MISSOURI
LINKED DEPOSIT
Loans to Develop Our Future

MULTI-FAMILY HOUSING LOAN APPLICATION

☐ **Owner**: a person, firm or corporation that intents 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: _____

Contact Name: _____ Title: _____

Social Security #: _____ Tax I.D #: _____ Number of Borrowers: _____

Phone #: _____ FAX #: _____

Project Description: ☐ New Development ☐ Rehabilitate Development

Project Address/Location - Street: _____

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

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: See Attachments

Reason for funding request: See Attachments

Amount Requested: _____ Total Cost of Project: _____

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: _____

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

ERIC SCHMITT
MISSOURI STATE TREASURER

Missouri State Treasurer Eric Schmitt I PO Box 210 I Jefferson City, Missouri 65102
(573)751-2372 I LinkedDeposits@treasurer.mo.gov I https://www.treasurer.mo.gov/LinkedDeposit

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

APPLICANT CERTIFICATION:

(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 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; no owner is currently facing charges for a felony or a crime of moral turpitude; and no owner is currently on probation for any crime.* ☐ True ☐ False

(d) I have read and verify I am in compliance with all state statutes and policies of the Missouri State Treasurer's office relative to the Missouri Linked Deposit Program. ☐ True ☐ False

** NOTE: The Missouri State Treasurer'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 the Missouri State Treasurer 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, the Missouri State Treasurer 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 the Missouri State Treasurer 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 the Missouri State Treasurer'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 ½ 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.

Owner/Developer 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 the Missouri State Treasurer'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 the Missouri State Treasurer's office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify the Missouri State Treasurer'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 Missouri State Treasurer'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.*

See Attachments

For Lender

Signature | Title | Date

ATTACHMENTS

If requesting multi-year fixed rate, attach justification and indicate term.

Description of public benefit.

Reason for funding request:

Please attach a brief narrative describing the nature of your business, the reason you're requesting a Linked Deposit and the impact it will have on your business.