

# Section 42 Credits Program Application

## General Information

Name of: Fee Owner <input type="checkbox"/> or Leasehold Owner <input type="checkbox"/>		
P.O. Address:		
City:	State:	Zip:

Principal Contact Name:
Telephone No.:
Telefax No.:

## Loan Information

Name of Lender/Loss Payee or Trustee:		
P.O. Address:		
City:	State:	Zip:
Contact Name:		
Telephone No.:		
Telefax No.:		

Proposed Policy Inception:	
Proposed Policy Expiration:	
Loan Amount:	Term of Loan:
First Mortgage: Yes <input type="checkbox"/> No <input type="checkbox"/>	Self Amortizing Loan: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mezzanine Loan: Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Information About the Property\*

Subject Property Address:		
City:	State:	Zip:
Name of Tenant and Use of Premises:		

Primary Access Road Information: Name/Rte. #	
Secondary Access Road Information: Name/Rte. #	
Date of Constructed:	Date of Renovated:

NOTE - If Multiple Properties Complete Spreadsheet For All

### Type of Property:

- Retail Stores
- Apartment House
- Garden Apartments
- Square Feet \_\_\_\_\_
- Number of Apartments \_\_\_\_\_
- Number of Stories \_\_\_\_\_
- Number of Buildings \_\_\_\_\_

### Construction Type:

- Fire Resistive
- Non Combustible
- Joisted Masonry
- Frame
- Conforming for Zoning Yes  No
- Age of Building \_\_\_\_\_
- 80/20 Project Yes  No

Date of Renovated:

### Fire Protection:

- Fully Sprinklered
- Part Sprinklered
- Non Sprinklered
- Alarms

Describe: \_\_\_\_\_

Is any of the subject property situated in a designated Flood Zone "A" or "B" or "V"? Yes  No

Is the property located in any of the following states?  
 AR, CA, HI, ID, FL, OR, KY, MO, MT, NE, OK, SC, TN  
 UT, WA, WY

Yes  No

Return to: Alexander Fisher  
 International Amalgamated Group, Inc.  
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 212.588.8335  
 alexander@fishershapiro.com

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Date Improvements Originally Constructed: \_\_\_\_\_

Improvements Upgraded and Description of Upgrades Made and Date: \_\_\_\_\_

Description of Project: \_\_\_\_\_

## Amount of Section 42 Credits to Be Insured

	Annual Credit	Recapture Credit	Future Credit
1st Year from _____ to _____	\$ _____	\$ _____	\$ _____
2nd Year from _____ to _____	\$ _____	\$ _____	\$ _____
3rd Year from _____ to _____	\$ _____	\$ _____	\$ _____
4th Year from _____ to _____	\$ _____	\$ _____	\$ _____
5th Year from _____ to _____	\$ _____	\$ _____	\$ _____
6th Year from _____ to _____	\$ _____	\$ _____	\$ _____
7th Year from _____ to _____	\$ _____	\$ _____	\$ _____
8th Year from _____ to _____	\$ _____	\$ _____	\$ _____
9th Year from _____ to _____	\$ _____	\$ _____	\$ _____
10th Year from _____ to _____	\$ _____	\$ _____	\$ _____

### Attachments Required to Application

- Spreadsheet Worksheet
- Zoning Report
- Conditions Report and/or Appraisal
- Survey

I hereby certify that the information contained in the application and attachments is true and accurate.

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

Notary: \_\_\_\_\_

Agent or Broker of Record: \_\_\_\_\_ Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Filing of this application does not bind the company or create an obligation of any kind to provide insurance of the types and kinds described. All applications are subject to the approval of the underwriters. Additional information may be required.