



FUND CONTROL NUMBER # _____

PROJECT INFORMATION:

Project Address:	Fund Control Amount:
City, State, Zip:	
Property Type:	Project Name (if any):
Project Type (Rehab, Ground Up, Construction Completion, Tenant Improvement):	

CONTRACTOR INFORMATION:

Company Name:	Contact (Primary) :
Address:	Contact (2nd):
City, State, Zip:	Contractor License #:
Phone:	Fax:
Email:	
Email 2:	
Authorized Signer:	

OWNER INFORMATION:

Names:	Contact (Primary):
Address:	Contact (2nd):
City, State, Zip:	Phone Number:
Authorized Signers And/Or:	
Email:	
Email 2nd:	

LENDER INFORMATION:

Company Name:	Contact Person:
Address:	Phone:
City, State, Zip:	Email:
Fax Number:	Loan or Reference Number:
Additional Contacts:	
Additional Emails:	
Authorized Signer(s)(and/or) :	
Who is paying the Fund Control Fee?	
Who is paying the Inspection Fees?	
Notes:	

INSPECTIONS:

Inspections: Y / N	How Often :
Number of Inspections Requested :	
If Rehab, Renovation, or Construction project. We highly recommend an inspection prior to work starting to establish condition of property at start of project.	

**** PLEASE PROVIDE A BUDGET TO MATCH THE FUND CONTROL AMOUNT REQUESTED****

ALL SECTIONS OF THIS FORM MUST BE COMPLETED