



**APPLICATION FOR  
 HB 530 LINE OF CREDIT (LOC)  
 RENEWAL**

Application Date: \_\_\_\_\_

Requested LOC Amount: \$ \_\_\_\_\_

**1. GENERAL INFORMATION**

Name of Applicant					
Office Street Address					
City		State		Zip	
Contact Person			Title		
Office Phone Number			Fax #		
Website Address					

Role of Applicant:     Developer     Builder

**2. CORPORATE INFORMATION**

All Borrowers must remain in good standing with the Secretary of the State of Mississippi. Failure to remain in good standing may cause a delay in the approval process.

Date of Incorporation: \_\_\_\_\_ EID #: \_\_\_\_\_

Organization Type:     Nonprofit                       Public Housing Authority                       Limited Equity Coop  
                                   For-Profit                               Partnership                                       Planning & Dev District

Principal(s)

(1) Name		(1) Title	
(2) Name		(2) Title	
(3) Name		(3) Title	
(4) Name		(4) Title	

**3. GUARANTOR INFORMATION**

MHC requires personal guarantees on each loan under the Line of Credit. Guarantors must submit financial documentation (i.e. tax returns, financial statements, verification of assets, etc.) with application.

Guarantor(s):

(1) Name		SSN	
Address		Phone #	
(2) Name		SSN	
Address		Phone #	
(3) Name		SSN	
Address		Phone #	
(4) Name		SSN	
Address		Phone #	

**4. DEVELOPMENT TEAM INFORMATION**

**GENERAL CONTRACTOR**

Office Street Address

City

Name of Principal

Office Phone Number

Contractor's License #

		State		Zip	
		TID #			
		Cell #			
		Exp Dt			

**PROJECT MANAGER**

Office Street Address

City

Contact Person

Office Phone Number

		State		Zip	
		Cell #			

**REALTOR**

Office Street Address

City

Name of Agent

Office Phone Number

		State		Zip	
		Cell #			

**PARTICIPATING LENDER**

Office Street Address

City

Contact Person

Office Phone Number

		State		Zip	
		Title			
		Fax #			

**CONSULTANT**

Office Street Address

City

Contact Person

Office Phone Number

		State		Zip	
		Fax #			

**ATTORNEY**

Office Street Address

City

Contact Person

Office Phone Number

		State		Zip	
		Fax #			

**HOUSING COUNSELING AGENT**

Office Street Address

City

Contact Person

Office Phone Number

		State		Zip	
		Title			
		Fax #			

**ACCOUNTANT**

Office Street Address

City

Contact Person

Office Phone Number

		State		Zip	
		Fax #			

**OTHER**

Office Street Address

City

Contact Person

Office Phone Number

		State		Zip	
		Title			
		Fax #			



**7. CERTIFICATION**

**Please read the following statement and sign below.**

I/We certify that the information provided in this application and any attachments in support thereof are true and correct as of this date. I/We fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for this loan, as applicable under the provisions of Title 18, United States Code, Section 1014, et seq. and liability for monetary damages to the Mississippi Home Corporation (MHC), its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made in this application.

I/We understand that any approval of a line of credit application by MHC shall only constitute approval of me/us an approved Borrower and not of any particular existing or future loan application of an Eligible Residential Housing Unit.

I/We also understand that all application fees are non-refundable.

\_\_\_\_\_  
*(Applicant's Name)*

By: \_\_\_\_\_  
*(Authorized Signature)*

Tax ID # \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**Guarantor(s)**

\_\_\_\_\_  
Guarantor's Signature / Date

\_\_\_\_\_  
Guarantor's Social Security Number

\_\_\_\_\_  
Guarantor's Signature / Date

\_\_\_\_\_  
Guarantor's Social Security Number

\_\_\_\_\_  
Guarantor's Signature / Date

\_\_\_\_\_  
Guarantor's Social Security Number

\_\_\_\_\_  
Guarantor's Signature / Date

\_\_\_\_\_  
Guarantor's Social Security Number

## **REQUIRED DOCUMENTS CHECKLIST**

The following lists of documents must be submitted at time of application.

**Annual Builder Re-Approval Fee**

A \$100.00 Renewal Fee in the form of an official bank check or money order made payable to Mississippi Home Corporation. Renewal Fee is non-refundable.

**Renewal Application**

Application must be signed and completed in its entirety. Failure to provide all necessary information may cause a delay in processing. Please contact your loan officer if you require assistance with completing the application.

**Financial Documents**

Current financial documents must be submitted by Borrower, General Contractor, and all Guarantors.

1. Last year's Corporate Tax Returns
2. Current Corporate Financial Statements (including income statements and balance sheets)
3. Last year's Personal Tax Returns
4. Current Personal Financial Statement

**Contractor Information**

The following documents must be submitted by the General Contractor:

1. Current Financial Statement
2. Last two (2) years Tax Returns
3. Copy of current Contractor's License
4. Contractor's Suppliers List and Certification
5. List of Projects in Process

**Insurance**

Provide current evidence of the following insurance:

1. Builders Liability Insurance
2. Builders Worker's Compensation Insurance

**Submit completed application to:**

**Attn: HB 530 Construction Lending  
Mississippi Home Corporation  
P.O. Box 23369  
Jackson, MS 39225-3369**