



Eric Garcetti, Mayor Rushmore D. Cervantes, General Manager

Loan Portfolio Unit – Asset Management Division 1200 West 7th Street, 8th Floor, Los Angeles, CA 90017 tel 213.808.8801 | fax 213.808.8606 hcidla.lacity.org

AMENDMENT REQUEST FOR MULTI-FAMILY PROPERTIES

Thank you for contacting the Los Angeles Housing and Community Investment Department (HCIDLA) regarding an amendment to your loan. Requests to amend/change the terms of your HCIDLA loan must be made in writing. In order to consider for your amendment request, items shown below must be submitted to Loan Portfolio Unit.

All borrowers must be compliant with all of the City's agreements and obligations – including Section 504 and American with Disabilities Act. A background check will be completed to verify borrower compliance and all non-compliance issues must be resolved prior to HCIDLA accepting an application.

- 1. Signed statement from borrower stating why the City should grant the amendment request. This letter must include your Loan/account number(s), an explanation of your circumstances, the requested changes to the existing loan terms, and your signature. The request should include all supporting documentation.
- 2. List of ALL Properties owned in City of Los Angeles with addresses and corresponding project or loan numbers, if applicable. (Attached)
- 3. A completed Authorization to Release Information form (Attached)
- 4. Borrower's Certification and Authorization (Attached)
- 5. A completed W-9 Form (Attached)
- 6. Amendment Application Worksheet (Attached)
- 7. Organizational Formation Documents
- 8. Board roster and Staff list
- 9. Certificate of Good Standing issued by State of California within past 6 months
- 10. A current Business Tax Registration Certificate
- 11. Last three (3) years of project financial statements
- 12. Proforma (in excel format)
- 13. Rent Roll
- 14. Property Operating Statements from Management Company
- 15. Most Recent Mortgage Statements 3 Months
- 16. A completed <u>IRS Form 4506</u> "Request for Copy of Transcript of Tax Form" (Attached)
- 17. Copy of partnership agreement and any amendments
- 18. Proof of Real Estate taxes paid
- 19. Proof of current property and liability insurance for all properties with City Loans
- 20. Waiver of Notice to Inspect (Attached)
- 21. Other items as requested
- 22. Accessibility Report by CASp (Certified Accessibility Specialist) may be required.

The City will not finalize the request if the borrower is noncompliant with terms and conditions of the HCIDLA's loan agreement, regulatory agreement or any other applicable terms of the governing agreements, including Section 504 and Americans with Disabilities Act.

All requested documents must be submitted in a single package in order for your request to be considered. Any incomplete applications will be returned. Typical processing time will be between 30-60 days from the submission of a complete application.

Please e-mail your request to: hcidla.requesttoassetmgmt@lacity.org

And your application to: Los Angeles Housing & Community Investment Department

Loan Portfolio Unit 1200 W 7th St, 8th Floor Los Angeles, CA 90017

Background Check Information Sheet

Background Check Form

Reviewer's Name: Extension: **Project Name:**

Name of Limited Partnership	
Mailing Address	
Tax ID Number	
Name on Tax Certificate	
City Business Number	

- Instructions:

 1) Type in all the yellow fields, if applicable.
 2) If not available, type "N/A"
 3) Save the Excel file.

- 4) Send the file to Thanh Doan (go to "File," "Send To," "Mail Recipient (as Attachment)". Thank You!

Managing General Partner	IF 501(c)(3)		If Limited Liability Co		If Limited Partnership
Name		Name		Name	
Mailing Address		Mailing Address		Mailing Address	
Tax ID Number		Tax ID Number		Tax ID Number	
Name on Tax Certificate		Name on Tax Certificate		Name on Tax Certificate	
City Business Number		City Business Number		City Business Number	
President		List Managing Members		Name of GP	1000
Auth Signatory		(w/ SS #'s if available)			
List of Board Members					
				Name of LP	
		To Market			
		š #			

IF 501(c)(3)		If Limited Liability Co		If Limited Partnership
	Name		Name	
	Mailing Address		Mailing Address	
	Tax ID Number		Tax ID Number	
	Name on Tax Certificate		Name on Tax Certificate	
	City Business Number		City Business Number	
			Name of GP	
	(w/ SS #'s if available)			
			Nome of LD	
	IF 501(c)(3)	Name Mailing Address Tax ID Number Name on Tax Certificate City Business Number List Managing Members	Name Mailing Address Tax ID Number Name on Tax Certificate City Business Number	Name Mailing Address Mailing Address Tax ID Number Tax ID Number Name on Tax Certificate City Business Number List Managing Members Name Name Name Name Name Name Or Tax ID Number Name on Tax Certificate Name on Tax Certificate

Limited Partner (Investor/ Equity)	
Name	TBD
Mailing Address	
Tax ID Number	
Name on Tax Certificate	
City Business Number	

Additional Partners	
Name	
Mailing Address	
Tax ID Number	
Name on Tax Certificate	
72-11-11	
City Business Number	

AUTHORIZATION FOR THE LOS ANGELES HOUSING AND COMMUNITY INVESTMENT DEPARTMENT TO RELEASE BORROWER'S APPLICATION INFORMATION

In connection with the request for an amendment, I/we authorize the City of Los Angeles, Los Angeles Housing and Community Investment Department at its sole discretion the right to use any/all information contained within the amendment application and other related documents to refer the applicant's package to an alternate lender for analysis and potential offers of competitive financing in order for the City of Los Angeles, Los Angeles Housing and Community Investment Department to protect its security interest as a subordinate lender.

A copy of this authorization may l	be accepted as an original.		
Applicant/Borrower Signature	SSN/Fed Tax ID #	Date	
Applicant/Borrower Signature	SSN/Fed Tax ID #	Date	

BORROWER'S CERTIFICATION AND AUTHORIZATION

CERTIFICATION:

I/We certify that the information provided in this application package is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledges my/our understanding that any intentional or negligent misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties and/or liability for monetary damages to the Lender, 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 on this application. The lender, its agents, successors and assigns will rely on the information contained in the application. I/We understand we have a continuing obligation to amend and/or supplement the information provided in this application, if any of the material facts which I/we have represented herein should change prior to closing.

AUTHORIZATION:

I/We have applied for an amendment. As part of the application process, lender may verify information contained in my/our loan application and in other documents required in connection with the loan. I/we authorize you to provide to Lender any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income: bank, money market and similar account balances; credit history, and copies of income tax returns. A copy of this authorization may be accepted as an original.

Borrower Signature:	 Date:	
Borrower Signature:	Date:	

Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank	ί.								
ge 2.	2 Business name/disregarded entity name, if different from above									
pe ons on pa	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation Partnership Trust/estate Individual/sole proprietor or S Corporation Partnership Trust/estate Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):									
int or ty Istructi	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. Other (see instructions)						FATCA	repo	rting	
돌등	☐ Other (see instructions) ►			10	Applies to ac	counts r	naintained	outside	the U.S	S.)
pecific	5 Address (number, street, and apt. or suite no.)	Request	er's nai	me and	daddres	s (opti	onal)			
See S	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Pai	Taxpayer Identification Number (TIN)									
Enter	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	void	Socia	secu	rity num	ber				
backı	withholding. For individuals, this is generally your social security number (SSN). However,	for a				П		T	Ī	
	nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other				-		-			
	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> page 3.					L	_			
	. •		or	wor id	entificat	ion n	ımbar			
	If the account is in more than one name, see the instructions for line 1 and the chart on pag	e 4 for	Emplo	yer id	enunca	ION N	imber	_	닉	
guide	nes on whose number to enter.		ļ	_					ļ	
					L					
Par										
Unde	penalties of perjury, I certify that:									
1. Th	number shown on this form is my correct taxpayer identification number (or I am waiting for	or a numb	er to b	e issu	ied to m	ne); aı	nd			
Se	n not subject to backup withholding because: (a) I am exempt from backup withholding, or vice (IRS) that I am subject to backup withholding as a result of a failure to report all interes onger subject to backup withholding; and									
3. I a	n a U.S. citizen or other U.S. person (defined below); and									
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA report	ing is cor	ect.							
becau intere gener	cation instructions. You must cross out item 2 above if you have been notified by the IRS se you have failed to report all interest and dividends on your tax return. For real estate tran t paid, acquisition or abandonment of secured property, cancellation of debt, contributions ally, payments other than interest and dividends, you are not required to sign the certificatio tions on page 3.	sactions, to an ind	item 2 ividual	does retire	not app ment ar	oly. F	or mor	tgage (IRA),	and	_
Sign	Signature of U.S. person ►	Date ►			.,					

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

AMENDMENT APPLICATION: WORKSHEET

- Please complete the following and submit this form with the amendment application.
- Please type or print clearly.
- If this form is incomplete, completed improperly, unsigned, or if any spaces are left blank, the Amendment request will not be processed.

Borrow	er Name	8.		\$	SSN/Fed Tax ID #					
Borrow	er Name		*		SSN/Fed Tax ID #					
Mailing	g Address				y 4			-		
	y Address									
Annual	Property Taxes \$	<i>H</i>	Annual Ins	urance \$						
	ENT STATUS:									
Exclude	property taxes and home	owner's insu	rance from	the mont	hly payme	nt.				
	Mortgage Holder	Present Balance	Monthly Payment	Loan Term	Interest Rate	Loan Index	ARM Margin	Annual/L ife CAPS	CLTV	Prepay Penalty
1 st										
2 nd										
3 rd	,									
4 th										
Total										
	PROPOSED AMEND property taxes and home Mortgage Holder		Monthly Payment	the mont Loan Term	hly payme Interest Rate	nt. Loan Index	ARM Margin	Annual/L ife CAPS	CLTV	Prepay Penalty
1 st										
2 nd										
3 rd										
4 th										
Total						1,000				
I, THE UN OPPOSITE HEREIN V INVESTM	table Rate Loan, please atte and fully indexed rate. Ad DERSIGNED, CERTIFY THAT A SE MY SIGNATURE ON THIS ALL WHICH RESULTS IN CIVIL LIA LENT DEPARTMENT, ITS AGE E UPON ANY INFORMATION	ditionally, pleather informate informate informate informate information. I bility and/of into, successor, successor, successor, into a successor, in the information	TION PROVIDE ACKNOWLED A LOSS TO TO DRS, ASSIGNS	ED IN THIS DOGE THAT THE CITY (S., INSURER	APPLICATIO ANY MISREI OF LOS ANG RS AND ANY	able infor N IS TRUE PRESENTA ELES, THE Y OTHER	mation is p E AND CORR ATION(S) OF E LOS ANGE PARTY WH	rovided. ECT AS OF TI THE INFORM ELES HOUSING O MAY SUFF	HE DATE S MATION CO G AND CO EER A LOS	SET FORTH ONTAINED OMMUNITY SS DUE TO

ACKNOWLEDGE THAT THE LOS ANGELES HOUSING AND COMMUNITY INVESTMENT DEPARTMENT AT ITS SOLE DISCRETION SHALL HAVE THE RIGHT TO USE THE INFORMATION CONTAINED HEREIN TO REFER THE APPLICANT TO AN ALTERNATE LENDER FOR ANALYSIS AND POTENTIAL OFFERS OF COMPETITIVE FINANCING IN ORDER FOR THE CITY OF LOS ANGELES, LOS ANGELES HOUSING AND COMMUNITY INVESTMENT

Print Name

DEPARTMENT TO PROTECT ITS SECURITY INTEREST AS A SUBORDINATED LENDER.

BORROWER SIGNATURE:

Rev 7/1/2015

DATE: _____



(Rev. August 2014)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

▶ Request may be rejected if the form is incomplete or illegible.

▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

our auto	omated	4506-T to order a transcript or other return information free of cloself-help service tools. Please visit us at IRS.gov and click on "G your return, use Form 4506, Request for Copy of Tax Return.	et Transcript	of Your Tax Records" under	"Tools" or call 1-800-908-9946. If you
	Name : shown	shown on tax return. If a joint return, enter the name first.		cial security number on tax r, or employer identification	return, individual taxpayer identification number (see instructions)
2a !	f a joir	t return, enter spouse's name shown on tax return.		d social security number fication number if joint ta	
3 (urrent	name, address (including apt., room, or suite no.), city, state	, and ZIP cod	de (see instructions)	
4 F	reviou	s address shown on the last return filed if different from line 3	3 (see instruct	tions)	-
		anscript or tax information is to be mailed to a third party (suc phone number.	ch as a mortg	age company), enter the t	hird party's name, address,
you ha	ve fille 5, the	e tax transcript is being mailed to a third party, ensure that you in these lines. Completing these steps helps to protect your IRS has no control over what the third party does with the information, you can specify this limitation in your written agreen	r privacy. One formation. If y	ce the IRS discloses your to you would like to limit the t	tax transcript to the third party listed
6		cript requested. Enter the tax form number here (1040, 106 er per request. ►	35, 1120, etc.) and check the appropria	ate box below. Enter only one tax form
а	chan Form	n Transcript, which includes most of the line items of a tages made to the account after the return is processed. Tran 1065, Form 1120, Form 1120A, Form 1120H, Form 1120L, eturns processed during the prior 3 processing years. Most re	nscripts are o and Form 1	only available for the follo 120S. Return transcripts a	wing returns: Form 1040 series, are available for the current year
b	asses	unt Transcript, which contains information on the financial s sments, and adjustments made by you or the IRS after the re stimated tax payments. Account transcripts are available for m	eturn was filed	d. Return information is lim	nited to items such as tax liability
С		rd of Account, which provides the most detailed informat cript. Available for current year and 3 prior tax years. Most re			
7		cation of Nonfiling, which is proof from the IRS that you di June 15th. There are no availability restrictions on prior year r			
8	these transe exam	W-2, Form 1099 series, Form 1098 series, or Form 5498 series information returns. State or local information is not included by the information for up to 10 years. Information for the current yello, W-2 information for 2011, filed in 2012, will likely not be average, you should contact the Social Security Administration at 1-	d with the Fo ear is genera ailable from t	orm W-2 information. The lly not available until the ye he IRS until 2013. If you ne	IRS may be able to provide this ear after it is filed with the IRS. For ed W-2 information for retirement
		ou need a copy of Form W-2 or Form 1099, you should first orn, you must use Form 4506 and request a copy of your retu			Form W-2 or Form 1099 filed
9	years	or period requested. Enter the ending date of the year or or periods, you must attach another Form 4506-T. For requarter or tax period separately.			
Caution	n. Do n	ot sign this form unless all applicable lines have been completed.			
informa matters	ation res s partr	taxpayer(s). I declare that I am either the taxpayer whose equested. If the request applies to a joint return, at least or er, executor, receiver, administrator, trustee, or party other that taxpayer. Note. For transcripts being sent to a third party, this	ne spouse mi han the taxpa	ust sign. If signed by a co yer, I certify that I have th	orporate officer, partner, guardian, tax e authority to execute Form 4506-T or
					Phone number of taxpayer on line 1a or 2a
Sian	,	Signature (see instructions)		Date	
Sign Here		Title (if line 1a above is a corporation, partnership, estate, or trust)			
	, k	, and the second of the second	1		
		Spouse's signature		Date	

WAIVER OF NOTICE TO INSPECT

Borrower/Seller	T .		
	is building, I agree to waive the u City's Systematic Code Inspectio	•	ted at
tenants and Cit	uired Notice to all my tenants and ty Housing Inspectors who may, a , all vacant areas and the interior	d schedule the inspectation of this	ction time with both
Date:		_	
Print Name:			
Signature:		_	