

CINCINNATI
DEVELOPMENT
FUND

PROJECT ELIGIBILITY DETERMINATION FORM

Please fax the completed form to (513) 721-7214 or e-mail to a_townsend@fuse.net. We will contact you as soon as possible to determine which of our loan products may be right for your project. Thank you for your interest!

APPLICANT INFORMATION

Date: _____

Contact Name: _____

Phone Number: _____

E-mail Address: _____

Referred by: _____

Type of Applicant:

- Individual
- Corporation
- Limited Liability Company
- Other: _____

PROJECT INFORMATION

Type of project (check all that apply):

- Acquisition
- New Construction
- Rehabilitation
- Ownership
 - Market Rate
 - Affordable
- Rental
 - Market Rate
 - Affordable

1. What is the time frame required to close the loan (minimum 30 days)?

2. Does the Borrower/Developer team have the capacity and experience to manage the project? (Please address these areas: development team experience; guarantor's financial capacity; have construction bids been prepared? By whom?)

3. Is your development team in place?

- No
- Yes (please identify company name and person responsible for project):
 - Architect: _____
 - General Contractor: _____
 - Real Estate Agent: _____
 - Property Manager: _____
 - Engineer: _____

4. Is the property under contract?

- No
- Yes (please complete):
 - Property purchase price: \$ _____
 - Property value: \$ _____