
Request for Section 811 Project Rental Assistance

1) Contact Information

Name of Applicant: [Click here to enter text.](#)

Contact Person Name: [Click here to enter text.](#)

Contact Person Email: [Click here to enter text.](#)

Contact Person Address: [Click here to enter text.](#)

Contact Person Telephone Number: [Click here to enter text.](#)

Name of Development: [Click here to enter text.](#)

Address of Development: [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 working with supportive service providers to serve individuals in the target population identified in Part I Section 3 of this RFP. [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.

[Click here to enter text.](#)

Preference will be given if applicant has previously participated in the Indiana Supportive Housing Institute and has experience operating supportive housing. If applicable, provide a narrative on this experience. [Click here to enter text.](#)

3) General Project Information

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

Number of units for which IHEDA Section 811 PRA is requested: [Click here to enter number of units.](#)

Will 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 of the units for which Section 811 PRA is being requested 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.](#)

Provide a definition of the target population that will be served with Section 811 PRA at the property and a narrative of how your properties Tenant Selection Plan will identify eligible tenants within that target population.

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

Provide a narrative description of the project. The narrative should include building and neighborhood descriptions, age of the property, current unit condition, location of public transit in relation to the property, and location of employment opportunities in relation to the property. Describe the accessibility and location of social, recreational, educational, commercial, and health facilities. Describe any physical design elements and amenities included that will directly benefit the population served.

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

4) What are the incomes currently served (adjusted for family size):

Percent of Area Medium Income	Number of Total Units	Number of proposed Section 811 PRA Units
< 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.
Total	Number of units.	Number of subsidies.



5) Rental Assistance Contract Unit Mix 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

6) Lease Plan:

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

7) Low Barrier Screening Criteria:

Describe how you will screen applicants for 811 PRA assisted units. Include the factors that would result in a denial of the application. Note: respondents selected under this RFP must have a tenant selection plan approved by IHCD prior to entering a contract. [Click here to enter text.](#)



8) Regulatory Compliance

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

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

Has the applicant received any IHEDA 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.](#)

9) 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.](#)

