



Workforce Housing Lending Corporation

Business & Project Information Form

ORGANIZATION SUMMARY

ORGANIZATION NAME	
MAILING ADDRESS	
PHONE	
FAX	
PRIMARY ADMIN/CONTACT NAME	
WEBSITE	
EMAIL	
LEGAL STATUS	☐ Private, Non-Profit ☐ Private, For Profit ☐ Other: LLC, LLP, Sole Proprietor Federal EIN: _____

PROJECT NAME: Please list the project for which you are applying. Indicate the name, address, and census tract where the project will be located.

Project Name:	
Project Address:	
City, State, Zip:	
Parcel Number:	
Census Tract:	
Project Contact:	
Phone:	
Email:	

PROPOSED OCCUPANTS: Please tell us about the total number of units and % of AMI*

% of Area Median Income (AMI)*	Total # of Units	# Of Studios	# of 1 BRs	# of 2 BRs	# of 3 BRs	# of 4+ BRs
30%						
50%						
60%						
80%						
120%						
AFFORDABLE SUB TOTAL:						
MARKET:						
TOTAL UNITS:						

*https://www.huduser.gov/portal/datasets/il/il2024/2024summary.odn?STATES=55.0&INPUTNAME=NCNTY55029N55029*5502999999%2BDoor+County&statelist=&stname=Wisconsin&wherefrom=%24wherefrom%24&statefp=55&year=2024&ne_flag=&selection_type=county&incpath=%24incpath%24&data=2024&SubmitButton=View+County+Calculations

PROJECT OWNERSHIP TITLE AND PERCENTAGE

OWNER INFORMATION	OWNER #1	OWNER #2
Name:		
% of Ownership:		
SSN:		
Phone:		
Email:		
Home Address:		

FUNDS REQUESTED

TOTAL PROJECT COST	AMOUNT OF WHLC FUNDS REQUESTED	PERCENT OF WHLC FUNDS TO TOTAL PROJECT COST
\$	\$	%

PROJECT FINANCING: Please list Primary Lender.

LENDER NAME	ADDRESS	PHONE	EMAIL

SOURCE	AMOUNT	USES	SECURED Y/N
TOTAL			

Project Name:	
Project Address:	
City, State, Zip:	
Year Completed:	
# of Units:	

Aug 2024