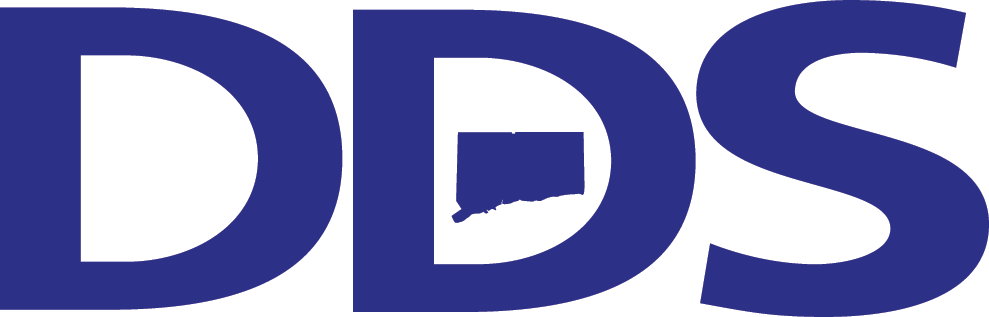


# **State of Connecticut**

**Department of Developmental Services**



Jordan A. Scheff

Commissioner

Dannel P. Malloy

Governor

# Community Residential Facility Loan Application

Purpose of loan:

Construction  Purchase/Renovation  
  Rehabilitation  Refinance (December, 1983)

Amount Requested: $      No. of Months

TOTAL Project Cost: $

No. of Beds

Source of other funds:

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Legal Name of Corporation:

Address:

Town/Zip:

Date of Incorporation:

Is this a Non-Profit Corporation? (Y/N)

Name of Person Responsible for Project:

Proposed State Date of Project:

Proposed Completion Date:

Indicate the Region where this project will be located:

Will this mortgage be subordinate to another mortgage?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list mortgages held by your corporation:

Addresses $ Balance

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Please complete the application section:

1. Construction:

Property Address:

City/Town:

Architect’s Name:

Estimated of Total Project Development Cost

A) Land $

B) Professional $

C) Construction Costs $

D) Equipment & Furnishings $

E) Other (specify) $

Total $

Please attach a copy of the project plans and specifications.

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1. Purchase/Renovation
2. Property Address:

City/Town:

Please describe the proposed renovation(s) and its purpose(s).

Purchase Price $

Furniture/Equipment: $

Renovation $

Closing Costs $

Other (specify) $

Total Payment Costs $

Lowest of three bids supplied by contractors for renovation(s) $

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1. REHABILITATION

Property Address:

City/Town: $

Purpose of rehabilitation (check as applicable):

To meet physical plant requirements for licensure

to meet ICF/MR Certification Requirements

to make energy conservation improvements

Please describe the proposed rehabilitation.

Lowest of three bids supplied by contractors: $

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1. REFINANCE (DECEMBER, 1983)

Current Mortgage Balance: $

Name of Institution:

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Please BE SURE THAT THE FOLLOWING MATERIAL ARE ENCLOSED WITH THE APPROPRIATE LOAN APPLICATION.

CORPORATION’S LATEST FINANCIAL AUDIT  
 STRUCTURAL SURVEY

APPRAISAL (S)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Authorized Agency Officer Date