

**KANSAS
DEVELOPMENT FINANCE
AUTHORITY**

HEALTH CARE APPLICATION

****A \$1,000 non-refundable application fee must accompany this application****

1. Applicant (Person or Company): _____
(Use exact name in which title will be taken)

Provide a brief description of the type of business or business engaged in by the Applicant, and a brief description of the Applicants business structure, e.g. corporation, partnership, limited liability corporation, etc: _____

Principals: (If a partnership, name partners; If a corporation, name officers and directors)

_____	_____
_____	_____
_____	_____

Describe any material litigation or contingent liabilities involving the Applicant, or if Applicant is a limited liability company, its managers and or members: (Attach information separately, if necessary)

If the Applicant or any of the Applicant’s officers, directors, general partners, or if the Applicant is a limited liability company, its managers and/or members, or any other principal of the Applicant has been convicted of a felony or a misdemeanor involving moral turpitude, or is now or has ever been charged with or convicted of any civil or criminal offense relating to the conduct of the business, of the Applicant or any similar person or from the issuance, sale, or solicitation for sale of any type of security, the Application must so state.

If the Applicant is not a publicly held concern, then please attach financial statements prepared in accordance with generally accepted accounting principles by a certified public accountant for the Applicant’s 3 most recently completed fiscal years, except that if the Applicant has been in business less than 3 years, such financial statements for such shorter period, if available. Personal financial statements may be presented in nonstandard format and may utilize historical costs with market values allowed as supplemental information (provided information as to how the market values were determined is included). The personal statements must be prepared by a certified public accountant or signed by the Applicant or the Applicant’s agent. If the most recent financial statements were prepared more than 6 months prior to the date of the Application, then the Applicant may be required to submit an interim financial statement to the Authority.

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If the Applicant is a publicly held concern, then please attach the following:

- The Applicant's most recent annual report.
- The most current rating sheet(s) if any debt securities of the Applicant are rated.
- The most recent quarterly unaudited financial statements, reports on Forms 10Q and 10K proxy statements.

Has the Applicant or any related person previously been denied financing, whether conventional, tax-exempt, or otherwise for the proposed or similar Project? If yes, please indicate particulars. (Attach explanation separately)

Has the Applicant ever defaulted on any debt obligation including, without limitation, any public or private bond, mortgage note, or debenture? If yes, please indicate particulars. (Attach explanation separately)

2. Does your Organization have a Not-for-profit Status? Yes No
If yes, what is the IRS designation? 501 (c)(3) 501 (c)(4) Other
If 501 (c3), please indicate year and date that the IRS designation was first received: _____
If other, please explain: _____

3. Project to be Financed:
Check One: Acquisition and Rehabilitation Taxable Non-Taxable
 New Construction Hospital, Nursing Home, or Related Facility

4. Description of Project (include public purpose of Project) and Location (Address): _____

Please identify the appropriate municipal governing body to whom the K.S.A. 74-8905(c) statutory notice of intent to finance a project must be sent: _____

Applicant must contact the local officials of the political subdivision in which the Project is to be located, to explain the Project and obtain their approval (verbal is okay). Has this step been taken yet? Yes No

Legal Description: _____

FOR MULTI-FAMILY PROJECTS ONLY

- a. Bedroom # units _____ Rent _____ Square Ft. _____
 - b. Bedroom # units _____ Rent _____ Square Ft. _____
 - c. Bedroom # units _____ Rent _____ Square Ft. _____
- Other: _____

Description of Compliance Requirements: _____

Describe any deed restrictions applicable to the proposed Project site. Describe how Project will comply with such deed restrictions: _____

Indicate present use of Project site: _____

Indicate present owner of Project site: _____

If the Applicant now owns the Project site, indicate the balance of existing mortgage and holder of the mortgage: _____

If the Applicant intends to lease the Project site, indicate the owner of the Project site, the term of the lease, a summary of the renewal provisions, and rent payable. Attach a copy of the lease. _____

5. Applicant's Financing Status (Indicate whether Financials are for a Calendar Year or Other Period)

A) Total Amount of State and Federal Funding through SRS or Other Sources:

CY or FY 20__ \$ _____ CY or FY 20__ \$ _____ CY or FY 20__ \$ _____

B) Total All Revenues:

CY or FY 20__ \$ _____ CY or FY 20__ \$ _____ CY or FY 20__ \$ _____

C) Total Assets CY or FY 20__ \$ _____

D) Total Liabilities CY or FY 20__ \$ _____

E) Name, Address and Phone Number of Applicant's Certified Public Accountant (CPA) Firm

6. Evidence of Proper Zoning attached: (*APPLICATION WILL NOT BE PROCESSED WITHOUT SUCH EVIDENCE*)

PROPOSED BONDS:

7. Expected Date to Close Financing: _____

Expected Date to Start Project: _____

Expected Date to Complete Project: _____

Anticipated Purchasers: _____

Anticipated Interest Rate: _____

Term of Bonds to be issued: _____

Describe credit enhancement if applicable: _____

Proposed Bond Sale and Issuance Date: _____

Expected Type of Bond Sale: Check One: Private Placement Public Sale

8. Number and type of temporary (i.e., construction) and permanent jobs created: _____

9. How is the economic base of community and state assisted? (i.e., How is the low-income or elderly person assisted). Describe fully and in detail, include feasibility study, if available. _____

10. Estimated Project Cost: (Please indicate which costs, is any, have previously been incurred by Applicant or Related persons):

Land Costs (excluding any buildings) \$ _____ Building Costs on existing land \$ _____

Construction or Rehabilitation costs (please specify components of more than \$100,000):

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Design (architect, engineer) \$ _____

Financing Costs \$ _____

Legal Costs \$ _____

Marketing Costs \$ _____

Administrative Costs \$ _____

Other Costs: _____ \$ _____

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_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL CONSTRUCTION AND ADMINISTRATIVE	\$ _____

TOTAL PROJECT COSTS \$ _____

Source of Funds for Costs:

Bonds issued by KDFA	\$ _____
Equity	\$ _____
Grants	\$ _____
Housing Tax Credits from the Kansas Department of Commerce	\$ _____
Other (please specify) _____	\$ _____

TOTAL \$ _____

11. Proposed Effect on Taxes:

Present Property Tax Base:	\$ _____
Property Taxes After Completion:	\$ _____
Property Tax Increase:	\$ _____
Estimated Sale Taxes During Construction	\$ _____

12. Projected Project (KDFA) Loan Terms:

Principal Amount	\$ _____
Interest Rate: ___ Fixed ___ Variable	\$ _____
Term	\$ _____
Amortization: ___ Level ___ Balloon	

13. Has project been appraised: Yes No

If Yes, the appraised value of the project \$ _____
Name, Address and Phone Number of Appraiser _____

14. Security for Loan:

Project Mortgage: Yes No Assignment of Project Rents: Yes No

1st or 2nd Mortgage: _____

Personal Guaranties: Yes No FHA Mortgage Insurance: Yes No

Of Whom: _____

Government Assistance: Yes No

If "Yes", what type: _____

Other (if any, such as bond surety, bond insurance, letter of credit, collateral pledge, grants):

15. Name and Address of Participating Professionals:

Underwriter or financial institution which will purchase the bonds: Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____
Bond Counsel: Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____
Accountants: Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____
Other: Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____

Bond Trustee: (if any) Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____
Company Counsel: Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____
Borrower Contact Person: Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____
Other: Name: _____ Address: _____ _____ Telephone: (____) _____ E-mail: _____