

# Affordable Housing Bond Application

## Applicant Information

**Name of Developer:** Central Valley Coalition for Affordable Housing

### Primary Contact

**Full Name:** Christina Alley

**Title:** CEO

**Address:** Street Address: 3351 M Street, Suite100 City:  
Merced  
State / Province: CA  
Postal / Zip Code: 95348

**Phone Number:** (209) 388-0782

**E-mail:** chris@centralvalleycoalition.com

**Name of Borrowing Entity:** Gateway Terrace II, LP

**Type of Entity:** Partnership

**Will you be applying for State Volume Cap?** Yes

**Name of Property Management Firm** Buckingham Property Management

**Number of Multi-Family Housing Projects Completed in the Last 10 Years:** 10

**Number of Low Income Multi-Family Housing Projects Completed in the Last 10 Years:** 7

### Primary Billing Contact

**Organization:**

**Title:**

Full Name:
Address:
Phone Number:
E-mail:

Project Information

Project Name:	Gateway Terrace II Apartments
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Facility #1

Facility Name:	Gateway Terrace II Apartments
Facility Bond Amount:	10,000,000.00
Facility Address:	Street Address: W. 12th, 13th & K Street City: Merced State / Province: CA Postal / Zip Code: 95340
County:	Merced
Is facility located in an unincorporated part of the County?	No
Lot Size (Acres):	1.66

Number of Units:

Market:	1
Restricted:	49
Total:	50
Amenities:	Tot lot, community room, laundry room
Type of Construction (i.e. Wood Frame, 2 Story, 10 Buildings):	Wood Frame, 2 story
Type of Housing:	New Construction
Facility Use:	Family

<b>Is this an Assisted Living Facility?</b>	No
<b>Has the City or County in which the facility is located been contacted? If so, please provide appropriate contact information below.</b>	Yes
<b>Name of City/County Agency:</b>	City of Merced
<b>City/County Contact:</b>	Mark Hamilton
<b>Phone Number:</b>	(209) 385-6863
<b>E-mail:</b>	hamiltonm@cityofmerced.org

**Public Benefit Information:**

<b>Percentage of Units Designated for Low Income Residents:</b>	98
<b>Percentage of Area Median Income (AMI) for Low Income Housing Units:</b>	48
<b>Total Number of Management Units:</b>	1

Unit Composition and Rents:	Bedrooms	% AMI	No. Restricted Units	Restricted Rent	Market Rent	Expected Savings
	Studio					

Note: Restricted Rent must be at least 10% lower than Market Rent and must be equal to or lower than the HUD rent limit.

**Government Information - Facility is located in:**

<b>Congressional District #:</b>	16
<b>State Senate District #:</b>	12
<b>State Assembly District #:</b>	21
<b>Would you like to include an additional facility?</b>	No

## Facility #2

Number of Units:

Public Benefit Information:

Note: Restricted Rent must be at least 10% lower than Market Rent and must be equal to or lower than the HUD rent limit.

Government Information - Facility is located in:

## Facility #3

Number of Units:

Public Benefit Information:

Note: Restricted Rent must be at least 10% lower than Market Rent and must be equal to or lower than the HUD rent limit.

Government Information - Facility is located in:

## Facility #4

**Number of Units:**

**Public Benefit Information:**

Note: Restricted Rent must be at least 10% lower than Market Rent and must be equal to or lower than the HUD rent limit.

**Government Information - Facility is located in:**

**For projects with more than 4 facilities, please include additional facility information with your application attachments**

**Financing Information**

<b>Tax Exempt Bonds:</b>	10000000
<b>Taxable Bonds:</b>	0
<b>Total Principal Amount:</b>	10000000
<b>Estimated Closing Date:</b>	01-31-19
<b>Bond Maturity:</b>	15
<b>Bond Denominations:</b>	25000
<b>Estimated Interest Rate:</b>	5
<b>Interest Rate Mode:</b>	Fixed
<b>Type of Offering:</b>	Private Placement
<b>Type of Financing:</b>	New Construction
<b>Is this a transfer of property to a new owner?</b>	Yes
<b>Construction Financing Credit Enhancement:</b>	Other

<b>Name of Construction Financing Credit Enhancement Provider or Private Placement Purchaser:</b>	TBD
<b>Permanent Financing Credit Enhancement:</b>	Other
<b>Name of Permanent Financing Credit Enhancement Provider or Private Placement Purchaser:</b>	TBD
<b>Expected Credit Rating:</b>	Unrated
<b>Projected State Allocation Pool:</b>	General
<b>Will the Project use Tax credits as a source of funding?</b>	Yes

## **Finance Team Information**

### **Bond Counsel**

<b>Firm Name:</b>	Orrick Herrington & Sutcliffe
<b>Primary Contact:</b>	Justin Cooper
<b>Title:</b>	Attorney
<b>Address:</b>	Street Address: 405 Howard Street City: San Francisco State / Province: CA Postal / Zip Code: 94105
<b>Phone Number:</b>	(415) 773-5908
<b>E-mail:</b>	jcooper@orrick.com

### **Underwriter/Bank/Bond Purchaser**

### **Financial Advisor**

<b>Firm Name:</b>
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**Primary Contact:**

**Title:**

**Address:**

**Phone Number:**

**E-mail:**

**Trustee**

## **Application Attachments**

Upon submission of your application, please send a nonrefundable \$5,000 issuance fee deposit\* made payable to CSCDA to 1700 North Broadway, Suite 405, Walnut Creek, CA 94596.

\*Applied to issuance fee collected upon bond issuance.

After submission of your application, please forward the following Application Attachments via email to CSCDA Staff or you may upload the attachment files below.

**Attachment A: Applicant Background/Resume**

**Attachment B: Description of Project and Each Facility to be Financed or Refinanced**

**Attachment C: Project Photographs/Drawings (If Available)**

**Application Prepared By:**

**Phone Number:**