently Being Developed	Role (owner, developer, etc.)	City and State	Number of Units
Example: HeritagePlace	<i>Developer</i>	<i>Racine, WI</i>	<i>50</i>
1437 Owen	<i>Developer</i>	<i>Racine, WI</i>	1

or (Rehab) or NC (New Construction) in the project name. An

Date Development Activities Began	Placed in Service Date	Type of Financing (FHLB, HUD, etc.)
01/2007	01/2009	
2013	2015	HUD
2013	2015	HUD
2013	2015	HUD
2012	2014	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD

at least one funding commitment
name

Date Development Activities Began	End (projected Placed in Service Date)	Type of Financing (FHLB, HUD, etc.)
01/2009	08/2010	
1/2011	4/2016	HUD

Sponsor Name: Enter Sponsor Name Here (will auto fill from Form 1A)
 Project Name: Enter Project Name Here (will auto fill from Form 1A)

Developer Consultant History

Instructions:
 Indicate for each project what type it was by entering SF (Single-Family) or MF (Multifamily) and F

Developer Consultant Name: _____

Projects Completed in the past 5 years	Role (owner, developer, etc.)	City and State	Number of Units
Example: Heritage Place	<i>Developer</i>	<i>Racine, WI</i>	<i>20</i>
1754 Villa	City of Racine	<i>Racine, WI</i>	1
1643 Villa	City of Racine	<i>Racine, WI</i>	1
912 17th St.	City of Racine	<i>Racine, WI</i>	1
1216 Geneva	City of Racine	<i>Racine, WI</i>	1
1537 Thurston	City of Racine	<i>Racine, WI</i>	1
1706 Maple	City of Racine	<i>Racine, WI</i>	1
1124 Irving	City of Racine	<i>Racine, WI</i>	1
1841 Villa	City of Racine	<i>Racine, WI</i>	1
1620 Flett	City of Racine	<i>Racine, WI</i>	1
1435 Blain	City of Racine	<i>Racine, WI</i>	1
1213 Franklin	City of Racine	<i>Racine, WI</i>	1
2410 Kinzie	City of Racine	<i>Racine, WI</i>	1

Sponsor Name: City Of Racine
 Project Name: 1801 Grand

Developer Consultant Pipeline

Instructions:
 • Include projects for which you plan to seek funding in the next 12 months or have received at least
 • Indicate SF (Single Family) or MF (Multifamily), Rehab (R) or New Construction (NC) in project

Projects Currently Being Developed	Role (owner, developer, etc.)	City and State	Number of Units
Example: Heritage Place	<i>Developer</i>	<i>Racine, WI</i>	<i>50</i>
1437 Owen	<i>Developer</i>	<i>Racine, WI</i>	1



3 (Rehab) or NC (New Construction) in the project name. An

Date Development Activities Began	Placed in Service Date	Type of Financing (HTF, HUD, etc.)
1/15/2009	01/2009	HUD
2013	2015	HUD
2013	2015	HUD
2013	2015	HUD
2012	2014	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD
2010	2011	HUD

at least one funding commitment name

Date Development Activities Began	End (projected Placed in Service Date)	Type of Financing (HTF, HUD, etc.)
01/2009	08/2010	
1/2011	4/2016	HUD
