



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Morna A. Murray, JD
Commissioner

Jordan A. Scheff
Deputy Commissioner

Community Residential Facility Loan Application

Purpose of loan:

- Construction
Rehabilitation
Purchase/Renovation
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.

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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) \$

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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: \$

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E. REFINANCE (DECEMBER, 1983)

Current Mortgage Balance: \$

Name of Institution:

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PLEASE BE SURE THAT THE FOLLOWING MATERIAL ARE ENCLOSED WITH THE APPROPRIATE LOAN APPLICATION.

CORPORATION'S LATEST FINANCIAL AUDIT  
STRUCTURAL SURVEY  
APPRAISAL (S)

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Signature Authorized Agency Officer

Date