

**Request for Project-Based Rental Assistance\***

*\*Requests are only available to supportive housing projects that completed the Indiana Supportive Housing Institute and qualify for either the Housing First set-aside of the QAP or for the integrated supportive housing points in the QAP*

**1) Indiana Supportive Housing Institute Team**

Describe the composition of the institute team, explaining the role of each team organization (500 words or less) [Click here to enter text.](#)

**2) Experience**

Describe the team's experience with owning and managing affordable housing projects, specifically with providing rental assistance and supportive services to individuals and families experiencing homelessness. [Click here to enter text.](#)

If you own and/or manage other affordable housing projects provide a list with the following information: Name of property, address, years owned, funding sources, total number of units, number of assisted units, unit bedroom size(s), and incomes served (2000 words or less). [Click here to enter text.](#)

**3) General Unit Information**

Total number of units: [Click here to enter number of units.](#)

Number of units for which IHEDA project-based rental assistance is requested: [Click here to enter number of units.](#)

Percentage of units for which IHEDA project-based rental assistance is requested: [Click here to enter percentage.](#)

Do any other units in the project receive (Section 8) Housing Choice Voucher Rental Assistance? Choose an item.

If yes, how many units: [Click here to enter number of units.](#)

Does the project receive rental assistance of any kind through any other agency? Choose an item.

If yes, please describe type of assistance and number of units covered under the assistance: [Click here to enter text.](#)

How many units are 504 accessible units? [Click here to enter number of units.](#)

Of those how many are for sensory impaired? [Click here to enter number of units.](#)

#### 4) De-concentrating Poverty

Project Basing may not be located in areas of minority concentrations or in neighborhoods in which substandard dwelling or other undesirable conditions predominate. Describe any recent changes in the project's location in poverty percentage, new "market rate" development, economic revitalization etc. Chapter 17, Section II.G of IHCD's Housing Choice Voucher Administrative Plan provides further information on the requirement ([http://www.in.gov/ihcda/files/Admin\\_Plan\\_2014.pdf](http://www.in.gov/ihcda/files/Admin_Plan_2014.pdf)). (750 words or less):

***If this project requires a waiver of the deconcentration rule, that request must be approved prior to the final award of Project Based Vouchers. A copy of the formal waiver request to HUD must be submitted with this application.***

#### 5) What are the incomes served (adjusted for family size):

Percent of Area Medium Income	Number of Total Units	Number of proposed Sec 8 Project Based Subsidies
< 30%	Number of units.	Number of subsidies.
< 40 %	Number of units.	Number of subsidies.
< 50 %	Number of units.	Number of subsidies.
< 60%	Number of units.	Number of subsidies.
> 60%	Number of units.	Number of subsidies.
<b>Total</b>	Number of units.	Number of subsidies.

#### 6) Populations Served:

Describe the special needs target population to be served. (500 words or less)  
[Click here to enter text.](#)



Is the project 100% supportive housing or integrated supportive housing? Choose an item.

If integrated, what % is supportive housing? [Click here to enter %](#).

**7) Please explain the need for the Project Based Housing Choice Vouchers (500 words or less):**

[Click here to enter text.](#)

**8) Number of vouchers requested:**

Unit Size	Vouchers Requested	Requested Rent	Unit Type Breakdown (provide # of each different type of unit ex. townhouse, high rise, etc.)
0 BR	#	\$Rent	Unit Breakdown.
1 BR	#	\$ Rent	Unit Breakdown.
2 BR	#	\$ Rent	Unit Breakdown.
3 BR	#	\$ Rent	Unit Breakdown.
4 BR	#	\$ Rent	Unit Breakdown.
Total	#	\$ Rent	Unit Breakdown.

Utility	Fuel Type (Gas or Electric)	Who is responsible for paying bill? Owner or Tenant	Utility	Who is responsible for paying bill/ supplying the appliance? Owner or Tenant
Heating	Fuel Type	Choose	Trash Removal	Choose
Cooking	Fuel Type	Choose	Air Conditioning	Choose
Water Heating	Fuel Type	Choose	Other (specify)	Choose
Other Electric		Choose	Who will provide the below appliances Owner or Tenant?	
Water		Choose	Range	Choose
Sewer		Choose	Refrigerator	Choose

**9) PHA Jurisdiction**

Is the project located outside the jurisdiction of the IHCD's HCVP? A map of IHCD's HCVP can be found on the program's website at <http://www.in.gov/ihcda/2333.htm#Port>. If so, what is the name of the Housing Authority who governs the jurisdiction where the project is located?

***If a proposed project falls within a municipality in which a local housing authority is located or within a municipality contiguous to a municipality in which a local housing authority is located, then a letter must be submitted to IHCD from the local housing authority operating in that location which states the local public housing authority cannot provide the vouchers and that IHCD is allowed to administer the project based program within the jurisdiction in accordance with the IHCD administrative plan. Upon signing of the HAP contract, a formal MOU with the local Housing Authority will be required.***

**10) Lease Plan:**

Describe the plan to lease the units (500 words or less): [Click here to enter text.](#)

**11) Occupancy Contingency Plan**

If the project encounters difficulty serving the target population, describe what additional steps will be taken to insure this project serves the target population described in the IHCD Administrative Plan (500 words or less): [Click here to enter text.](#)

**12) Regulatory Compliance**

Is the applicant barred from receiving IHCD or Federal Funds? [Choose an item.](#)

If so, describe: [Click here to enter text.](#)

Has the applicant received any IHCD or HUD findings with this or any other project? [Choose an item.](#)

If so, describe what actions were taken in regards to the findings (500 words or less): [Click here to enter text.](#)

**13) Broadband Infrastructure Compliance**

HUD now requires the installation of broadband infrastructure at the time of new construction or substantial rehabilitation of units funded under the project-based voucher program. HUD defines *broadband infrastructure* as cables, fiber optics, wiring, or other permanent (integral to the structure)



infrastructure—including wireless infrastructure—as long as the installation results in broadband infrastructure in each dwelling unit meeting the Federal Communications Commission’s (FCC’s) definition in effect at the time the pre-construction estimates are generated.

Describe how the broadband infrastructure requirements will be met (500 words or less) [Click here to enter text.](#)

#### 14) Certification

I hereby certify that all information stated herein, as well as any information provided in an attachment herewith, is true and accurate.

18 U.S.C. § 1001, “Fraud and False Statements,” provides among other things, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, **anyone who** knowingly and willfully: (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; (2) makes any materially false, fictitious, or fraudulent statement or representation; or (3) makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title, and/or imprisoned for not longer than five (5) years.

Authorized Signature \_\_\_\_\_

Printed Name and Title: [Click here to enter name and title.](#)

Date: [Click here to enter date.](#)



**Required Attachments:**

1. If occupied, please provide the current tenant rent roll, with current resident incomes and rents paid, including utilities if any.
2. Provide a copy of Form HUD-2880 Standard Disclosure and Perjury Statement, Identity of Interest Statement.
3. Show documentation that the current project rents are at or below the Fair Market Rents (FMR) for your area. Include number of units at or below FMR and number of units above FMR.
4. Will this request for project based vouchers create displacement of residents permanently or for a short period of time? **Choose an item.** If yes please include a copy of your relocation plan. The plan must meet HUD guidelines. Also, explain how relocation will be funded.
5. Identify all principal participants in your organization (i.e. Owner, Management Company, Service Provider). For each principal participant provide name, address, telephone number, fax, email. Include a written certification that each principal participant (officers, members, shareholders, directors, board members investors or any person with substantial interest) is not on the U.S. General Services list of excluded parties.

