

# GREATER OPPORTUNITIES FOR AFFORDABLE LIVING (GOAL) FY2003 1<sup>st</sup> Round GOAL Application Form

## SECTION I. SUMMARY INFORMATION

<b>Applicant Name &amp; Mailing Address:</b> Name: _____ Address Line 1: _____ Address Line 2: _____ City, State Zip: _____, _____ _____		<b>Contact Person Information:</b> Name: _____ Title: _____ Phone: _____ FAX: _____ Email: _____	
<b>Applicant Type:</b> <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> CHDO <input type="checkbox"/> For-Profit Developer <input type="checkbox"/> Individual <input type="checkbox"/> Regional Housing Authority <input type="checkbox"/> Other: _____		<b>Applicant's Tax ID#:</b> _____ <b>Project Name:</b> _____ <b>Project City:</b> _____	
<b>Eligible Activity Type:</b> <input type="checkbox"/> Acquisition Only <input type="checkbox"/> Acquisition/Rehabilitation <input type="checkbox"/> Rehabilitation Only <input type="checkbox"/> New Construction Only		<b>Type of Project:</b> <input type="checkbox"/> Senior Assisted Living <input type="checkbox"/> Family Rental <input type="checkbox"/> Group Home/Congregate Housing <input type="checkbox"/> Senior Independent Living <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Special Needs <input type="checkbox"/> Community Land Trust homeowner (CHDOs only) <input type="checkbox"/> Other Homeownership (CHDO only)	
<b>Occupancy:</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Transitional housing			
Funding Sources Requested	"1st Choice" Scenario: Amount Requested	"2nd Choice" Applicant willing to accept if no 1 <sup>st</sup> Choice	Required Application Sections (include if chosen as 1 <sup>st</sup> or 2 <sup>nd</sup> choice)
<u>All Development Projects (homeownership and rental)</u>			All projects: I, II, III, IV, V, VI
HOME Investment Partnerships Program (HOME)	\$ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	First row plus: VII, VIII (homeownership only), XI (if relocation involved).
Low Income Housing Tax Credits (LIHTC, annual amount)	\$ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	First row plus: IX, XI (if relocation involved)
Senior Citizen Housing Development Funds (SCHDF)*	\$ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	First row plus: XI (if relocation involved)
Multi-Family Loan	\$ _____	<input type="checkbox"/> yes <input type="checkbox"/> no	First row plus: X
<i>For reference only: 10-year tax credit amount (LIHTC above x 10):</i>	\$                    0		
To maximize the number of applications which can be funded, AHFC may offer applicants one or more of the above funding sources, even if not requested. However, awards may be delayed if all required information for that funding source are not provided.			
<b>Applicant's Statement:</b> <i>To the best of my knowledge and belief, all of the information contained in this application and attachments is true and correct, and the activities proposed in this application have been duly authorized by the governing body of the applicant.</i>			
Type Name of Authorized Representative:		Title of Authorized Representative:	
Signature of Authorized Representative:		Date Signed:	

***Narrative Project Summary***

For **rental and homeownership development projects** provide a brief overview of your project below. Discuss the nature of the development proposal; who will be served; the timeline for project development, proposed funding partners; other participating partners, project challenges which have been overcome and special project services and features.

For **homeownership projects**, discuss the above AND what resale restrictions will be placed on the property and how they will be marketed to the public, how homebuyers will be recruited and any programs or partners that will assist homebuyers with the purchase of the home, now and into the future. Also discuss if homeowners will be assisted with complying with resale requirements in any future sales.

## SECTION II. APPLICANT INFORMATION

### 1. Board Member Data:

<u>Name</u>	<u>Position Held</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### 2. Applicant's Key Management Personnel:

<u>Name</u>	<u>Position Held</u>	<u>Telephone Number</u>
_____	Executive Director	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 3. Applicant's Corporate/Organizational Principals (if applicable):

<u>Name</u>	<u>SSN</u>	<u>Telephone Number</u>	<u>% Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 4. CHDO Applicant Data

For CHDOs only, indicate the date of most recent CHDO Certification: \_\_\_\_\_

Identify which of the above board members serve to meet the Board's Low Income Representation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III. PROJECT AND SITE DESCRIPTION**

Name of Project: \_\_\_\_\_ (from page 1)

**Part A. Project and Unit Information**

Unit Type	Total # of Units	Unit Size (Sq. Ft.)	Total Unit Area	# of 50% Median Income Set-Aside Units	# of 60% Median Income Set-Aside Units	# of 80% Median Income Set-Aside Units (homeowner projects ONLY)
SRO	0					
Efficiencies	0					
1 Bedroom	0					
2 Bedroom	0					
3 Bedroom	0					
4 Bedroom	0					
5 Bedroom	0					
Total Units						
Managers Unit (indicate only if not income set-aside)	0					
Total Residential Units (Total Units less Manager's Unit)	0		0	0	0	0
Total non-Residential Square Footage (Manager's Unit plus common & commercial areas.)	_____					
Total Floor Area	_____ 0			(# of 4+5 bedroom units, for future use: 0)		

Unit configuration data displayed within this table must be consistent with the commitment made in Section V Part A and with the pro-forma feasibility data provided in the Excel file, Section IV.

<b>Development Design:</b> <input type="checkbox"/> Detached Single Family <input type="checkbox"/> Townhouse <input type="checkbox"/> 2-, 3- or 4-plex <input type="checkbox"/> Multi Family (5+) <input type="checkbox"/> Scattered Sites # of Scattered Sites: _____	<b>#Units</b> _____ _____ _____ _____ _____	<b>#Buildings</b> _____ _____ _____ _____ _____	<b>Other Amenities:</b> <input type="checkbox"/> Units contain Washer/Dryer Appliances <input type="checkbox"/> Units contain Washer/Dryer Hook-ups only <input type="checkbox"/> Common Laundry with: _____ washers and _____ dryers <input type="checkbox"/> Covered parking spaces: # _____ <input type="checkbox"/> Uncovered parking spaces: # _____
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Will income set-aside units contain the same amenities package as any market rate units?  Yes  No.  
 If no, attach explanation of any variances, detailing the costs of appliances/amenities not included in the set-aside units.  
 Explanation is attached in Tab # \_\_\_\_\_.

**CAUTION:** Receipt of LIHTC's and HOME funds will generally be reduced in the event that the quality of the set-aside units is inconsistent with that of the market rate units.

Describe all non-residential space of amenities (i.e. recreation, commercial, accessory buildings, etc); identify the users of such space or amenities, and whether, if applicable, a fee will be charged for such use:

For Rental Development projects, will any utilities other than telephone be paid directly by the tenant?

Yes. If the project will include any income set-aside units, you must attach the utility allowance you will use to determine the amount of rent the tenant will pay. If Utility Company data is used and it is less than PHA Utility Allowance Schedule, you must also attach a historical cost documentation to this application.

Utility allowance is attached in Tab \_\_\_\_\_

No

**Part B. Project Site Information**

**Project Street Address:**

\_\_\_\_\_ (street)

\_\_\_\_\_ (location – from page 1)

**Project Borough:**

**Project's Complete Legal Description:**

**Site Size (indicate acres or square feet):** \_\_\_\_\_

**Current site zoning:** \_\_\_\_\_

**Is the site properly zoned for the project?**

Yes

No

If no, is rezoning in process?

Yes

No

Estimate how long rezoning will take: \_\_\_\_\_

**Are all utilities available at the site?**

Yes

No

If no, which utilities need to be brought to the site? \_\_\_\_\_

Estimate the cost to bring utilities to the site: \_\_\_\_\_

**Is road access currently available to the site?**

Yes

No

If no, estimate the cost to bring necessary road to the site: \_\_\_\_\_

⇒ The cost of bringing utilities or road access to the site must be included in the development cost estimate, however may not be funded from GOAL Program funds (exception: utility connections from the property line to the adjacent street). Your application material should include a written cost estimate from an appropriate source regarding the costs of utility extension and road access to the site.

**Property Site Control Evidenced by:**

- Deed (Applicant holds title to property)
- Executed Purchase Contract
  - Expiration date of contract (no sooner than April 30, 2003): \_\_\_\_\_
  - ER Limitation included (for HOME projects, see Application Instructions)**
- Option to Purchase
  - Expiration date of contract (no sooner than April 30, 2002): \_\_\_\_\_
  - ER Limitation included (for HOME projects, see Application Instructions)**
- Long term lease
  - Expiration date of long-term lease (no sooner than 50 years after expected completion date): \_\_\_\_\_
- Other: \_\_\_\_\_

Please indicate the application tab where evidence of site control may be found: \_\_\_\_\_

**Property Status:**

- Improved (see below)     Unimproved

If Improved, is property is:

- Occupied (see below)     Unoccupied

If Occupied, property is occupied by:

- Owner     Tenant (household or business)

**Check one of the statements below**

**(required!):**

- Important!!* I understand this property is **improved & occupied**, and this application must include Section XI (Acquisition or Rehabilitation of an Occupied Property)
- This project does not involve development on an improved and occupied site.

**Describe the neighborhood where the site is located, noting other types of development in the immediate area, i.e., residential, commercial, industrial. Discuss the suitability of the site for the proposed/existing development.**

## SECTION IV. PROJECT PRO-FORMA (FEASIBILITY)

*This section must be filled out using the tables included in the excel spreadsheet. After completing all appropriate sheets on the Excel spreadsheet print out all sheets and attach hard copies to your hard copy application in this section. If possible also submit the electronic excel spreadsheet on disk along with your application.*

Rental Development Projects (including ALL projects applying for Low Income Housing Tax Credits!) must fill out sheets entitled:

- Summary
- Proforma-Loan Amounts
- Rent-Up Reserve
- Total Development Costs
- Tax Credit
- Sources of Funds

CHDO Homeownership Development Projects must fill out sheets entitled:

- Summary
- Homeownership
- Total Development Costs
- Sources of Funds

## SECTION V. RATING CRITERIA

### Part A. Project Serves the Lowest Income Households

Points are awarded based on the number of units set-aside for low-income families beyond that which is required by funding sources. Additional points are not awarded for any units that result in more than 75% of all units set-aside for low-income residents.

To calculate the points earned in this section you must first determine your minimum set-aside by filling in the worksheets below. Formulas are provided on the right to assist in calculating information.

Total Development Costs (TDC):	(a)	You fill, from Section IV
Total Number of Residential Units in Project:	(b) <u>0</u>	From Section III

#### **UNDER THE HOME PROGRAM**

For Homeownership projects, all units that will utilize HOME funds in the construction or in the permanent financing (homebuyer assistance) must be set-aside units. These units must have a resale restriction recorded on the property that will limit sales of these homes to households at or below no more than 80% of the median income for at least 15 years. See Section VIII for additional information that must be submitted for homeownership projects. To determine points earned under this criteria, skip to the next page: "1. Project Serves the Lowest Income households".

For Rental Development projects, fill out the section below to determine the required number of set-aside units:

HOME Funds Requested	(c)	From Section I
Funds counted as Match ( <i>NOT</i> leverage, see Page 13)	(d) <u>0.00</u>	From Section V, D
Minimum # of HOME set-aside units*	(e)	$[(c)/(a)] \times (b)$
Minimum # of HOME "look-alike" set-aside units*	(f)	$[(d)/(a)] \times (b)$
Total # of HOME units (may be fraction):	(g) 0.00	(e) + (f)
Total # of HOME units (must be whole number):	(h)	Insert (g) <u>rounded up!</u>

*\*units must be proportionately distributed across bedroom/unit sizes to assure adequate HOME square footage.*

HOME Units are either "low-HOME" (restricted to households at 50% or below of the median income), or "high-HOME" (restricted to households at 60% or below of the median income).

If  $(h) < 5$ , all units in (h) may be "high-HOME units". If  $(h) > 4$ , at least 20 percent of all (h) units or at least 20 percent of all residential floor space represented by (h) units must be "low-HOME" units", and the remaining may be "high-HOME" units.

Minimum number of "low-HOME" units	(i)	<i>If <math>(h) &lt; 5</math>, insert 0. If <math>(h) &gt; 4</math>, insert <math>(g) \times 20\%</math>, rounded up.</i>
Minimum* number of "high-HOME" units	(j) 0	$(h) - (i)$

*\*High HOME units may be replaced by low-HOME units.*



**UNDER THE LIHTC PROGRAM**

Units set-aside for households at or below:	Required program set-aside %	Number of Units	Number of units rounded up
<u>50% of the Median Family Income</u> (k=20% if applying for LIHTC or MF/SN/CL, or commonly referred to as the "20/50" set-aside. k=40% if applying to combine LIHTC and HOME funds)	(k) _____	(l) <u>0.00</u>  $(l)=(k)*(b)$	(m) _____  $(m)=(l)$ <u>rounded up</u>
<u>60% of the Median Family Income</u> (n=40% if applying for LIHTC's or MF/SN/CL and not also choosing the "20/50" set-aside)	(n) _____	(o) <u>0.00</u>  $(o)=(n)*(b)$	(p) _____  $(p)=(o)$ <u>rounded up</u>

**REQUIRED SET-ASIDE SUMMARY**

Units set-aside for households at or below:	Number of Units	
<u>Total 50% required:</u>	(q) _____	Greater of (i) or (m)
<u>Total 60% required:</u>	(r) _____	Greater of (j) or (p)

**1. Project Serves the Lowest Income households (maximum 20 points)**

Set-Aside Commitment: (Include any HOME or LIHTC units identified in the preceding cell, indicate below the set-aside level to which your project will commit.

<b>50% set-aside</b>	Number of 50% set-aside units: (s) _____ _____ of the residential units in this development will be rent restricted and occupied by persons or families whose income is 50% or less of the area median income, adjusted for family size (must meet or exceed limits established above). For homeownership projects, these units will be initially sold to households with incomes at this level. Subsequent sales, for at least 15 years, will be restricted to households at or below 80% of the median.
<b>60% set-aside</b>	Number of 60% set-aside units: (t) _____ _____ of the residential units in this development will be rent restricted and occupied by persons or families whose income is 60% or less of the area median income, adjusted for family size (must meet or exceed limits established above). For homeownership projects, these units will be initially sold to households with incomes at this level. Subsequent sales, for at least 15 years, will be restricted to households at or below 80% of the median.
Homeowner Projects only! <b>80% set-aside</b>	Number of 80% set-aside units: (u) _____ Note: For homeownership projects, (u) + (t) + (s) should = (b) _____ of the homes in this development will be restricted to sale to households at or below 80% of the median income, adjusted for family size, for a minimum of 15 years.
<b>Points Earned</b>	See Rating Criteria for instructions on how to calculate points earned: _____

**Part B. Extended Low-Income Project Use**

**1. Commitment to an Extended Low-Income use (maximum 6 points)**

(Check one)

- This project will remain committed to the low-income use, as indicated in Part A, for a period of at least 30 years (earn 6 points). For homeownership projects, this means a resale restriction must be placed on the property to limit sales to income eligible tenants for at least 30 years.
  
- This project will remain committed to the low-income use, as indicated in Part A, for less than 30 years (or is requesting SCHDF funds ONLY) (earn 0 points).

**Part C. Community Revitalization Projects**

**1. Community Revitalization Project Located in a Qualified Census Tract (maximum 5 points)**

- This project is located in a Qualified Census Tract (as defined by HUD, under 42(d)(5)(C) **and** is considered to contribute to a community revitalization plan (earn 5 points). If claiming points under this section, please provide the following information:  
  
The census tract number is: \_\_\_\_\_.  
The community revitalization plan is entitled: \_\_\_\_\_  
and is published by the following entity: \_\_\_\_\_  
and is included in whole or in part in the following Tab for reference: \_\_\_\_\_

**Part D. Development and Operation Supporting Material**

**1. Development Cost Estimates (maximum 10 points)**

Development Cost estimates must be presented in the Excel File Supplement. Material supporting the figures used must be submitted with the application and will be used to determine points earned in this sub-part. Development Cost Estimates are included in Tab #\_\_\_\_\_.

**2. Operating Pro-Forma and Cost Estimates (maximum 10 points)**

Operating Cost estimates must be presented in the Excel File Supplement. Material supporting the figures used must be submitted with the application and will be used to determine points earned in this sub-part. Operating Cost Estimates are included in Tab #\_\_\_\_\_.

**3. Confirmation of Other Project Funding Sources (maximum 10 points)**

Documentation of other funding sources will be used to determine points earned in this sub-part, and are included in Tab #\_\_\_\_\_.

**4. Project Narrative and Project Schedule (maximum 5 points)**

The project narrative included in Section I and Development Schedule included below will be used to determine points earned in this sub-part.

**Development Schedule:** Indicate the proposed time line for major milestones of development progress. For Home-Ownership Housing, attach additional pages for EACH LOT where construction and sale of homes is accomplished on a lot-by-lot basis. For home-ownership housing, schedule is for Lot # \_\_\_\_\_.

Development Activity	Scheduled Completion Date (MM/YY)	Completed At Time of Application (Yes or No)
<b>PRE-DEVELOPMENT:</b>		
Market Study Completed		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SITE:</b>		
Site Control Secured		<input type="checkbox"/> Yes <input type="checkbox"/> No
Phase I Environmental Review Complete		<input type="checkbox"/> Yes <input type="checkbox"/> No
Zoning Approvals Obtained (if necessary)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Site Purchased		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PLANS AND SPECIFICATIONS:</b>		
Architect Selected		<input type="checkbox"/> Yes <input type="checkbox"/> No
Engineer Selected		<input type="checkbox"/> Yes <input type="checkbox"/> No
Schematic Designs/Working Drawings Complete		<input type="checkbox"/> Yes <input type="checkbox"/> No
Local Building Code Review Complete		<input type="checkbox"/> Yes <input type="checkbox"/> No
Final Plans and Specifications Complete		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PERMANENT FINANCING</b> (may not be applicable for homeownership housing):		
Permanent Financing Application Submitted		<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Financing Commitment Received		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INTERIM FINANCING:</b>		
Construction/Rehab Loan Application Submitted		<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction/Rehab Loan Commitment Received		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CONSTRUCTION/REHABILITATION:</b>		
Contractor Selected		<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction/Rehabilitation To Begin		<input type="checkbox"/> Yes <input type="checkbox"/> No
Construction Complete		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>RENTAL HOUSING ONLY:</b>		
Permanent Loan Closing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Rent-Up Period (month/year est. to reach sustaining occupancy)		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HOME-OWNERSHIP HOUSING ONLY:</b>		
Homebuyer Marketing (month, year marketing begins)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Verification		<input type="checkbox"/> Yes <input type="checkbox"/> No
Secure Homebuyer Financing		<input type="checkbox"/> Yes <input type="checkbox"/> No
Permanent Loan Closing		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part E. Match and Leverage Contributions**

There are technical differences between “Match” and “Leverage” under the HOME program, however, points may be earned for both “match” and “leverage” if appropriate back-up documentation is provided, regardless of funding source requested. Fill out the worksheet below to earn points under this category.

<b>1. Match Contributions (Maximum 10 Points)</b>		
<b>Match Source</b>	<b>Amount</b>	<b>Date to be Contributed</b>
<b>a. Cash:</b> Cash from Non-Federal Sources, not including cash contributed by the applicant.		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
<b>Total Non-Federal Cash:</b>	\$ _____ 0.00	_____
<b>b. Below Market Loans:</b> Grant Equivalent of a non-Federal below-market interest rate loan to the project that is not repayable to the State’s (AHFC’s) HOME Investment Trust Fund. <i>(Refer to “Matching Contributions and Calculation Methods” application kit attachment for proper calculation method)</i>		
<u>Lender:</u> _____	Difference in the total interest charged between the two rates	_____
<u>Interest Rate to be Charged:</u> _____		
<u>Lender’s Market Rate:</u> _____		
<u>Term of Loan:</u> _____		
<u>Principal Non-Federal Cash:</u> _____		
Note: <b>Written evidence from the lender must be attached which states the lender’s market and actual rates to be charged, and which documents that a commitment for the below-market rate has been received.</b>		
<b>c. Taxes &amp; Fees:</b> The value, based on customary and reasonable means for establishing value, or State or local taxes, fees, or other charges that are normally and customarily imposed or charged by a State or local government on all transactions or projects, but are waived, foregone, or deferred in a manner that achieves affordability of housing assisted with HOME/SCHDF or LIHTC funds. <i>(Refer to “Matching Contributions and Calculation Methods” application kit attachment for proper calculation method)</i>		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
<b>Total Value of Waived charges:</b>	\$ _____ 0.00	_____
Note: <b>Written evidence from the source of the waived or foregone charge or fee must be attached.</b>		
<b>d. Finance Fees:</b> The amount of other charges or fees normally and customarily imposed or charged by public or private institutions associated with the transfer or development of real estate but are waived or foregone, in whole or in part, in a manner that achieves affordability of housing assisted with HOME/SCHDF/LIHTC funds.		
1. _____	\$ _____	_____
2. _____	\$ _____	_____
<b>Total value of other waived charges:</b>	\$ _____ 0.00	_____
Note: <b>Written evidence from the source of the waived or foregone charge or fee must be attached.</b>		

**e. Donated Land:** The value, before the HOME/SCHDF/LIHTC assistance is provided and minus any debt burden, lien, or other encumbrance, of donated land or other related property acquired with non-federal resources.

Appraised Value:	\$ _____		
Less Debt:	- \$ _____		
Less Acquisition Costs (if any):	- \$ _____		
Equals Value of Match:	\$ 0.00	\$ 0.00	_____

Note: The value must be established by an appraisal, performed by an independent, certified appraiser. Third party evidence must be submitted to support debt and acquisition costs. The seller must acknowledge in writing that the difference between the acquisition Cost and the Appraised Value is being contributed as a “donation to provide affordable housing”.

**f. Donated Materials:** The reasonable value of donated site preparation and construction materials not acquired with federal resources, and any donated or voluntary labor in connection with site-preparation for, or development of the project.

1. _____	\$ _____	_____
2. _____	\$ _____	_____

Note: A maximum rate of \$10 per hour (regardless of actual rate typically charged by the donating source) must be used to determine the value of donated or voluntary labor. Written commitments from the donating source verifying the nature and amount of the donation must be attached.

**g. Bond Financing:** Proceeds from multi-family and single-family affordable housing project bond financing validly issued by a State or local government, or an agency, instrumentality, or political subdivision of a State and repayable with revenues for the affordable housing project financed, as follows:

If a multi-family affordable Housing project: 50% X Loan Amount: \$ _____	\$ 0.00	_____
If a single-family affordable Housing project: 25% X Loan Amount: \$ _____	\$ 0.00	_____

Note: Written statement of loan commitment and feasibility from bond issuer must be attached.

Total Match Value:	\$ 0.00	
Total GOAL Funds Requested:	\$ 0.00	(from Section I)
<b>Total Points earned</b> <b>(lesser of 10 or 20 x Match/GOAL Funds)</b>	_____	

**2. Leverage Contributions, not including any "Match Contributions" listed above (Maximum 10 points)**

Leverage Source	Amount	Date to be Contributed
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____
5. _____	\$ _____	_____
6. _____	\$ _____	_____
7. _____	\$ _____	_____
8. _____	\$ _____	_____
9. _____	\$ _____	_____
10. _____	\$ _____	_____
11. _____	\$ _____	_____
12. _____	\$ _____	_____
13. _____	\$ _____	_____
14. _____	\$ _____	_____
15. _____	\$ _____	_____
16. _____	\$ _____	_____

Note: Written documentation supporting each source of leverage must be attached.

Calculate formula fields in this table now:

Total Leverage Value: \$           \$0.00

Total GOAL Funds Requested: \$           \$0.00 (from Section 1)

**Total Points earned**  
**(lesser of 10 or 20 x Leverage/GOAL Funds)** \_\_\_\_\_

**Part F. Applicant (Sponsor) Characteristics**

<b><i>Development/Management Team:</i></b>		
<u>Team Position</u>	<u>Name</u>	<u>Telephone Number</u>
Housing Sponsor	_____	_____
Developer	_____	_____
General Contractor	_____	_____
Architect	_____	_____
Structural Engineer	_____	_____
Mechanical Engineer	_____	_____
Electrical Engineer	_____	_____
Civil Engineer	_____	_____
Tax Attorney	_____	_____
Consultant	_____	_____
Accountant	_____	_____
Management Company	_____	_____
_____	_____	_____

*Services performed by organizations/persons not specifically identified above are subject to procurement requirements specified in AHFC grant management regulations (15 AAC 154.715).*

***1. Development/Construction Experience (Maximum 5 points)***

**Development Team Experience:** Complete the following for all other projects which have been developed in the State of Alaska by the sponsor, developer, or general partner(s). Attach additional pages in this section if necessary.

<u>Project Name</u>	<u>Alaska Location</u>	<u>Units</u>	<u>Year Developed</u>	<u>Project Status</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Provide a brief narrative statement regarding previous experience the development team has in developing similar housing in the State of Alaska. Address both the organizational experience and experience of specific individuals who will be involved in this project:

**2. Housing Ownership/Management Experience (Maximum 3 points)**

Provide a brief narrative statement regarding your previous experience in owning and managing similar housing. Specifically note any experience which relates to SCHDF, HOME, or LIHTC affordability compliance

***Provide the Management Plan for the proposed project:***

**Management Plan**

(modify as needed for a Community Land Trust homeownership program that involves long-term management of land)

Project will be managed by a professional management firm?  Yes  No

If yes, name of professional management firm (if known): \_\_\_\_\_

Attach a copy of the management firm's corporate resume.

Will the Management of the Project include an on-site Resident Manager?  Yes  No

Staffing (a full staffing plan may be required for projects which require a high degree of management and/or staffing):

Days/hours staff will be available for general tenant/homeowner questions?

Days/hours staff will be available for maintenance issues?

Describe Your Maintenance and Repair Plan (i.e., maintenance/inspection schedules, budgeting, etc.):



For rental development projects, describe your Tenant Selection Procedures, including your methods of assuring affirmative marketing to solicit eligible persons from all racial, ethnic, and gender groups in the community. For homeownership programs, describe your marketing and homebuyer selection procedures, and how you or a program partner will assist homeowners in selling their home to eligible homebuyers in the future.

**3. Non-Profit Participation (Maximum 2 points)**

A tax-exempt organization or Regional Housing Authority is involved in the project on a regular, continuous, and substantial basis in both the development and operation of the project (must be recognized as a tax-exempt organization by the Internal Revenue Service).

This statement is (check one):  True (2 points)  False (0 points)

**4. Current/Past Experience with Granting/Oversight Agencies (Maximum 10 point DEDUCTION)**

Points will be deducted for any findings outstanding for more than six months with any federal or state funders. Points will also be deducted if any member of the Development Team has prior GOAL experience where program violations have been found or deliverables have been consistently behind schedule. See Rating Award Criteria Plan for more details.

Discuss any GOAL project management audit findings or any other findings issued by AHFC or other oversight agencies within the past three years, including actions taken by you to resolve/correct the deficiency:

**Part G. Need for Proposed Project in the Local Area**

**ATTENTION!!** A Project Market Study conducted by an AHFC-approved qualified independent market analyst is required!! See last section of instructions for market study requirements.

**1. Community Support (maximum 5 points)**

Discuss the community support for the project:

**2. Market Demand (maximum 10 points)**

For rental housing development, identify the vacancy rate and discuss the market demand in the subject's immediate area for the type of housing which is proposed:

For homeownership housing, discuss the market for all other housing that offers alternative homeownership options to the population you intend to serve. For projects proposing a homeownership land trust model include a specific discussion of the market for land in the area and how it influences the cost of housing in the market.

**3. Number of Similar Properties Located in the Area (maximum 5 points)**

Identify and discuss the quantity and quality of the area's existing rental (homeownership for homeownership projects) stock similar to the type of housing proposed:

Discuss **alternative** housing which is available to the target population in the subject's area:

**Supporting Documentation for Part F**

Materials documenting community support (letters or resolutions of support, community plans, etc.), listed below:

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These items may be found in Tab #\_\_\_\_\_

A Market Study conducted by a third party is attached in Tab \_\_\_\_\_.

**Part H. Project Characteristics**

**1. Equipped units (maximum 10 points)**

**For CHDO Homeownership Projects**

- Will homes be pre-sold?       No. You must follow the same rules as rental development, skip to “For Rental Development Projects” below.
- Yes. You must give the homebuyer the option to modify the home’s design to accommodate any disability a household member might have. The costs of modification may be included in the sales price of the home.

If Yes, the points earned under this category will be determined by the degree to which the applicant has made a commitment to assist households with disabilities both 1) consider participation in the program, and 2) fund any necessary access modifications. Commitments of funding or marketing assistance by other sources must be confirmed in writing as an attachment in the Tab indicated below.

Identify all recruiting efforts that will specifically target households with at least one member with a disability to purchase the homes. (Written commitment is attached in Tab \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

Identify any sources of funds or partners that have committed to assist homebuyers with the cost of access modifications to the home. Please include the estimated amount of funds that will be available (Written commitment is attached in Tab \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

**For Rental Development Projects (and homeownership projects without pre-sales)**

To complete this section, please see definition of “accessible” and “equipped” in the Rating and Award Criteria Plan, Part G(1), and fill in the following worksheet.

Number of Units in Project:	(a) <input type="text"/>
Number of Floors:	(b) <input type="text"/>
Total Number of Units on Ground Floor:	(c) <input type="text"/>
Elevated building?	(d) <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you applying for HOME funds?      (e)  Yes  No

If (e)=no, the number of equipped units required for your project is 0.

If (e)=yes, does this project involve new construction or substantial rehabilitation (substantial rehabilitation means cost of rehab is 75% or more of after rehab appraised value, as evidenced by an appraisal) AND does the project encompass five or more units?

(f)  Yes  No

If (f)=yes, the minimum accessibility requirements of Section 504 apply to your project (see Rating and Award Criteria Plan for details). Under Section 504, 5% of all units (rounded up) must be equipped for physically handicapped accessibility and 2% of all units (rounded up) must be equipped for sensory impaired accessibility. Additional requirements apply to common areas. Please note that the minimum requirements for physically and sensory impaired accessibility **cannot** be fulfilled by the same unit.

If (f)=no, the number of equipped units required for your project is 0 **and**, for rehabilitation projects, you **MUST** include an appraisal as part of the back-up documentation.

Number of units <b>equipped*</b> for:	# Equipped Units (fulfilling minimum requirement <i>only</i> )	Additional Equipped Units ( <i>in addition to</i> minimum requirement)	Total # Equipped Units
- equipped for physically handicapped accessibility:	_____		0
- equipped for sensory impaired accessibility:	_____		0
- equipped for both physically and sensory impaired accessibility:	_____	_____	0
<b>Total number of equipped units:</b>	<b>(g) 0</b>	<b>(h) 0</b>	<b>0</b>

\*HOME has different requirements for physically and sensory accessibility, however, points in this section will only be awarded if *additional* units are equipped for both physical and sensory accessibility.

*Total Points Earned:*

*This is a calculated field. To manually calculate the field use the following formula:*

$$10 \times (h) / [(a)-(g)] = \underline{\hspace{2cm}}$$

All **new construction and rehabilitation** projects involving buildings with four or more units and built after March 13, 1991 must also comply with the minimum accessibility requirements of the **Fair Housing Act**. These require that all ground floor units be accessible in buildings with no elevator. For buildings with an elevator, **ALL** units must be accessible. Additional requirements apply to common areas.

Check one below:

- This project includes new construction and/or rehabilitation involving buildings of four or more units constructed after March 13, 1991, therefore must meet the Fair Housing Act minimum accessibility requirements.
- This project involves acquisition only or rehabilitation of building(s) built before March 13, 1991, or buildings with three or fewer units.

**2. Projects Principally Serving Special Needs Populations (maximum 15 points)**

Are you committing at least 50% of the project's units to "special needs" clientele?

Yes  No

Specify the number of units committed:

- a. Persons with Disabilities: # \_\_\_\_\_
- b. Senior Citizens (60 and over – **must be 100% of all units required if applying for SCHDF.** If this choice is elected when not applying for the SCHDF, owner must choose at least 80% of all units in order to stay in compliance with the Fair Housing Act Amendments of 1988.): # \_\_\_\_\_
- c. Combined senior (62 and over)/persons with disabilities [only allowed if project combines LIHTC and/or HOME with a funding source (such as the USDA 515 program) requiring this mixture]: # \_\_\_\_\_
- d. Other definition of senior housing (must be consistent with Fair Housing Act Amendments of 1988): # \_\_\_\_\_
- d. Homeless Persons # \_\_\_\_\_
- e. Persons or families at or below 30% of median income # \_\_\_\_\_

Special needs rating points are earned based on the special needs restriction of the project; a minimum of 50% of the project's units must be restricted to special needs clientele to earn special needs project points. Applicants will be bound to what is proposed in this section.

**3. Availability of Larger Units (maximum 15 points)**

**Total number of Units:**

<i>Bedroom Size</i>	<i># Units</i>	<i>% of Total</i>	<i>Threshold %</i>	<i>If b&gt;c, formula for points</i>	<i>Potential Points earned</i>
	<i>(a)</i>	<i>(b)</i>	<i>(c)</i>	<i>(d)</i>	<i>(e)</i>
1 bedroom	<u>0</u>	_____	<u>N/A</u>	0	<u>0.00</u>
2 bedroom	<u>0</u>	_____	<u>50%</u>	<u>If b&gt;c, 5*b</u>	<u>0.00</u>
3 bedroom	<u>0</u>	_____	<u>25%</u>	<u>If b&gt;c, 10*b</u>	<u>0.00</u>
4 bedroom	<u>0</u>	_____	<u>10%</u>	<u>If b&gt;c, 15*b</u>	<u>0.00</u>
<b>Total Potential</b>					<u>0.00</u>
<b>Total Points earned (cannot exceed 15):</b>					<u>0.00</u>

**4. Size of Project (maximum 5 points)**

Total number of acquisition only or new construction units: \_\_\_\_\_

Total number of rehabilitation\* or acquisition/rehabilitation\* units: \_\_\_\_\_

Points earned: \_\_\_\_\_ (See Rating and Award Criteria Plan, part G(4) to calculate points earned)

*\*For LIHTC projects, rehabilitation costs must be the greater of \$3,000 per unit or 10% of the “adjusted basis of the building and must consist of work items that are more than just cosmetic in nature.*

**5. Existing Housing as Part of Community Revitalization Plan (maximum 5 points)**

This project is located an acquisition, rehabilitation or acquisition/rehabilitation project, and is considered to be part of a local community revitalization plan. If claiming points under this section, please provide the following information:

The community revitalization plan is entitled: \_\_\_\_\_  
and is published by the following entity: \_\_\_\_\_  
and is included in whole or in part in the following Tab for reference: \_\_\_\_\_

**6. Eventual Tenant Ownership (maximum 5 points)**

This project is designed and operated so that the units will be eventually sold for home-ownership. This includes CHDO homeownership projects where the homes will be initially sold to households, as well as rental projects where tenants are expected to have the option to eventually purchase the units. For rental projects, documentation showing a comprehensive plan for tenant home ownership counseling which includes maintenance techniques for the home must be included. If claiming points under this sub-part, documentation is included in Tab \_\_\_\_\_.

**7. Innovative Design (maximum 10 points)**

By submitting this application the project sponsor acknowledges that, at a minimum, the following design requirements must be met:

1. No T1-II, board and batten, or similar type of wood siding may be used on any exterior wall surfaces.
2. All projects targeting families must have a recreation area on-site for children which is designed and equipped with age appropriate equipment.
3. All projects must meet the State thermal energy standard (BEES) which includes recording a PUR 101.

Describe how your project meets the minimum design standards, and also any innovative design features that you believe the project will exhibit. Refer to Rating and Award Criteria Plan, section H(7) for further details regarding innovative design characteristics and the minimum features required to garner any points in this area.





**Part I. Project Location**

**1. Located in a "rural" area (maximum 15 points)**

According to the definition in the Rating and Award Criteria Plan, is the project located in a rural area?

- Yes (15 Pts.)       No (0 Pts.)

**Part J. Located in a Declared Disaster Area**

**1. Located in a Disaster Area Declared by the Governor of the State of Alaska (maximum 10 points)**

Communities in the Declared Disaster Area as of August 16, 2002 are listed here.

Is the proposed project located in a Disaster Area declared by the Governor of Alaska under 26.23.020? (Please check which area below.)

- Yes (10 points)       No (0 points)

- |   |   |   |   |   |
|---|---|---|---|---|
| <u>Tanana River</u><br><u>Drainage Area:</u><br><input type="checkbox"/> Fairbanks<br>North Star<br>Borough | <u>Kuskokwim River</u><br><u>drainage area:</u><br><input type="checkbox"/> McGrath<br><input type="checkbox"/> Lime Village<br><input type="checkbox"/> Sleetmute<br><input type="checkbox"/> Red Devil<br><input type="checkbox"/> Crooked Creek<br><input type="checkbox"/> Aniak<br><input type="checkbox"/> Kwethluk | <u>Nushagak River</u><br><u>drainage area:</u><br><input type="checkbox"/> Ekwok<br><input type="checkbox"/> New Stuyahok | <u>Susitna River</u><br><u>drainage area</u><br><input type="checkbox"/> from Chase to<br>Montana Creek | <u>Yukon River</u><br><u>Drainage area:</u><br><input type="checkbox"/> Emmonak |
|---|---|---|---|---|

Other declared subsequent to NOFA publication: \_\_\_\_\_

More information on this area may be found at: <http://www.ak-prepared.com/>

## Part K. Public Housing Waiting Lists

### 1. Public Housing Waiting Lists (maximum 4 points)

- This application includes a written commitment to give priority to households on waiting lists for subsidized housing (see Tab \_\_\_\_). This means gross rents will not be higher than the “Fair Market Rent” established by the US Department of Housing and Urban Development AND a referral relationship will be established with the local public or Indian housing authority. This referral relationship has either been set up already, and is evidenced by documentation included in Tab \_\_\_\_, or will be achieved as described below:

## Part L. Job Training Program

### 1. Job Training Program (maximum 10 points)

The job training program must target low and moderate income families during the construction or rehabilitation of the planned project. The trainees must be prepared for meaningful employment opportunities after the program is completed. Apprenticeship training in a recognized trade union is one example. Applicants must provide letters of financial commitment for program operation, and signed memorandums of agreement with the agency operating the training program and all other parties involved.

**No points will be awarded under this criteria without written commitments, a MOU, and a detailed program summary which specifies the goals and objectives for the program, the number of training positions, the target group of people, how the program will be funded, the skills learned by the trainees, the duration of the training and what future employment opportunities will be available to trainees.**

AHFC will recapture any reservation or funding commitment made from GOAL funds if the applicant fails to implement and complete the proposed training program.

Describe the Job Training Program you propose:

Describe the specific outcomes for the program:

Identify the names and relationships of all participating training partners, including who will be doing the actual training:

Identify how the program will be funded (include costs as separate line in Project Development Cost Table):

Identify the number of training positions and the target group of people who will be trained:

Identify the skills to be learned by the trainees and what future employment opportunities will be available to trainees:

Identify the duration of the training:

Written commitments and other back-up documentation is provided in Tab # \_\_\_\_\_

**SECTION VI. SELF EVALUATION AND CERTIFICATIONS REQUIRED FOR ALL APPLICANTS**

**Part A. Applicant Proposal Evaluation**

***Applicant Proposal Evaluation***

Discuss each rating criteria for which you believe points should be awarded, and state the calculation method and amount of points you believe you are eligible for in accordance with the rating plan. Ensure that your narrative is consistent with other related parts of the application. In the event of inconsistent data, the most conservative approach will be taken for the purpose of awarding points.

Use no more than two additional pages if necessary.

## Part B. Applicant Certifications

### *Applicant Certifications (all applicants must read and execute this section)*

#### A. Acceptance of Terms:

By submitting a proposal, an applicant accepts all terms, conditions and requirements of the Multi-Family, Special Needs and Congregate Loan Program, the GOAL Program, and respective Request For Proposal which may have been issued for the purposes of allocating GOAL Program funds. Additionally, the applicant acknowledges and agrees to abide by AHFC regulations 15 AAC 154.010-154.080, 154.100-154.110, 154.700-154.835, and AHFC's standard grant provisions for all HOME and SCHDF funds received.

The applicant's proposal will become part of the GOAL Program funding award agreement in the event the applicant is awarded GOAL funds. The applicant will be bound by what is in the proposal, unless otherwise approved in writing by AHFC.

The applicant's proposal and other materials submitted in response to the GOAL Program Request For Proposal or in conjunction with a Multi-Family, Special Needs and Congregate Loan Program application become the property of AHFC and may be returned only at AHFC's discretion. Applications are public documents and may be inspected or copied by anyone after they have been reviewed and rated and a Notice of Intent to Award GOAL funds has been issued by AHFC, or in the case of a Multi-Family, Special Needs and Congregate Loan Application, after AHFC Board action has been taken with regard to the application request. Financial statements included in the application may be considered public information.

#### B. Certifications:

1. I/We, as duly authorized representative(s) of \_\_\_\_\_ certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature(s) on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, et seq. and liability for monetary damages to the lender, its agent, successors and assignees, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I/we have made on this application.
2. The applicant agrees that he/she will furnish promptly such supporting documents as may be requested by the Alaska Housing Finance Corporation (AHFC).
3. The applicant understands and agrees that the Alaska Housing Finance Corporation may conduct its own independent review and analysis of the information set forth in this application, and that any such review and/or analysis will be made for the sole and exclusive benefit and protections of AHFC.
4. The applicant understands that Low-Income Housing Tax Credit amounts will not be determined or allocated until an approved project is placed in service, and that it is the applicant's responsibility to give notice to AHFC 30 days prior to the project being place in service.
5. The applicant understands and agrees that through the reservation/allocation of Low Income Housing Tax Credits, AHFC is not underwriting the project.
6. If applying for Low-Income Housing Tax Credits, the applicant certifies that to the best of his/her knowledge and belief, the project as proposed within this application complies with the provisions of Section 42 and all other applicable sections of the Internal Revenue Code and all rules and regulations promulgated thereunder.
7. The applicant certifies that he/she will comply with all applicable federal and state laws regarding unlawful discrimination.

C. Disclosure Statement:

I/We, the undersigned, understand and agree that Alaska Housing Finance Corporation (AHFC) will consider that an Identity of Interest exists whenever any party to a transaction has a financial or family relationship or a professional or business affiliation with any other part to the transaction. The following list may not be all inclusive but is considered to be representative of some of the more typical Identities of Interest:

1. The applicant or principals of the applicant are related to any AHFC Board of Director's member or their spouse.
2. The applicant or principals of the applicant are related to any AHFC employee or employee's spouse who is involved in the processing of, or decision making on, the subject application request.
3. The applicant or principals of the applicant have any business relationship with any member of AHFC's Board of Directors or their spouse.
4. The applicant or principals of the applicant have any business relationship with any AHFC employee of employee's spouse who is involved in the processing of, or decision making on, the subject application request.
5. The applicant or principals of the applicant are related to the seller, seller's spouse, or seller's agent of any property to be financed with any proceeds which may result from this application.
6. The applicant has any financial interest in the seller of the property of its agent.
7. The seller of the property or its agent have a financial interest in the applicant.
8. If this is a construction loan, the applicant has a financial interest in or is a director, employee or officer of the general contractor, architect, engineer, attorney, interim or participating lender, materials suppliers, equipment lessors, or others pertaining to the construction of the subject property.
9. The applicant is aware of any other circumstances that may be an Identity of Interest through the sale of the property; AHFC's financing of it; or other matters.

For the purposes of #1 through #9:

"Related" means a spouse or relative, i.e., parent, grandparent, brother, sister, brother-in-law, sister-in-law, child, grandchild, aunt, uncle, nephew, or niece.

"Business Relationship" means a direct interest with either an AHFC Board member or employee, or their spouse, or an entity that the Board member, employee or their spouse has a financial interest in.

"Principals" means owners, partners, joint venture, persons with controlling authority, officers, etc.

If there is an Identity of Interest, please state below its nature:

**I/we certify by signing this application below, except as disclosed above, there is not now, nor will there be an Identity of Interest under circumstances described in statements 1 through 9 without the prior written consent of AHFC. An Identify of Interest does not necessarily disqualify you as an eligible borrower, or recipient of GOAL Program funds.**

*The signature below relates to Parts A, B and C above.*

Applicant Authorized Signature: \_\_\_\_\_

Applicant Authorized Name and Title: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

STATE OF ALASKA                    )  
  )ss  
THIRD JUDICIAL DISTRICT        )

Subscribed and sworn to or affirmed before me by \_\_\_\_\_, at \_\_\_\_\_  
\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

Notary Public in and for Alaska  
My Commission expires \_\_\_\_\_  
*(seal)*



***Other Application Consultant Disclosure Certification (all applicants must read and execute this section)***

(Copy and complete this certification disclosure form for each other party to which you acted as a development consultant or participant)

Identify below any and all other applications which you, your organization, or any employee of your organization, participated in the development of as a consultant or participant to, or under contract with, any other party. If none, check the box following the list. (In either case, you must sign below.)

<u>Name of Other Party (Potential Applicant)</u>	<u>Name of Project</u>	<u>Development Role</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Or, if not involved with any other applications, check below (you still must sign this certification).

Neither I, my organization, nor any employee of my organization, has participated in the development of, as a consultant or participant to, or under contract with, any other party submitting an application to the FY02 GOAL program.

**REQUIRED SIGNATURE BY APPLICANT OF THIS APPLICATION:**

By signing below, I, acting as the authorized signer on behalf of \_\_\_\_\_ (name of applicant) certify that to the best of my knowledge, the information identified above is true and accurate and reflects ALL projects and/or other applicants which this organization, myself, or employees of this organization participated in as a development consultant or participant.

\_\_\_\_\_  
Applicant's Authorized Signor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

**OTHER APPLICANT ACKNOWLEDGMENT (only required when another potential applicant is listed above):**

By signing below, I, acting as the authorized signer on behalf of \_\_\_\_\_ (name of other applicant) acknowledge that \_\_\_\_\_ (name of consultant organization) has disclosed to me or to the organization I represent that they are also applying for funding and/or are acting as a development consultant or participant to the above identified party(s) under the 2002 GOAL round.

\_\_\_\_\_  
Other Applicant's Authorized Signor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organization

## SECTION VII. HOME INVESTMENT PARTNERSHIPS PROGRAM SUPPLEMENTAL INFORMATION

(required for all project applying for, or willing to accept, HOME funds)

### Part A. Environmental and Site Information

#### **HOME Environmental Review**

All projects requesting or willing to accept HOME funds must fill out this section. AHFC staff need this information to complete an Environmental Review on the project.

**CAUTION!!!** HOME funds cannot be committed to a project that has been initiated by the applicant before the environmental review is complete and AHFC has received a Release of Funds from HUD for the HOME funds. "Initiated" in this case includes any physical work that will limit the options of alternative sites, regardless of what source of funds has been used to do this work. **Options to purchase a site executed prior to completion of the environmental review should contain a clause that the purchase is conditional upon a successful environmental review.** All HOME awards made by AHFC are conditional upon successful completion of the environmental review and receipt from HUD of a Release of Funds. AHFC must secure a Release of Funds from HUD before it may enter into any grant agreements involving projects expecting to utilize HOME funds.

#### 1. Historic Preservation

Year any existing structures on site were built: \_\_\_\_\_

Is the site or structure on the State or Federal historic register?

- Yes  
 No

Is the site or structure of historic or archaeological significance according to the State Historic Preservation Officer?

- Yes (SHPO letter and any permits must be included as an attachment)  
 No (SHPO letter must be included as an attachment)  
 Determination not yet completed (letter to SHPO requesting determination must be included as an attachment.)

#### 2. Floodplain Management

Is the site on an Alaska FEMA map showing flood plains?

- Yes. If yes, is the site located in a 100 year flood plain?  
 Yes (attach letter from local government or Army Corps of Engineers, AND evidence that proper flood insurance will be provided.)  
 No (attach letter from local government or Army Corps of Engineers)  
 No. If no, is there any other evidence to indicate the site is located in a 100 year flood plain?  
 Yes (attach letter from local government or Army Corps of Engineers, AND evidence that proper flood insurance will be provided.)  
 No (attach letter from local government or Army Corps of Engineers)

#### 3. Wetlands

Is the site located in or contain wetlands?

- Yes (attach letter from Army Corps of Engineers and any appropriate permits)  
 No (attach letter from the Army Corps of Engineers)  
 Determination not yet completed (attach letter to Army Corps of Engineers requesting determination)

#### 4. Coastal Zone

Is the site located in a Coastal Zone?

- Yes (attach application to the Alaska Division of Governmental Coordination for determination of impact and any response received to date)  
 No (attach a letter from the local government, an environmental engineer, or the Alaska Division of Governmental Coordination)

#### 5. Endangered Species (check ONE OF the boxes below)

- The project will not affect any federally-listed or proposed Threatened and Endangered species (including plants, animals fish, or invertebrates), nor any designated or proposed critical habitat. This finding is based

on contact made with the US Fish and Wildlife Service, or with the Alaska Department of Fish and Game (attach evidence of contact).

- The project may affect threatened or endangered species or critical habitat, and consultation with the US Fish and Wildlife Service, in accordance with procedural regulations contained in 50 CFR 402 has been initiated (attach evidence of consultation and explanation)

**6. Wild and Scenic Rivers (check ONE OF the boxes below)**

- The project is not located within a mile of a listed Wild and Scenic River (attach letter from local government, environmental engineer, or the US Department of the Interior, National Park Service)
- The project is located within a mile of a listed Wild and Scenic River, but the project will not have an effect on the natural, free flowing or scenic qualities of any river in the National Wild and Scenic Rivers systems (attach letter from the US Department of the Interior, National Park Service)
- The project may have an effect on the natural, free flowing or scenic qualities of a river in the National Wild and Scenic Rivers systems, and a consultation with the US Department of the Interior has been initiated (attach any correspondence and evidence of resolution and mitigation to date).

**7. Air Quality**

- Identify the heating fuel to be used in the project:  
 Natural Gas    Oil    Electric    Other (specify): \_\_\_\_\_

**8. Explosive and Flammable Operations (check ONE OF the boxes below)**

- The project is not within one mile of an area exposed to thermal or explosive hazards, i.e., where hazardous liquids, gases or chemicals of flammable nature are stored (attach statement from local government or an environmental engineer).
- The project is located at an "Acceptable Separation Distance" (ASD) from ground explosive or flammable fuels or chemical containers. An ASD is defined as the distance beyond which the explosion or combustion of a hazard is not likely to cause structures or individuals to be subjected to blast overpressure or thermal radiation flux levels in excess of the safety standards in 24 CFR Part 51.203 (attach statement from an environmental engineer).

**8. Noise Abatement and Control**

Is the project exposed to high noise levels ?

- Yes (attach letter from local government)  
 No (attach letter from local government)

Is the project within 1,000 feet of a highway with daily traffic of 20,000 or more vehicles per day?

- Yes (attach letter from local government)  
 No (attach letter from local government)

Is the project within line of site of a highway with daily traffic of 20,000 or more vehicles per day?

- Yes (attach letter from local government)  
 No (attach letter from local government)

Is the project within 3,000 feet of a railroad?

- Yes. If yes, is the project within line of site of the railroad?  Yes  No (attach letter from local government)  
 No (attach letter from local government)

Is the project within 5 miles of a civilian airport or 15 miles of a military airport?

- No (attach letter from local government)  
 Yes. If yes, you must contact the airport and attach evidence that at least one of the following is true (only one box below needs to be checked):  
 The airport is not recognized as a Commercial Service Airports as designated in the National Plan of Integrated Airport Systems (24 CFR Part 51, Subpart D)  
 The airport has no adopted DNL contour map.  
 The site is not located in a DNL contour showing 65 or more DNL in an adopted DNL contour map.

**9. Airport Clear Zone**

This project (you must check one):

- will be limited to minor rehabilitation (<75% after rehab value), OR  
 is not located within an airport clear zone (evidence from local airport – letter, or map showing site and zone – attached), OR  
 neither of the above is true – contact AHFC for how to proceed.

**10. Explosive and Flammable Operations (check ONE OF the boxes below)**

- The project is not within one mile of an area exposed to thermal or explosive hazards, i.e., where hazardous liquids, gases or chemicals of flammable nature are stored (attach statement from local government or an environmental engineer).
- The project is located at an "Acceptable Separation Distance" (ASD) from ground explosive or flammable fuels or chemical containers. An ASD is defined as the distance beyond which the explosion or combustion of a hazard is not likely to cause structures or individuals to be subjected to blast overpressure or thermal radiation flux levels in excess of the safety standards in 24 CFR Part 51.203 (attach statement from an environmental engineer).

**11. Toxic Chemicals/Radioactive Materials**

Is the project within one mile of a dump or landfill?

- Yes (attach letter from local government or environmental engineer)
- No (attach letter from local government or environmental engineer)

Is the site within one mile of an industrial facility which manufactures, stores or disposes chemicals or hazardous waste?

- Yes (attach letter from local government or environmental engineer)
- No (attach letter from local government or environmental engineer)

Does the site/structure contain asbestos?

- Yes (attach letter from environmental engineer or local government)
- No (attach letter from environmental engineer or local government)

Does the site show evidence of soils contamination?

- Yes (attach letter from environmental engineer or local government)
- No (attach letter from environmental engineer or local government)

Was the structure built before 1978?

- Yes. If yes, check one of the following:
  - An EPA-certified Lead Based Paint inspector has determined there is no lead based paint hazard in the structure or site and that no surfaces that will be disturbed due to this project contain lead-based paint (evidence attached).
  - A Certified Lead Based Paint inspector has determined there is lead based paint in the structure and has identified appropriate abatement activities, and safe work practices, which are incorporated into the project, in accordance with 24 CFR part 35.
  - The project is restricted to seniors only and there is no expectation that children under the age of six will spend any significant amount of time in the facility.
  - The project consists exclusively of Single Resident Occupancy (SRO) units and there is no expectation that children under the age of six will spend any significant amount of time in the facility.
- No. If no, check one of the following:
  - This is a New Construction Only project
  - The existing structure was built in \_\_\_\_\_ (must be after 1977) and evidence is attached.

**11. Environmental Justice**

Will this project have an adverse environmental effect, including human health or any economic and social effects, on any minority or low-income communities?

- Yes. Explain: \_\_\_\_\_
- No. (attach letter from local government)

**Some Helpful Phone Numbers/Websites:**

State of Alaska Department of Natural Resources, State Historic Preservation Officer (SHPO): (907) 269-8721  
 Army Corps of Engineers: (907) 753-2724  
 State of Alaska Environmental Conservation Department, Air Quality (907) 269-7575  
 State of Alaska Coastal Zone Management: [www.alaskacoast.state.ak.us](http://www.alaskacoast.state.ak.us)  
 US Department of the Interior, Fish and Wildlife Service: Anchorage – (907) 271-2781; Fairbanks – (907) 456-0441; Juneau – (907) 586-7240  
 US Department of the Interior, National Park Service: (907) 257-2541  
 US Department of Housing and Urban Development-sponsored lead-based paint information web-page: [www.leadlisting.org](http://www.leadlisting.org)

**Part B. HOME Certifications**

If applying for, or willing to accept HOME funds, an authorized representative/officer of the applicant (Executive Director or Chairman of the Board, or equivalent) must sign and date each of the four (4) certifications in this attachment.

***1. Site and Neighborhood Standards Certification***

By executing this certification, the undersigned applicant certifies that the housing opportunities provided as a result, in whole, or in part, of the HOME assistance provided will promote “greater choice” housing opportunities and that the housing being constructed or rehabilitated will not promote an undue concentration of poverty in any given area.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

***2. Displacement Minimization Certification***

By executing this certification the undersigned applicant certifies that if undertaking an activity which will involve acquisition or rehabilitation of a property occupied by a “person” other than the owner of that property (i.e., tenant, including business or non-profit organizations), that the Applicant will take all reasonable steps to prevent or minimize the displacement of that “person”.

Additionally, if displacement or relocation will occur, the Grantee will officially adopt and follow an anti-displacement and relocation assistance plan, submitted to and approved by AHFC prior to any displacement.

Additionally, if undertaking an activity which will involve acquisition or rehabilitation of a property occupied by a “person” other than the owner of that property (i.e., tenant, including business or non-profit organizations), the Applicant certifies that it, or the seller (if applicable), has provided each tenant currently occupying the project a General Information Notice (GIN) which provides information which is equivalent in content to the sample GIN which is included as an attachment to the application kit.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

### 3. Drug Free Workplace Certification (24 CFR Part 24, Subpart F)

By executing this certification, the undersigned applicant agrees to comply with the Drug Free Workplace Act of 1988 (41 U.S.C. 701) by:

- (i) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (ii) Establishing an ongoing drug-free awareness program to inform employees about –
  - (1) The dangers of drug abuse in the workplace;
  - (2) The applicant's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (iii) Making it a requirement that each employee to be engaged in the performance of the HOME funded activity be given a copy of the statement required by paragraph (I);
- (iv) Notifying the employee in the statement required by paragraph (I) that, as a condition of employment under the HOME funded activity, the employee will –
  - (1) abide by the terms of the statement; and
  - (2) notify the employer in writing of his or her conviction for a violation of the criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (v) Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph (iv)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title to every grant officer or other designee whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of the affected HOME funds;
- (vi) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (iv)(2), with respect to any employee who is so convicted:
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (vii) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (i), (ii), (iii), (iv), (v), and (vi);
- (viii) Providing the street address, city, county, state, and zip code for the site or sites where the performance of work in connection with the HOME funds will take place. For some applicants who have functions carried out by employees in several departments or offices, more than one location may need to be specified. It is further recognized that some applicants who become HOME fund recipients may add or change sites as a result of changes to program activities during the course of the HOME funded activities. Applicants, in such cases, are required to advise AHFC by submitting a revised "Place of Performance" form. The period covered by the certification extends until all funds under the specific HOME funding has been expended.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

**4. Instructions & Agreement, and Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusions – lower tier covered transactions.**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A lower tier participant in a covered transaction may rely upon a certification of a prospective lower tier participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A lower tier participant may decide the method and frequency by which it determines the eligibility of its principals. Each lower tier participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a lower tier participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a lower tier participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification:

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective lower tier participant shall attach an explanation to this proposal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Capacity: HOME Funds Applicant, Contractor, etc.

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date

**SECTION VIII. HOMEOWNERSHIP DEVELOPMENT SUPPLEMENTAL INFORMATION**

***Resale Restrictions and Resale Formula***

All homeownership development projects must remain affordable to low-income buyers throughout the affordability period. This period must be at least 15 years, but may be longer if elected by the applicant or if the extended low-income use is elected in Section IV Part B. Affordability must be enforced through a resale restriction that requires any sale of the unit during the affordability period to meet the following restrictions:

- a) The new purchaser must be low-income, meeting the HOME program definition, and occupy the property as the family’s principal residence.
- b) The sales price must be affordable to the new purchaser. A sale is affordable when no more than 32 percent of the new purchaser’s income is used to pay the fixed costs of owning a home (that is, loan payments of principal and interest, taxes and insurance, generally called PITI), or all housing expenses (including PITI, land lease or dues, utility expenses and a reasonable maintenance reserve) do not exceed 40 percent of the new purchaser’s income. Another program-wide definition of an affordable sale may be proposed in writing by the applicant and considered for approval by AHFC.
- c) The original homebuyer, now the home seller, must receive a fair return on his or her investment. Fair return must be at least the amount of the homebuyer’s initial investment in the purchase, but may also include, for example, part of all of any appreciation that might accrue. The definition of fair return and the proposed resale formula must be approved by AHFC in advance, and may be based on a definition proposed by the applicant.
- d) Deed restrictions, land covenants or other similar legal mechanism must be used to enforce these resale restrictions

Discuss how the proposed project’s resale restrictions address the affordability provisions required in (b) above:

Discuss how the proposed project’s resale formula addresses the fair return requirements in (c) above:

The proposed resale formula is attached in Tab \_\_\_\_\_.



***Marketing***

Resale restrictions are not customary on homes for purchase. Discuss how you will market housing that involves resale restrictions in your community.

***Subsidy Justification***

Homeowner Development project subsidies fund ONLY the difference between Total Development Cost of the project, and the project's appraised value. Subsidies are limited to \$40,000 per unit. It is assumed that the home will sell for the appraised value. Discuss why total development costs for this project exceed appraised value. Include in your discussion specific information on both the land and construction costs in your community. Reference appraisals and contractor bids for development costs and indicate where these are included in your application.

***Housing Affordability***

Discuss the other sources of funds, if any, that are available to the homebuyer to make the purchase of the home, at appraised value affordable.

Housing affordability is demonstrated in the Excel Spreadsheet "Homeownership Affordability" sheet.

Discuss the likelihood that the sources of funds identified above or other sources will be 1) needed and 2) necessary to achieve affordability for a low or moderate income buyer of the same home in ten years.

**SECTION IX. LOW INCOME HOUSING TAX CREDITS SUPPLEMENTAL INFORMATION**  
 (required for all projects applying for, or willing to accept, Low Income Housing Tax Credits)

<p><b>Partnership Name and Mailing Address:</b></p> <p>Name: _____</p> <p>Address Line 1: _____</p> <p>Address Line 2: _____</p> <p>City, State Zip: _____, _____ _____</p>	<p><b>Partnership Contact Telephone</b></p> <p>Phone: _____</p> <p>FAX: _____</p> <p><b>Partnership Federal Tax Identification Number:</b> _____</p>
<p><b>General Partner Name and Mailing Address:</b></p> <p>Name: _____</p> <p>Address Line 1: _____</p> <p>Address Line 2: _____</p> <p>City, State Zip: _____, _____ _____</p>	<p><b>General Partner Contact Telephone</b></p> <p>Phone: _____</p> <p>FAX: _____</p> <p><b>Partnership Federal Tax Identification Number:</b> _____</p>

Tax credit allocations are made to the partnership and general partners only. Any changes in general partner status require prior written approval from AHFC. If applying for grants as well, grants are made to the entity listed as the applicant in Section I.

**General Partner Type:**

Non-Profit

501(c)(3)

501(c)(4) (Exempt purpose includes fostering Low-Income Housing)

Exempt from taxation under Section 501(a) of IRS Code

For Profit

Is there more than one General Partner?     Yes     No

If yes, attach separate page which provides the above data for each General Partner

**LIHTC Non-Profit Set-Aside:** To qualify for the LIHTC non-profit set-aside, the applicant must “materially participate” in the development and operation of the project throughout the compliance period. “Material participation” means that the non-profit must be participating in the operations of the project on a regular, continuous and substantial basis.

If you are applying for the LIHTC non-profit set-aside, describe below how the non-profit is materially participating” in the project proposed in this application:

\_\_\_\_\_

\_\_\_\_\_

If applying for LIHTCs and development activity includes acquisition of an existing property, Note the following LIHTC program restriction and provide the requested data in this section:

LIHTC regulations prohibit the allocation of tax credits to a project being acquired which has been owned by the existing seller for less than ten years (“10 Year Rule”).

Address of Building (s) Being Acquired	Date Acquired	Anticipated Purchase Date
_____	_____	_____
_____	_____	_____

## LOCAL GOVERNMENT NOTIFICATION FORM

To: \_\_\_\_\_ (Chief Executive Officer) of \_\_\_\_\_ (community).

As a condition of the Alaska Housing Finance Corporation's GOAL Program we are required to notify you of our intent to apply for funding to develop affordable housing in your community and offer you an opportunity to comment on our development plans. We are applying for grant and/or federal tax credits to develop a project described below:

Name of Development: \_\_\_\_\_

Location of Property: \_\_\_\_\_  
(use site address, or if not available, generally describe location in relationship to known landmarks in the community.)

Number of Units: \_\_\_\_\_

Development Type: \_\_\_\_\_ (acquisition/rehab or new construction)

Owner Information: \_\_\_\_\_ (name)  
\_\_\_\_\_ (address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (phone)

\_\_\_\_\_ (fax)

\_\_\_\_\_ (email)

Please submit your comments directly to Alaska Housing Finance Corporation no later than November 1, 2002 at:

Mark Romick  
Alaska Housing Finance Corporation  
P.O. Box 101020  
Anchorage, Alaska 99510  
907-330-8274  
907-338-2585 FAX  
mromick@ahfc.state.ak.us

and send a copy to the owner address listed above.

Thank you for your time.

**SECTION X. MULTI-FAMILY LOAN SUPPLEMENTAL INFORMATION**  
 (required for all projects applying for, or willing to accept, a multi-family loan)

**Part A. Appraisal Authorization and Applicant Declaration.**

(Required for all applicants applying for Multi-family, Special Needs or Congregate Loan Financing)

<b><i>1. Appraisal Authorization</i></b>	
I, _____ (name), as the duly authorized representative of _____ _____ (name of borrower), hereby authorize AHFC to initiate the appraisal process, and further agree to remit payment to AHFC in the amount of the appraisal fee upon notice by AHFC that payment is due. Notice by AHFC will be given to the applicant at such point in time as it is determined by AHFC to whom the appraisal assignment will be awarded, generally based on a competitive bidding process which emphasizes completion time, cost, experience, and Alaska bidders preference.	
_____ Signature	_____ Date

<b><i>2. Applicant Declarations</i></b>		
<i>All loan applicants must answer questions (a) through (h). Individuals must answer (a) through (l).</i>	Yes	No
Are there any outstanding judgements against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been declared bankrupt within the past seven (7) years?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had property foreclosed upon or given title or deed in lieu thereof in the last seven (7) years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
Have you directly or indirectly been obligated on any loan which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgement?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently delinquent or in default of any Federal or State debt, or any other loan, mortgage, financial obligation, bond, or loan guarantee?	<input type="checkbox"/>	<input type="checkbox"/>
Is any part of the down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a co-maker or endorser on any other loan not listed in the previous liability schedules or attached financial statements?	<input type="checkbox"/>	<input type="checkbox"/>
Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a U.S. citizen?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a permanent resident alien?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what type of property did you own? <input type="checkbox"/> Principal Residence <input type="checkbox"/> Second Home <input type="checkbox"/> Investment Property (specify what type): _____		

**Part B. Loan Application for Individuals**

(Required for all Individuals applying for Multi-family, Special Needs or Congregate Loan Financing)

<b>1. Household and Employment Information</b>	
Source of Down Payment and Settlement Charges: _____	
Borrower Age: _____	Co-Borrower Age: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried (single, divorced, widowed) <input type="checkbox"/> Separated	
Dependents: <input type="checkbox"/> No <input type="checkbox"/> Yes, Ages: _____	
Do you own or rent the residence in which you currently reside: <input type="checkbox"/> Own <input type="checkbox"/> Rent	
If you have resided at the address listed on page one of this application for less than seven (7) years, list all other addresses at which you have resided during the past seven (7) years:	
(1) _____	(2) _____
_____	_____
(3) _____	(4) _____
_____	_____
<b>Employment Information:</b>	
<u>Current Employment Information</u>	
Name of Employer: _____	No. of years on this job: _____
Employer Address: _____	Position/Title: _____
_____	
Employer Telephone: _____	Gross Monthly Income: \$ _____
<u>Previous Employment Information (if current employment position held for less than two years)</u>	
Name of Employer: _____	No. of years on this job: _____
Employer Address: _____	Position/Title: _____
_____	
Employer Telephone: _____	Gross Monthly Income: \$ _____
<u>Gross Monthly Income:</u>	<u>Housing Expense:</u>
Base Employment Income           \$ _____	Rent   \$ _____
Overtime                                 \$ _____	Mortgage Payment                     \$ _____
Bonuses                                  \$ _____	Homeowner Dues                        \$ _____
Commissions                            \$ _____	Other                                      \$ _____
Net Rental Income (from rental schedule)                                 \$ _____	Total                                        \$ _____
Other: _____                         \$ _____	
Total   \$ _____	

<b>2. Assets</b>			
<u>Liquid Assets:</u>		<u>Other Assets:</u>	
Cash deposit toward purchase held by:	\$	Real Estate Owned (from r/e schedule)	\$
Name & Address of Bank, S&L, or Credit Union:		Vested interest in retirement fund	\$
(1) Acct #	\$	Net worth of business(es) owned	\$
(2) Acct #	\$	Automobiles Owner (make & year)	\$
(3) Acct #	\$	Other Assets (list)	\$
Stocks & Bonds (company name/number & Description)	\$	Other Assets (list)	\$
Cash value/life insurance	\$	<b><u>Subtotal Other Assets:</u></b>	<b>\$ 0.00</b>
Other:	\$		
<b><u>Subtotal Liquid Assets:</u></b>	<b>\$ 0.00</b>	<b><u>TOTAL ASSETS:</u></b>	<b>\$ 0.00</b>

<b>3. Liabilities</b>		
<u>Name, Address, &amp; Account No. of Company</u>	<u>Monthly Payment Amount</u>	<u>Unpaid Balance</u>
#	\$	\$
#	\$	\$
#	\$	\$
#	\$	\$
#	\$	\$
#	\$	\$

<b><u>TOTAL LIABILITIES</u></b>	\$	<u><u>0.00</u></u>	\$	<u><u>0.00</u></u>
---------------------------------	----	--------------------	----	--------------------



<b>4. Real Estate Owned Schedule</b>						
<b>Property Address</b>	<b>Property Type</b>	<b>Name of Lender &amp; Account No.</b>	<b>Assessed Value</b>	<b>Mortgage/Lien Amount</b>	<b>Total Monthly Rental Income</b>	<b>Mortgage Payment</b>
(1)		#	\$	\$	\$	\$
(2)		#	\$	\$	\$	\$
(3)		#	\$	\$	\$	\$
(4)		#	\$	\$	\$	\$
(5)		#	\$	\$	\$	\$
(6)		#	\$	\$	\$	\$
(7)		#	\$	\$	\$	\$
(8)		#	\$	\$	\$	\$
(9)		#	\$	\$	\$	\$
(10)		#	\$	\$	\$	\$
<b>TOTALS</b>			<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**SECTION XI. PROJECTS INVOLVING ACQUISITION OR REHABILITATION OF AN OCCUPIED PROPERTY**

***Requirements for projects with acquisition or rehabilitation of existing property***

For all projects, regardless of funding requested, if development activity will result in tenant relocation, you must attach a written relocation plan and fill out the tenant roll in this section.

HOME Regulations require that the recipient of HOME funds (and in most cases, any other federal assistance) comply with the Uniform Relocation Act (URA), including, but not limited to, proper tenant notifications and relocation assistance.

URA requires tenant notification even if relocation will not occur. Sample General Information Notices are included in this section. For projects applying for HOME funds, evidence of notification must be submitted with the applicant package.

***Supporting Documentation for Section XI***

- A relocation plan is attached in this section (required for all projects)
- Copies of all tenant notifications are attached in this section (required for all HOME funded projects)
- Evidence of tenant notification (such as return receipt or other signature of delivery and receipt by tenant) is attached in this section (required for all HOME funded projects)
- Tenant Roll is attached

**Tenant Roll (Use Additional Pages if Necessary)**

This schedule must be completed if you are acquiring or rehabilitating a project which is currently occupied by anyone other than the owner of the project, i.e., occupied by tenants. You must complete this schedule regardless of whether or not a tenant will actually be temporarily or permanently displaced.

If applying for HOME funds or willing to accept HOME funds as an alternative, A “General Information Notice” must have been delivered to each tenant, via certified mail, return receipt requested, or hand delivered with signature of receipt by the tenant obtained, prior to the submittal of this application.

Evidence of delivery of each tenant’s notice must be provided in the application package to be eligible for HOME Funds.

Unit # (list all units numerically)	Tenant Name	Tenant Mailing Address	Unit Type (# of Bedrooms)	Existing Monthly Rental Charge	Tenant To Be Temporarily Displaced (Y/N)
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

***Guide Form General Information Notice (Gin): Residential Tenant that will not be Displaced***

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), \_\_\_\_\_ (property owner) submitted an application to AHFC for financial assistance to acquire and/or rehabilitate (specify proposed activity) the building which you occupy at \_\_\_\_\_ (address).

This notice is to inform you that, if the assistance is provided and the building is (specify activity), you will not be displaced. Therefore, we urge you not to move anywhere at this time. If you elect to move for reasons of your own choice, you will not be provided relocation assistance.

If the application is approved and Federal assistance is provided for the (specify activity), you will be able to lease and occupy your present apartment (or another suitable, decent, safe and sanitary apartment in the same building) upon completion of the (specify activity). Of course, you must comply with standard lease terms and conditions.

After the (specify activity), your initial rent, including the estimated average monthly utility costs will not exceed the greater of (a) your current rent/average utility costs, or (b) 30 percent (30%) of your average monthly gross household income. If you must move temporarily so that the (specify activity) can be completed, suitable housing will be made available to you for the temporary period, and you will be reimbursed for all reasonable extra expenses, including all moving costs and any increase in housing costs.

Again, we urge you not to move. If the project is approved, you can be sure that we will make every effort to accommodate your needs. Because Federal assistance would be involved, you would be protected by the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended.

This letter is important and should be retained. You will be contacted soon. In the meantime, if you have any questions about our plans, please contact (name), (title), at (phone), (address).

Sincerely,

(Name and Title)

**Guide Form General Information Notice (Gin): Residential tenant that will be displaced**

Dear \_\_\_\_\_:

On \_\_\_\_\_ (date), \_\_\_\_\_ (property owner) submitted an application to AHFC for financial assistance to acquire and/or rehabilitate (specify proposed activity) the building which you occupy at (address) \_\_\_\_\_.

This notice is to inform you of your rights under Federal law. If *(property owner) (specify activity)* and you are displaced from the project, you will be eligible for relocation assistance under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended. However, do not move now. This is not a notice to vacate the premises. You should continue to pay your monthly rent to your landlord because failure to pay rent and meet your other obligations as a tenant may be cause for eviction and loss of relocation assistance. You are urged not to move or sign any agreement to purchase or lease a new unit before receiving formal notice of your eligibility for relocation assistance. If you move or are evicted before receiving such notice, you may not receive any assistance. Please contact us before you make any moving plans.

If *(property owner) (specify activity)* and you are eligible for relocation assistance, you will be given advisory services, including referrals to replacement housing, and at least 90 days advance written notice of the date you will be required to move. You should also receive a payment for moving expenses and may be eligible for financial assistance to help you rent or buy a replacement house. The assistance is more fully explained in the enclosed brochure, "Relocation Assistance To Tenants Displaced From Their Homes."

If for any reason any other persons move into this unit with you after this notice, your assistance may be reduced. If you have any questions, please contact *(name), (title), at (phone), (address)*.

Again, this is not a notice to vacate and does not establish eligibility for relocation payments or other relocation assistance. You will receive further written notice regarding the plans to *(specify activity)* as these plans are further developed.

Sincerely,

*(name and title)*

Enclosure