



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Jordan A. Scheff
Commissioner

Community Residential Facility Loan Application

Purpose of loan:

- | | |
|---|---|
| <input type="checkbox"/> Construction | <input type="checkbox"/> Purchase/Renovation |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Refinance (December, 1983) |

Amount Requested: \$ No. of Months

TOTAL Project Cost: \$

No. of Beds

Source of other funds:

Legal Name of Corporation:

Address:

Town/Zip:

Date of Incorporation:

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

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

860 418-6000 ♦ TDD 860 418-6079 ♦ Fax: 860 418-6001

460 Capitol Avenue ♦ Hartford, Connecticut 06106

www.ct.gov/dds ♦ e-mail: ddsct.co@ct.gov

An Equal Opportunity Employer

Please complete the application section:

A. 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.

B. Purchase/Renovation

C. 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) \$

D. 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: \$

E. REFINANCE (DECEMBER, 1983)

Current Mortgage Balance: \$

Name of Institution:

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