



State of Connecticut  
Department of Developmental Services



Dannel P. Malloy  
Governor

Jordan A. Scheff  
Commissioner

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:

-----  
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 Start 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
-----------	------------

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