



OpenDoor Housing Fund (ODHF) Loan Application

ORGANIZATION INFORMATION				
Legal Name of Business			Business Telephone	Tax Identification Number
Location Address	City	State	Zip	Primary contact person
Mailing Address (if different)	City	State	Zip	Primary contact's phone number
Inception date of the organization	Name of the Executive Director			
Length of Executive Director's time within the organization		Executive Director is full or part time?		
LOAN REQUEST				
Loan Amount Requested: \$				
Use of Loan Proceeds				
MANAGER/DIRECTOR INFORMATION (List all managers and their titles and phone numbers.)				
Name:	Phone Number:		Title:	
Name:	Phone Number:		Title:	
Name:	Phone Number:		Title:	
Name:	Phone Number:		Title:	
FINANCIAL SERVICES INFORMATION				
Name of the organization's accountant?				
Firm's name:				
Address:				
Phone number:				
Primary bank name and phone number:				
CREDIT INFORMATION				
Bank name	Account number	Current balance	As of date:	Checking/Savings/Loan
Bank name	Account number	Current balance	As of date:	Checking/Savings/Loan
Bank name	Account number	Current balance	As of date:	Checking/Savings/Loan

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PLEASE ANSWER THE FOLLOWING QUESTIONS:		
1. Has the borrower used or done business under any other name?	Yes	No
2. Has the organization been involved in any litigation or other legal claims or proceedings?	Yes	No
3. Has the organization ever been through bankruptcy or settled any debts for less than the amount owed?	Yes	No
4. Does the organization owe any past due taxes, including employee taxes?	Yes	No
5. Are any assets shown on the current financial statement pledged or assigned?	Yes	No
6. Is the organization contingently liable as an endorser or guarantor? (include any leases, e.g., vehicle, equipment, premises)	Yes	No
7. If applicable, is the organization current in its tax filings?	Yes	No
8. Please provide the name of the individual(s) authorized to enter into the proposed loan transaction:		
Additional comments or explanation:		
ABOUT YOUR FACILITIES		
Is the organization facility/property Owned? Leased?	If owned, what is your current monthly mortgage payment? \$ If owned, what is the outstanding total mortgage balance? \$	
If owned, original cost or purchase price \$	Present market or appraised value \$	
If leased, when does the lease expire?	What are the monthly lease payments? \$ _____	
Name and address of landlord	Telephone ()	
PROJECT INFORMATION (If loan involves real estate)		
Is the project: New construction - Existing building no. _____ \$ _____ Planned construction		
Are there any existing tenants that will remain in the building? Yes No		
Do you intend to lease out any space Yes No	If you answered yes to either question above, complete the information below.	
Tenant	Square footage	Lease expires
Source of your injection \$ _____	\$ _____ Project land cost	\$ _____ Other
Cash		

SIGNATURES

The signer(s) certifies that he/she is authorized to execute this application for the business named as ("Applicant"), and that all information and documents submitted, including financial statements, are true, correct, and complete. The signer(s) authorizes UUAHC ("Lender") to obtain both consumer and business reports, such as reports from credit bureaus, the Internal Revenue Service, and local departments of consumer and regulatory affairs. The signer(s) further agrees to notify the Lender promptly of any material change in such information. The signer(s) further authorizes the Lender to obtain balance and payoff information on all accounts requiring payoff as a condition of granting credit. **The signer(s) understands and agrees that this application is subject to underwriting and final credit approval.**

1 Signer Title Date
 2 Signer Title Date
 3 Signer Title Date

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COMPLETE AND PROVIDE ALL INFORMATION REQUESTED ON THE CHECKLIST
Once submitted, the completed application and all attached documentation become ODHF's property.
For your records, please retain a copy and do not submit originals of legal, tax documents, etc.

Please include the following items (if applicable)

- 1. Complete signed application**
Fill in all blanks. Please be sure to have relevant managers complete, sign, and date the application.
- 2. Debt Schedule**
List all existing business debt including capital leases.
- 3. Current approved annual budget for organization.**
- 4. General business information**
For example, please include brochures, capability statement, marketing materials, etc.
- 5. Business pro-forma financial statements and cash flow projections and assumptions for the next 3 years**
Please prepare the projections for the next year, on a month-by-month basis. You can show the aggregate numbers for years 2 and 3. A sample monthly cash flow projection worksheet is enclosed.
- 6. Minimum 3 years of complete audited annual financial statements and/or IRS Form 990 returns.**
The past 3 years' annual financial statements, including a balance sheet, income statement, cash flow statement, and a cover letter from your accountant if statements were prepared by a CPA.
- 7. Organizational documents.**
As applicable, please include a copy of articles of incorporation and bylaws., IRS 501(c)(3) determination letter, any business licenses, federal tax ID information, certifications, and assumed name certificates.
- 8. Current business, strategic, or operating plan.**
If available.
- 9. Organizational chart or listing of principal(s) and key employees and current listing of board members.**
Complete with brief resumes or background summaries on manager/director(s) and any key employees.
- 10. Bank statements**
Copies of the last 3 months of statements - no checks (may be required). Applicable when less than 3 years in business and/ or when seeking business expansion funds.

EQUAL CREDIT OPPORTUNITY ACT NOTICE

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provide the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income comes from any public assistance program; or because the applicant has exercised in good faith any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law concerning this organization is?? name and address



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PLEASE LIST ALL EXISTING DEBTS DEBT SCHEDULE DATE _____ *

Creditor Name/Address	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payment	Collateral Pledged	Current or Delinquent
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Total Present Balance

TOTAL MONTHLY
PAYMENT

*Should be the same date as current financial statement.

*Total must agree with balance shown on current financial statement.