


Development Name:		
Development Address:		
Applicant Name:		

Please complete the following narrative questions, as applicable, based upon the specific housing proposal.

### Multifamily Rental Housing Narrative Questions

#### Funding Activity and Housing Type

1. Describe the proposed housing concept and use of funds, including:
  - Funding activity (i.e. acquisition, historic rehab, new construction, adaptive reuse)
  - Physical attributes of the building (i.e. three story, elevator building with brick exterior and underground parking or above ground parking)
  - Type of housing (i.e. general occupancy, permanent supportive housing, shelter)
  - Population served (i.e. families, elderly, long term homeless, serious mental illness)

\_\_\_\_\_

#### Agency Priorities

1. Indicate which Minnesota Housing priorities the housing proposal is addressing and the number of units targeted toward those priorities.
  - Preservation of Existing Housing
    - \_\_\_\_\_ # of total affordable units being preserved
    - \_\_\_\_\_ # of federally-assisted units
    - \_\_\_\_\_ # of existing supportive housing units
    - \_\_\_\_\_ # of expiring Housing Tax Credit (HTC) units
    - \_\_\_\_\_ # of affordable units preserved as a part of a Stabilization Plan
  - Ending Long-Term Homelessness (LTH)
    - \_\_\_\_\_ # of total LTH units (sum of units identified below)
    - \_\_\_\_\_ # of units deemed for LTH single adults
    - \_\_\_\_\_ # of units deemed for LTH families
    - \_\_\_\_\_ # of units deemed for LTH unaccompanied youth
  - Finance New Affordable Housing
    - \_\_\_\_\_ # of new construction units
    - \_\_\_\_\_ # of adaptive reuse/conversion of use (i.e.: school to multifamily rental)
  - Mitigate Foreclosure through prevention and remediation (as described in the Temporary Foreclosure Priority section)
    - \_\_\_\_\_ # of units that meet the Foreclosure Priority

### Foreclosure

Refer to the RFP Guide- Prevent Foreclosure and Support Community Recovery for more information.

1. Identify and describe how the proposed property meets one of the following foreclosure criteria:
  - For applications proposing to acquire and rehabilitate a Foreclosed Property or redevelop vacant land involved in a foreclosure action which is located in one of the designated Foreclosure Priority Areas.
  - For applications proposing to acquire and rehabilitate a Foreclosed Property or redevelop vacant land involved in a foreclosure action which is not located in one of the designated Foreclosure Priority Areas.
  - For applications proposing a project to acquire and rehabilitate a property that is located in one of the designated Foreclosure Priority Areas.

\_\_\_\_\_
2. Describe the number of units in the development. *(The project must consist of a minimum of 12 units and all units must be located within a ½ mile radius of each other, no building may contain less than 2 units)*

\_\_\_\_\_
3. Does the applicant have ownership rights to the property? If yes, provide evidence of title. If no, describe the timeline and process to acquire the property.
 

\_\_\_\_\_
4. Number of tenant leases that are valid and in force.
 

\_\_\_\_\_
5. Describe the terms and conditions of those leases that would have a direct impact on Minnesota Housing's analysis and underwriting of the project proposed in the application.
 

\_\_\_\_\_

### Preservation

**Note: Technical Assistance is available for preservation proposals and applicants are strongly encouraged to contact Julie LaSota: 651-296-9827, [julie.lasota@state.mn.us](mailto:julie.lasota@state.mn.us) or Jane Loechler: 651-215-5644, [jane.loechler@state.mn.us](mailto:jane.loechler@state.mn.us) to arrange an appointment.**

The following questions must be answered with supporting forms and submittals to document the property's preservation category. Only one preservation category can be selected. Refer to the Housing Tax Credit Program Procedural Manual and Multifamily Request for Proposal Guide for selection criteria and definitions of preservation categories.

1. All proposals:
  - A. Location. Please summarize pertinent data from the Transit Oriented Development Maps, Community Profiles, Walkscore and other application materials etc. to support risk category claimed.
 

\_\_\_\_\_
  - B. Describe any shared identities of interest between current and proposed ownership entities.
 

\_\_\_\_\_
  - C. Tenant impact.
    - a. If the federal assistance were lost, would existing tenants be eligible for an RD voucher or an Enhanced Section 8 voucher?
 

Yes  No

- b. Provide a narrative description of the demographic profile of current residents (race, income, special needs) and historical occupancy for the last five years:
- \_\_\_\_\_

2. Existing Federal Assistance:

- A. Mortgage payoff, contract expiration or eligibility to opt-out. Describe the current financing and contracts associated with the property and the owner's ability to pre-pay or opt-out including required approvals and/or penalties)
- \_\_\_\_\_

3. Existing Tax Credits:

- A. Eligibility to file for a Qualified Contract. Describe the terms of the Land Use Restriction Agreement and characteristics of the property that allow for filing for a Qualified Contract.
- \_\_\_\_\_

4. Imminent Risk Only:

- A. MARKET FOR CONVERSION (FEDERALLY ASSISTED OR HOUSING TAX CREDIT)

***Minnesota Housing, at its sole discretion, must agree that a market exists for conversion to market rate and retains the right to validate comparable units.***

- a. Market. Describe local market as one feasible to support conversion of units: \_\_\_\_\_
- b. Vacancy Rate: Using Community Profiles data and other available supporting data, describe evidence of low (4% or lower) physical vacancy rate for comparable market rate units. \_\_\_\_\_
- c. Market Differential. Summarize data from the Market Qualifications Form and/or Market Study to describe the comparable market rate property and units that best support the conversion scenario provided directly below. Take into account condition, amenities and utilities to indicate what market rents might be achievable at the property.
- \_\_\_\_\_

- i. Describe how you selected an achievable market rate rent for each unit size as completed in the Preservation Data tab located in the Minnesota Multifamily Rental Housing Common Application (beginning in cell K59).
- \_\_\_\_\_

- d. Conversion Scenario: Conversion scenario must result in sufficient additional revenue to support improvements and additional amenities necessary to match market comparable units. It is expected that a true threat to convert would require no more than a three year period to make improvements.
- i. Using as evidence direct comparison to local market comparable units and amenities, describe how existing resources and income generated by conversion would cover the cost of bringing the units up to par with comparable market rate units.
- \_\_\_\_\_

5. High Risk Only (FEDERALLY ASSISTED OR HOUSING TAX CREDIT):

- A. SUBSTANTIAL AND IMMEDIATE PHYSICAL NEEDS

- a. Describe immediate physical needs. This question pertains to **risk of loss** of unit status (as tied to either federal assistance or tax credits).
- \_\_\_\_\_

- i. Provide an itemized list and the total cost of replacing or repairing items that would likely fail the property's applicable physical inspection standard (REAC, RD Classification or UPCS) and as supported by the following documentation:
1. On the "Physical Needs Assessment Template" include only those items indicated to "fail" or have an Effective Remaining Life (ERL) less than three years.

2. Report these items on the “20 Year Capital Expenditure (20YCE) Template” in the appropriate column (the timing of replacement must correspond with the Effective Remaining Life, not the construction schedule).

ii. For Rural Development properties submitting a Capital Needs Assessment (CNA), use the methodology above to provide an equivalent list to support risk of loss due to substantial and immediate physical needs.

b. Provide the date of any scheduled upcoming property inspections: \_\_\_\_\_

c. Total property cash and reserves available \$ \_\_\_\_\_

i. Describe property’s use of cash flow and reserves between application date and year three of the “20 year Capital Expenditure Template.”

2. NECESSARY CHANGE IN OWNERSHIP

a. Change in ownership is necessary due to deterioration of capacity as evidenced by threat to units remaining decent, safe, and affordable: Yes  No

i. If due to bankruptcy/insolvency, provide supporting documentation and describe:  
\_\_\_\_\_

ii. If due to self-determination of diminishing or insufficient capacity by nonprofit board, provide supporting documentation and describe:  
\_\_\_\_\_

6. Stabilization:

A. Date of initial loan closing or housing tax credit placed in service date \_\_\_\_\_

ISG Support. Based on ISG confirmation of collaborative funder commitment, describe feasibility of 20-year operating forecast including a combined use of cash flow and reserves for capital needs.<sup>3</sup>

\_\_\_\_\_

B. Financial Readiness to Proceed:

Total committed capital source of funding\* \$ \_\_\_\_\_

Divided by Total Development Cost \$ \_\_\_\_\_

Equals Percentage of Funds Committed: \_\_\_\_\_%

\*as referenced in the Minnesota Multifamily Rental Housing Common Application Form/HTC1.

C. Federal/Local/Philanthropic Contributions:

Total federal/local/philanthropic contributions \$ \_\_\_\_\_

Divided by Total Development Cost \$ \_\_\_\_\_

Equals Percentage of local \_\_\_\_\_%

\*as referenced in the Minnesota Multifamily Rental Housing Common Application Form/HTC1

D. Serves Lowest Income Tenants/Rent Reduction. Provide schedule or summary of proposed gross rents (including utilities and before rental assistance) by unit size and corresponding AMI.  
\_\_\_\_\_

E. Cost Containment. Describe how the TDC per unit would be eligible for preference priority under published Cost Containment methodology. (See Self-Scoring Worksheet, preference priority #4 for more detail)  
\_\_\_\_\_

<sup>3</sup> The ISG is the Interagency Stabilization Group, a group of stakeholders for affordable housing who meet to address issues affecting specific developments and share information affecting affordable housing developers, preservation of affordable housing, and asset management of affordable housing.

### Housing & Jobs Initiative

Pending approval from the 2013 Legislature, special initiative funding may be available, under the EDHC program, to support housing developments in areas where job growth is occurring, or expected to occur, but the existing affordable housing stock is not sufficient to meet the needs, or the expected needs, of the local workforce.

**Only complete this Housing & Jobs Initiative section if the above paragraph applies to your development.**

1. Describe the need for additional affordable housing related to actual or expected job expansion and/or job growth.

A. Is the development in a community that Minnesota Housing has identified as a job growth area?  Yes     No

(See the map showing job growth areas in Minnesota Housing's [Community Profiles](#). Also see the [methodology memo](#) outlining how Minnesota Housing identified job growth areas.

a. **If no**, but there is local data documenting job growth, describe the source and nature of the data and the amount and timing of the job growth. (As a point of reference, Minnesota Housing uses data from the Department of Employment and Economic Development's (DEED's) Quarterly Census of Employment and Wages to assess job growth. See the following website for the raw data:

<http://www.positivelyminnesota.com/apps/lmi/qcew/AreaSel.aspx>)

b. What is the type of industry is the job growth expected in and what are the anticipated wages of the new jobs?

\_\_\_\_\_

B. Is the development in a community that Minnesota Housing has identified as an area where more than 15% of the workforce commutes 30 or more miles into the community for employment?  Yes     No

(See the map showing communities where more than 15% of workers commute more than 30 miles into the community for work: [Community Profiles](#). Also, see the [methodology memo](#) outlining how Minnesota Housing identified the long-commute areas.)

If yes, provide responses and supporting data, to the following questions:

a. Is there an inadequate supply of housing which is affordable to the local workforce?  Yes     No

b. Describe the relationship between the cost of housing in the community and the anticipated to be earned as a result of the employment expansion.

\_\_\_\_\_

c. The names of specific employers in the community who pay for buses to transport workers from out of town to their facilities, if applicable.

\_\_\_\_\_

d. Any other pertinent information and/or data to explain why 15%, or more, of the workforce commutes 30 miles or more into the community for employment purposes?

\_\_\_\_\_

C. Is there a planned job expansion in the near future for the community? Will the expansion cause a local workforce housing shortage? If yes, how much of a shortage? Or conversely, is there a workforce housing shortage that already exists which is hindering the planned job expansion?

\_\_\_\_\_

**Planned job expansion must be documented and substantiated.** The stronger the evidence substantiating that the planned job expansion is imminent and very likely to occur, the more competitive the application may be viewed. Acceptable forms of documentation may include, but is not limited to:

- A signed letter from the CEO confirming the company is fully committed to increasing new jobs in the city. The letter should specify the expected number of new jobs, wages levels of those jobs, and the timeframe for those jobs to be in place.
- A signed “Job Expansion Sources & Uses” document from the company that summarizes the sources and uses of the funds needed to carry out the expansion. This document should include: The name of the entity providing the equity, the type of equity (loan, grant, TIF, etc.), the amount of each type of equity, whether or not the equity has been secured and the uses of each type of equity (i.e. infrastructure, clean up, capital improvements, etc.)
- A signed document from the city outlining its review of the expansion plans and its support. If the city is providing a business subsidy or some other type of financial assistance, the letter should indicate the amount and nature of the subsidy and the conditions upon which the subsidy is contingent.

2. Does the community have an existing Cooperatively Developed Plan (CDP)\*?  Yes  No

*\*A CDP means a community supported plan that:*

- *Refers to a geographically defined area*
- *Encompasses workforce housing and related service initiatives (Related service initiatives refer to the CDPs impact upon community elements, such as, local business, local transit, police, fire, schools, parks, environment and/or infrastructure, etc.)*
- *Is developed with the cooperation and input of a city or county (or instrumentality thereof) or a regional unit of government and one or more of the following entities:*
  - *A neighborhood or community group,*
  - *Housing providers, or*
  - *Housing funders*

*If yes, describe:*

a. How the CDP encompasses both the housing needs of a growing workforce and related service initiatives?  
\_\_\_\_\_

b. How the proposed housing development relate to the goals of both the CDP and Minnesota Housing?  
\_\_\_\_\_

c. How the CDP was created (i.e. summarize how the CDP concept was developed, who was involved, related discussions and meetings, etc.)?  
\_\_\_\_\_

If a CDP document is available, please include with the application. Note that city comprehensive plans or housing research reports alone do not qualify as a CDP.

3. What is the vacancy rate in the community of the proposed development? (Typically, a low vacancy rate is defined to be 4% and below. An alternative way to show an ‘effective’ low vacancy is if the wages paid by the community’s growing businesses are too low to support the FMR rents in the local market.)  
\_\_\_\_\_

a. How the vacancy rate computed. For example, how many properties and units were included in the survey? How were properties/units selected to be in the survey? What types of properties were included in the survey? How was the vacancy information collected?  
\_\_\_\_\_

b. When was the vacancy information collected?  
\_\_\_\_\_

4. Describe employer support for your proposal, including a description and estimated value of any employer contributions to the project.  
\_\_\_\_\_

Employer contributions may take many forms. Possibilities include, but are not limited to: land donations, cash contributions (charitable or corporate), zero/low interest gap loan(s), low/ zero interest construction loan(s), in-kind contributions (materials, labor and/or land, etc.)

Reasonable metrics to demonstrate an appropriate level of support include, but are not limited to, the following:

- Dollar amount contributed per unit of housing.
- Dollar amount contributed per employee working for the employer in that community.
- Proportion of the employer’s overall charitable contributions represented by the contribution amount.
- Percentage of employer’s profits during the past year.
- Other

**HOME AFFORDABLE RENTAL PRESERVATION (HOME HARP) CHDO**

HOME HARP funding has a priority for eligible Community Housing Development Organizations (CHDO). If the applicant is an eligible CHDO, a CHDO Qualifications form must be submitted prior to or in conjunction with the application. Please check one of the following:

- The applicant is not an eligible CHDO. Or,
- The applicant is an eligible CHDO, is currently certified as a CHDO, and has staff with demonstrated development experience. Or,
- The applicant is an existing CHDO, is currently in the process of being recertified, and has staff with demonstrated development experience. Or,
- The applicant is applying for status as a CHDO, and has staff with demonstrated development experience.

**Population Served**

\_\_\_\_\_ # Some funding sources have a funding priority that target persons and families whose gross *income* at the time of initial occupancy does not exceed 30 percent of the AMI for the metropolitan area (this median income may be adjusted for family size of five or more). Indicate number of units meeting this criterion.

\_\_\_\_\_ # Some funding sources have a funding priority that target persons and families whose household contribution towards *rent* does not exceed 30 percent of 30 percent of AMI as determined by HUD (Minnesota Housing uses the metro median income for this funding priority). Indicate number of units meeting this criterion.

\_\_\_\_\_ # Indicate number of units with existing rental assistance, if applicable.

\_\_\_\_\_ # Indicate number of units with proposed rental assistance, if applicable.

1. Indicate which underserved population(s) the housing proposal will target/market.

Underserved as defined by Minnesota Housing

- Households of color (individuals and families)
- Single head of households with minor children
- Disabled individuals

Other Populations

- Other special populations as referenced in one or more of the following locations: HTC self-scoring work sheet, page 1 of the Minnesota Multifamily Rental Housing Common Application Form/HTC1 and/or supportive housing narratives.

2. Describe the marketing efforts used to attract and serve the above indicated underserved populations. Also describe the collaboration and partnerships proposed to address the needs of these populations.

\_\_\_\_\_

**Economic Integration**

1. Describe how the development meets one of the following economic integration criteria:
  - The proposed development provides at least 25% but not greater than 80% of the total units in the development with affordable rents at or below 80% AMI.

OR

- The proposed development provides community economic integration by providing housing located in higher income communities that are close to jobs. Economic Integration priority data is located at: [http://www.mnhousing.gov/resources/apply/multifamily/MHFA\\_009339.aspx](http://www.mnhousing.gov/resources/apply/multifamily/MHFA_009339.aspx)

\_\_\_\_\_

**Strategically Targeted Proposals**

1. Describe how the rehabilitation proposal is part of a community revitalization or stabilization plan. Provide evidence from the city verifying the proposed development is included in part of an approved community revitalization area as established by resolution or other legal action.

\_\_\_\_\_

2. For new construction proposals, will existing sewer and water lines be utilized without substantial extensions?  Yes  No

Please explain:

\_\_\_\_\_

**Readiness to Proceed**

1. Describe the status of neighborhood support including any required approval process and the status of these approvals. Provide backup documentation, as applicable.
2. Describe any pending site improvements, if applicable.
3. Complete the grid below for each committed capital source of funding as referenced in the Minnesota Multifamily Rental Housing Common Application Form/HTC1.

Source of Awarded Funds	Term of Affordability	Income Restriction	Rent Restriction	Type of Unit (0BR, 1BR, 2BR)	No. of Program Units

**General Information**

1. If the proposal includes any non-housing space (i.e. common, commercial, administrative, program, and/or community), describe the intended use and provide information on how the space will be leased, managed and funded (both capital funding and operating costs).

\_\_\_\_\_

2. If the proposal includes market rates units, describe any amenities associated with the development.



\_\_\_\_\_

3. For Housing Tax Credit developments requesting the state designated 30% basis boost, provide clear reasons supporting the request and demonstrate how the proposal meets the criteria established by Minnesota Housing. (Refer to the HTC Program Procedural manual in the Qualified Census Tracts, Difficult Development Area and State Designated Basis Boost section.)

\_\_\_\_\_

4. For existing developments, describe the existing debt and how the new funding will be used.

\_\_\_\_\_

**Cost Reasonableness/Cost Containment**

1. In the current environment of diminishing resources, cost containment efforts are required. Cost containment efforts should be made for all stages and aspects of the development. Describe how the total development cost reflects cost containment efforts made without compromising overall development quality.

\_\_\_\_\_

**Alternative Energy Options**

1. If the proposal includes any alternative energy options such as geothermal, photovoltaic, wind, etc., describe the type of system that is proposed:

\_\_\_\_\_

2. What is the added cost per dwelling unit over more conventional Green Communities Criteria (GCC) compliant, state-of-the-art-efficiency HVAC system?

\_\_\_\_\_

3. Have you conducted an economic feasibility study, including development costs, constructions costs, projected revenues and return on investment, for the proposed alternative energy system?

\_\_\_\_\_

4. Describe at what point in time the system is expected to deliver a payback (e.g. pay for itself) from the annual energy savings?

\_\_\_\_\_

5. What is the life expectancy of the equipment associated with the system? Is the equipment expected to last long enough to deliver the payback as described above?

\_\_\_\_\_

6. If the system requires more electricity to operate, what percent of the power company's electricity is currently derived from renewable sources? Does the power company have any plans to increase percentage of renewable sources to generate electricity? If so, what percentage?

\_\_\_\_\_

7. Are any rebates available from a local utility or other source to help defray a premium cost?

\_\_\_\_\_

8. What is the added cost (or savings) between the alternative energy system and a GCC compliant system with regard to operations, maintenance and special warranty costs over the life of the system?

\_\_\_\_\_

9. Have you conducted a technological feasibility study; including site evaluation, location, site ownership and potential negative environmental impacts, for the proposed alternative energy system?

\_\_\_\_\_

**Supportive Housing Narrative Questions**  
**Complete if all or a portion of the units are supportive housing**

**Who should complete the Supportive Housing Narrative?** Applicants that target all or a portion of their units for people experiencing long term homelessness (LTH), homelessness or at risk of homelessness, including youth, people with disabilities, serious mental illness, HIV/AIDS, and/or other special populations should complete this section. This includes applicants for capital funding for emergency shelters, transitional housing, and permanent supportive housing or housing with linkages, referrals or direct delivery of support services.

To be considered and reviewed as a supportive housing development, or a development with supportive housing units (i.e. LTH units), the responses **below must reflect and demonstrate a joint response** by the developer, primary service providers, and management agents.

Additionally, **both** the (1) County Letter of Confirmation **and** the (2) Certification of Consistency with the local Continuum of Care or Heading Home Plan **must be submitted with the entire RFP application by June 18, 2013**. If either of these documents are not submitted or are submitted after the deadline, the application will not be considered for supportive housing or long term homeless units.

The goal of supportive housing: Provide affordable housing with access to an array of services designed to foster housing stability and improve health and outcomes for the target population.

**Supportive Housing Operating Cost**

1. Are all of the units in the proposed development for supportive housing?  Yes  No
  
2. If yes, please describe the monthly per unit management and operating costs for the proposed development and how it compares to other comparable supportive housing projects. Include front desk costs if the development will have a front desk. Do not include costs related to providing services.

\_\_\_\_\_

**Supportive Housing Rent Structure**

The rents for the supportive housing units should be affordable to the proposed population. Indicate any form of rental or operating subsidy that is currently secured or if pending from another outstanding application. LTH units without a source of subsidy must be underwritten at affordable levels. Refer to the MF Underwriting Guide for specific rent limits. Also note that existing Minnesota Housing Tenant Based Rental Assistance (HTF -LTH or ELHIF) cannot be used as a rental assistance resource for new LTH units. You are strongly encouraged to seek technical assistance from a Supportive Housing Officer well in advance of the RFP due date.

Subsidy Type	# Units	Committed		External application pending, indicate source	Term or Duration of Contract
		Yes	No		
Project Based Section 8 Rent Assistance		<input type="checkbox"/>	<input type="checkbox"/>		
Tenant Based Section 8 Rent Assistance		<input type="checkbox"/>	<input type="checkbox"/>		
HUD CoC Rental Assistance - Project Based		<input type="checkbox"/>	<input type="checkbox"/>		
HUD CoC Rental Assistance - Tenant Based		<input type="checkbox"/>	<input type="checkbox"/>		
HUD CoC Operating Funding		<input type="checkbox"/>	<input type="checkbox"/>		
MN Housing Rent Assistance (HTF, ELHIF RA grants)		<input type="checkbox"/>	<input type="checkbox"/>		
MN Housing Operating Subsidy		<input type="checkbox"/>	<input type="checkbox"/>		
DHS - HSASMI Operating Subsidy		<input type="checkbox"/>	<input type="checkbox"/>		
Group Residential Housing (GRH)		<input type="checkbox"/>	<input type="checkbox"/>		
Veterans Affairs Supportive Housing (VASH):		<input type="checkbox"/>	<input type="checkbox"/>		
Other subsidy type:		<input type="checkbox"/>	<input type="checkbox"/>		
No subsidy: Gross Rent set at affordable levels. Reference the MF Underwriting Guide					
<b>Total # of Supportive Housing Units</b>					

**Tenant Characteristics, Screening Process and Occupancy Requirements**

1. Describe the target population and identify any specific sub-populations (e.g., victims of domestic violence, veterans) for this development/project:  
\_\_\_\_\_
  
2. For each target population, list the specific agencies/organizations from which you will recruit tenants and/or expect to receive tenant referrals to your project.  
\_\_\_\_\_
  
3. **Coordinated Assessment:** Local Continuums of Care will be implementing coordinated assessment over the next two years for all homeless assistance and housing programs. Coordinated Assessment means that people seeking assistance will be assessed for need and best program fit by a centralized and common assessment. The assessor will make referrals to appropriate programs. Assessors may also assess for eligibility and participating providers will be expected to accept referrals (although they may still need to go through the provider’s screening process and wait list procedure). The exact process will be determined by the local COC and participating providers during the planning process. All supportive housing providers are expected to participate in the assessment process developed by the COC and are encouraged to participate in the local planning process.  
**Describe how you will participate in the coordinated assessment planning process and implementation.**  
\_\_\_\_\_
  
4. Describe the current process or policy for the following:
  - a. Tenant eligibility screening process:  
\_\_\_\_\_
  - b. The application process:  
\_\_\_\_\_
  - c. Screening criteria, any disqualifiers, and how traditional occupancy standards will be flexible to lease to the target population (e.g., homeless households with poor credit or rental history, criminal history, etc.):

5. Describe who will complete the following tenant eligibility screening and verification, (i.e. management agent, supportive service provider, etc.):
- a. LTH and/or other homeless eligibility: \_\_\_\_\_
  - b. Disability (if applicable): \_\_\_\_\_
  - c. Income verification or rent eligibility: \_\_\_\_\_
  - d. Credit history, rental history, and criminal history: \_\_\_\_\_
  - e. Other: \_\_\_\_\_
6. Please describe how characteristics outlined below may apply to the proposal, indicate N/A if not applicable.
- a. Will the tenants have their own room or apartment with private bathroom and kitchen? Yes  No   
Please explain: \_\_\_\_\_
  - b. Will the tenants hold a lease or rental agreement and be responsible for paying a portion of rent? Yes  No   
Please explain: \_\_\_\_\_
  - c. Are there limitations on the length of stay? Yes  No   
Please explain: \_\_\_\_\_
  - d. Will the lease terms be the same for all tenants, including those living in supportive housing? Yes  No   
Please explain: \_\_\_\_\_
  - e. Will there be any specific occupancy requirements beyond standard lease terms (such as sobriety or participation in services)? Yes  No   
If yes, please describe the requirements and the rationale: \_\_\_\_\_
  - Will the tenants be required to sign a lease addendum? Yes  No
  - f. Please explain consequences for the tenants if they do not comply with the lease or the lease addendum, including mitigation practices that may prevent eviction: \_\_\_\_\_

**Supportive Housing Model and Services Funding**

1. Describe the proposed supportive housing model (such as Housing First or Program Housing), the rationale for choosing the model and how it will be implemented.
- Reference "Approaches to Housing and Services for Long term Homeless Households" (pgs. 5-6) for more information on housing models. [http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa\\_006896.pdf](http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006896.pdf).*
- \_\_\_\_\_
2. Service Delivery

- a. Provide a brief description of how services will be provided to participants, including referrals and services provided by other entities, and reference the services outlined in the service grid in question 3 below.:  

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  - b. Describe how you will engage residents in supportive services:  

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3. Indicate below all supportive services that will be offered, including services provided by the primary service provider and referral resources. *Please see the “Approaches to Housing and Services for Long term Homeless Households” document (pgs. 7-12) for a description of the different service sets.* List specific services for each set (as applicable).

Type of Service	Name of Primary or Other Entity providing service or support	Service available on site? Yes or No	Service available after hours? Yes or No	Budget Amount	Funding Source(s)	Secured? Yes or No
<b>BASIC SERVICE SET</b>						
Case Management*						
Individual/Family Support**						
Housing and Tenancy Supports						
Benefits Assistance						
SOAR services						
Financial Management/Budget						
Independent Living Skills						
Education, Employment Training/Readiness						
Safety						
Community Involvement/Social Support/Recreation						
Health Support						
Parenting Training, Mentoring						
<b>Chemical Dependency Health Services Set</b>						
List:						
<b>Adult Mental Health Services Set (include ACT, ARMHS, CSP, TCM)</b>						
List:						
<b>Co-occurring Disorders Service Set</b>						
List:						
<b>Traumatic Brain Injury Service Set</b>						
List:						
<b>Physical Disability Service Set</b>						
List:						
<b>CHILDREN'S SERVICE SET (education, truancy, behavioral health, etc.)</b>						
List:						
<b>Service Provider Supervision</b>						
Other:						
Other:						
<b>Tenant Service Coordinator</b>						
<b>Front Desk</b>						
<b>Security</b>						
Other:						

\*Case Management as defined by the Interagency Task Force on Homelessness at: [http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa\\_006070.pdf](http://www.mnhousing.gov/idc/groups/public/documents/document/mhfa_006070.pdf)

\*\*Individual/Family Support means supportive services to the individual or household that does not meet the full case management definition

NOTE: The Family Homelessness Prevention and Assistance Program (FHPAP) funds cannot be utilized as a funding source for permanent supportive housing services or operations.

Mainstream resources for services:

- a. Is the service provider an enrolled Medical Assistance (MA) service provider? Yes  No   
 if yes, indicate types of services:  
 ARMHS  TCM  Waivered Services (TBI, CADI, etc.)
- b. Does the service provider have an ACT team or utilize ACT services? Yes  No
- c. Is this service provider interested in becoming a contracted ARMHS or TCM provider, or learning how to bill Medicaid for services under the Reform 2020 waiver proposal for housing stabilization services? Yes  No
- Comments: \_\_\_\_\_

**Supportive Housing Outcome Goals**

1. Describe planned participant outcomes and how they will be measured including data collection methods, for example: housing stability, increased income, health, education and employment, etc. **Note that housing stability is a required outcome measure.**

Housing Stability Outcome Goal(s)	Indicators/Measures	Data sources and measurement tools
<i>Example: Long term homelessness households will maintain stable housing.</i>	<i>90% of households will maintain housing for six months or more.</i>	<i>HMIS length of stay data.</i>

Other Outcome Goals	Indicators/Measures	Data sources and measurement tools
<i>Example: Maximize income and benefits for all households</i>	<i>95% of households will apply for all benefits for which they are eligible within 6 months of program entry</i>	<i>Case records, tracking worksheet, HMIS income data</i>

2. Demonstrated success: please share participant/program outcomes and success stories from similar projects.
- \_\_\_\_\_

**Supportive Housing Staffing: Roles and Responsibilities**

1. Describe the support service staffing positions and responsibilities directly related to the proposed development or program.

# of Staff	Position Type	Responsibilities	% FTE	# Clients	Proposed funding Source

2. Describe the property management staffing positions and responsibilities directly related to the proposed development.



# of Staff	Position Type	Anticipate d Hours on site Mgmt. Staff	Anticipate d Hours off site mgmt. staff	Responsibilities	% FTE	Proposed funding Source

3. Will the development have a staffed front desk or on-site security? Yes  No   
 If yes, please describe below:

# of Staff	Position Type	Anticipated Hours per day	Responsibilities	% FTE	Proposed funding Source

\_\_\_\_\_

4. Please describe the partnership between the owner, property Management Company and the service provider and any previous experience working together.

\_\_\_\_\_

5. The Self Sufficiency Matrix Assessment is a required assessment and measurement tool for all LTH Supportive Housing Programs (see [http://www.mnhousing.gov/initiatives/housing-assistance/housing/MHFA\\_010777.aspx](http://www.mnhousing.gov/initiatives/housing-assistance/housing/MHFA_010777.aspx) for more information). Please indicate which staff will complete the assessments with participants:

\_\_\_\_\_

6. Utilization of the Homeless Management System (HMIS) is required for permanent supportive housing developments and programs that serve people experiencing long term homelessness. Describe who will be responsible for HMIS data collection, data entry and reporting.

\_\_\_\_\_

**Project Schedule**  
**Required for all proposals**

Activity	Schedule Date Month/Year
<b>A. SITE</b>	
Option/Contract	
Site Acquisition	
Zoning Approval	
Site Analysis	
<b>B. FINANCING</b>	
1. Construction Loan	
Loan Application	
Conditional Commitment	
Firm Commitment	
2. Permanent Loan	
Loan Application	
Conditional Commitment	
Firm Commitment	
3. Other Loans & Grants	
Type and Source	
Application	
Award	
4. Other Loans & Grants	
Type and Source	
Application	
Award	
5. Other Loans & Grants	
Type and Source	
Application	
Award	
<b>C. PLANS AND SPECIFICATIONS</b>	
1. Working Drawings	
2. Out for Bids	
<b>D. BIDS DUE</b>	
<b>E. CLOSING AND TRANSFER OF PROPERTY</b>	
<b>F. CONSTRUCTION START</b>	
<b>G. COMPLETION OF CONSTRUCTION</b>	
<b>H. LEASE-UP</b>	
<b>I. CREDIT PLACED IN SERVICE DATE</b>	



## Appraisal Cover Sheet

### **A. For projects involving the rehabilitation of existing apartments or the adaptive re-use of buildings:**

#### Required:

1. Minnesota Housing Appraisal Cover Sheet
2. 2010, 2011, and 2012 Operating Income Statements and 2013 YTD
3. Current Rent Roll
4. Purchase Agreements
5. Certificate of Real Estate Value (CRV) if purchased within the last 3 years
6. Copy of most recent real estate tax bill(s)
7. Tax ID#(s)
8. Title report or Legal description
9. Map showing property boundaries

#### If Available:

10. Site Survey
11. 5-year history of capital improvements
12. Any declarations or restrictive covenants that run with the land (LURA, etc.)
13. Environmental audits and studies disclosing any wetlands, hazardous wastes or other environmental conditions
14. Prior engineering reports or physical descriptions from prior appraisal or asset management reports

### **B. For projects involving new construction and the appraisal is for the land only:**

#### Required:

1. Minnesota Housing Appraisal Cover Sheet
2. Site Survey
3. Purchase Agreement (if under contract)
4. Copy of most recent real estate tax bill(s)
5. Tax ID#(s)
6. Any special site improvement costs (i.e., soil correction, asphalt removal, house demolition, tree clearing, etc.)



# Appraisal Request Form

*Please complete the tables below and include this as the first page of Tab \_\_\_\_, along with the other required materials.*

<b>As-is Appraisal for</b>	
----------------------------	--

<b>Project Name</b>	
<b>Project Address</b>	
<b>Project City</b>	

<b>Contact for Site Visit</b>	
<b>Contact Phone</b>	

<b>Land Only Appraisal:</b>	
# of acres	
Current zoning	
Is proposed use allowed under existing zoning?	

<b>Existing Building Appraisal:</b>	
Apartment type	
Year built	
Number of units	
Existing subsidies (if any)	
Unit Features	
Common Amenities	

**Unit Matrix** *(add additional sheet if necessary)*

# of Bedrooms	# of Baths	# of Units	Square Feet	Current Net Rent	Proposed Net Rent	Utility Allowance	Income Limit (% AMI)

**Intended Users** *(Please provide the names of all organizations to include as intended users of appraisal)*




## APPLICANT CERTIFICATION OF KNOWN ENVIRONMENTAL ISSUES

**Disclaimer: It is not necessary at the time of initial application to have an environmental site assessment (ESA), however if an ESA of any type has been conducted, the applicant is required to disclose all known environmental issues.**

Development Name	Development Address	Year Built
------------------	---------------------	------------

The previous uses of the site were \_\_\_\_\_ and the source of this information is \_\_\_\_\_ .

Has a Phase I Environmental Study been completed?  Yes  No  Unknown  
 Date of Report: \_\_\_\_\_  
 Summarize any recognized environmental conditions:

• Is there any underground or aboveground fuel storage tanks present on the subject property? If yes, address the following: # of tanks, capacity, usage, location, age, date of last tank installation/removal and delivery system tightness test, and test results. If there are unused tanks or tanks that were removed and there was a soil test done, attach a copy of the test.  Yes  No  Unknown  
 Comments: \_\_\_\_\_

**ASBESTOS**  
 • Has an asbestos containing materials (ACM) test been completed?  Yes  No  Unknown  
 Comments: \_\_\_\_\_  
 • Is there any friable asbestos within the subject project?  Yes  No  Unknown  
 • Attach a copy of ACM test results, and/or attach a copy of an existing asbestos management plan, if applicable.

**LEAD BASED PAINT**  
 • If proposal includes rehabilitation of an existing building, was it constructed prior to 1978? If yes, answer the following questions:  Yes  No  Unknown  
 • Is the building exempt from Lead Based Paint (LBP) requirements due to proposed scope of work or population being served? If No or Unknown, proceed with remaining LBP questions:  Yes  No  Unknown  
 • Has a visual assessment been conducted by a qualified individual?  Yes  No  
 • If yes, was any deteriorated paint identified?  Yes  No  
 • Will the proposed scope of work involve disturbing any painted surface?  Yes  No  
 • Has lead hazard evaluation, including LBP inspection/risk assessment, been conducted?  Yes  No  
 • If yes, Is there the presence of lead or lead hazards within the subject property?  Yes  No  
 • If applicable, attach a copy of the lead hazard evaluation results.  Attached  N/A  
 • If applicable, attach a copy of an ongoing LBP Maintenance plan or Lead Free Building Certification.  Attached  N/A  
 Comments: \_\_\_\_\_

**MOLD**  
 • Is there visual evidence of mold growth on any interior surfaces; or are there any known leaks on the building envelope that might contribute to concealed water damage or mold? If yes, where and identify any assessments completed  Yes  No  Unknown  
 Comments: \_\_\_\_\_

**OTHER HAZARDS AND TOXIC MATERIALS**

- Is the subject property adjacent to a Superfund, National Priority or CERCLIS or CERCLA site, or within 3000 feet of a toxic or solid waste landfill?  Yes  No  Unknown

Comments:

- Are there known or evidence of former methamphetamine (meth) manufacturing labs within the subject property? If yes, provide information:  Yes  No  Unknown

Comments:

- Is the project located within ¼ mile of a 100 + gallon above ground tank(s); or within ½ mile of a 40,000 + gallon above ground tank(s)?  Yes  No  Unknown

Comments:

- Is there a major roadway within 1,000 ft., a railroad within 3,000 ft, a civil airport within 5 miles, or a military airport within 15 miles of the subject property? If yes, identify the roadway, railroad or airport and the distance from the subject property.  Yes  No  Unknown

Comments:

- Are the structures or proposed structures at least 10 feet from all gas line and power line easements?  Yes  No  Unknown

Comments:

- Are there any wells on site? If yes, address the following: the current usage, the location, and whether it has been capped under MN Dept. of Health and local requirements (if well is unused)  Yes  No  Unknown

Comments:

- Is any portion of the subject property near any power, television, or microwave towers?  Yes  No  Unknown

Comments:

- If there is a tower on or near the subject property, the tower's height is \_\_\_\_\_ and the tower's distance to the subject property is \_\_\_\_\_.

- Is any portion of the subject property at or below the 100-year flood plain?  Yes  No  Unknown

Comments:

- Is any portion of the subject property within 100 feet of a wetland?  Yes  No  Unknown

Comments:

- If this is a new construction proposal, has there been any recent site preparation or other alteration to the site? If yes, has the project been given clearance from the State Historical Preservation Office (SHPO) that it will not have a significant adverse impact on any known historic preservation in the immediate area?  Yes  No  Unknown

Comments:

I certify, after reasonable inquiry, I have answered all of the above questions truthfully to the best of my knowledge.

Subject Property Applicant/Owner

Date

## MARKET QUALIFICATION INFORMATION

The following information must be included in submission for market qualification for Housing Tax Credit and Multifamily RFP applications:

### 1. Proposed development information:

Development Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 County: \_\_\_\_\_

Unit Type	Number of Units	Gross Rent	Income * Affordability	Hourly Wage ** Needed – 1 Earner	Hourly Wage *** Needed – 2 Earner
0 Bedroom					
1 Bedroom					
2 Bedroom					
3 Bedroom					
4 Bedroom					
Total					

\*Multiply Gross Rent by 12 and divide by.3. \*\*Divide Income Affordability by 2080.

\*\*\*Divide Income Affordability by 4160.

Information for items 2 and 3 may be found at (<http://factfinder2.census.gov>) Directions to 2010 information can be found under Community Facts .

### 2. City Information

City Population	2010		current	
City Households	2010		current	
City Renter Households (Occupied Units Paying Rent)	2010		current	
City Renter Occupied Units	2010		current	
City Rental Vacancy Rate	2010		current	
Average or median rents in the local area:				
Average travel time to work:				

### 3. Racial/ethnicity characteristics according to 2010 Census –

Number of persons in each group:

White	Black	American Indian	Asian and Pacific Islander	Other and Mixed Race	Hispanic Origin

### 4. Rental Units and/or Multifamily Units permitted since 2010 in City: \_\_\_\_\_

Permitting information on multifamily units since 2010 is available at: <http://socds.huduser.org/permits/index.html> .

If city does not report Permit information it will be necessary to contact the municipality for that information.

**5. Comparable Rental Data:**

Present the following data for 3 rental developments comparable to that proposed.

Comparable 1		
Name:	Number of Units	Monthly Contract Rent
Address:	0 Bedrooms	\$
City:	1 Bedrooms	\$
Phone:	2 Bedrooms	\$
	3 Bedrooms	\$
	4 Bedrooms	\$
	Total	\$
Are rents subsidized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comparable 2		
Name:	Number of Units	Monthly Contract Rent
Address:	0 Bedrooms	\$
City:	1 Bedrooms	\$
Phone:	2 Bedrooms	\$
	3 Bedrooms	\$
	4 Bedrooms	\$
	Total	\$
Are rents subsidized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comparable 3		
Name:	Number of Units	Monthly Contract Rent
Address:	0 Bedrooms	\$
City:	1 Bedrooms	\$
Phone:	2 Bedrooms	\$
	3 Bedrooms	\$
	4 Bedrooms	\$
	Total	\$
Are rents subsidized?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**6. Employment Information:**

A. Complete the table below with information on 3 to 5 major employers in the city or area.. Some of this information is available in the Community Profile publication of the Department of Employment and Economic Development for each community. The Profile is available online at <http://www.mnprospector.com/> (click on 'Locating in Minnesota')

Employer Name	Type of Business	# of Employees	Average Hourly Wage or Annual Salary	Types of Jobs	Job Growth



Do the hourly wages in the community listed in #6, above; meet the hourly wages needed in # 1, above?

Yes

No

7. Are the unit types and gross rents proposed in #1 appropriate for the household sizes and average wages in the community?

Yes

No

8. **Provide a narrative summary** detailing the need(s) for the proposed housing based upon targeted population, demographics, job growth, rental housing vacancy rates, and available services. Clearly demonstrate how the proposed housing specifically meets those needs. For example, describe how the proposal addresses the needs of the local work forces and demonstrate the link between jobs and housing, how employees will access jobs and services, and show that the housing proposed is affordable based on the wage level of job being created or retained.

9. **Other supporting information, if any, such as:**

- Market studies prepared specifically for proposal.
- Submit local housing or market studies, rental surveys, or vacancy surveys, if any.
- Regional or local housing plans.

10. **Imminent risk proposals ONLY (Federally Assisted or Housing Tax Credit Units)**

- Provide at least three additional market rate comparable unit and property types, taking into account condition, amenities and utilities, in order to indicate market rent amounts achievable by the development in a conversion scenario. (*Minnesota Housing, at its sole discretion, must agree that a market exists for conversion to market rate and retains the right to validate comparable units.*)

Market Comparable 1		
Name:	Number of Units	Monthly Rent
Address:	0 Bedrooms	\$
City:	1 Bedrooms	\$
Phone:	2 Bedrooms	\$
	3 Bedrooms	\$
	4 Bedrooms	\$
	Total	\$
Describe property and unit amenities:		
Describe utilities included in rent:		
Describe age and condition of units:		

Market Comparable 2		
Name:	Number of Units	Monthly Rent
Address:	0 Bedrooms	\$
City:	1 Bedrooms	\$
Phone:	2 Bedrooms	\$
	3 Bedrooms	\$
	4 Bedrooms	\$
	Total	\$
Describe property and unit amenities:		
Describe utilities included in rent:		
Describe age and condition of units:		

Market Comparable 3		
Name:	Number of Units	Monthly Rent
Address:	0 Bedrooms	\$
City:	1 Bedrooms	\$
Phone:	2 Bedrooms	\$
	3 Bedrooms	\$
	4 Bedrooms	\$
	Total	\$
Describe property and unit amenities:		
Describe utilities included in rent:		
Describe age and condition of units:		

Provide photos of comparable properties.

**Minnesota Housing INSTRUCTIONS FOR PREPARING AN  
AFFIRMATIVE FAIR HOUSING MARKETING PLAN**

1. **Introduction** - The Affirmative Fair Housing Marketing Regulations require that each applicant carry out an affirmative marketing program to attract prospective buyers or tenants of all majority and minority groups in the housing market area regardless of race, creed, color, religion, sex, national, origin, marital status, status with regard to public assistance, disability, sexual orientation, or familial status. The applicant shall describe on this form the activities it proposes to carry out during advance marketing, where applicable, and the initial sales or rent-up period. The affirmative marketing program also should assure that any group(s) of persons normally NOT likely to apply for the housing without special outreach efforts (*because of existing neighborhood racial or ethnic patterns, location of housing in the Standard Metropolitan Statistical Areas (SMSA), price, or other factors*), know about the housing, feel welcome to apply, and have the opportunity to buy or rent. In addition to the specific advertising activities, please describe activities relating to instructions to staff on fair housing concerns.
2. **Part 2 - Applicant and Project Identification.** Parts A, B, C and D are self-explanatory. With respect to Part E, specify approximate starting date of marketing activities to the groups targeted for special outreach and the anticipated date of initial occupancy. Part F is to be completed only if the applicant is not to implement the plan on its own. For Part G, indicate HOUSING funding sources.
3. **Part 3 - Type of Affirmative Marketing Plan.** Applicants for multifamily and subdivision projects are to submit a Project Plan which describes the marketing program for the particular project or subdivision. Scattered site builders are to submit individual annual plans based on the racial composition of the geographical area. For example, if a builder plans to construct units in both minority and non-minority geographical areas, separate plans shall be submitted for all of the housing proposed for both types.
4. **Part 4 - Direction of Marketing Activity.** Indicate which group(s) you believe are “least likely to apply” without special outreach. Considering factors such as price or rental of housing, the racial/ethnic characteristics of the neighborhood in which housing is (*or is to be*) located, and the population within the housing market area, public transportation routes, etc.
5. **Part 5 - Marketing Program.** The applicant shall describe the marketing program to be used to attract all segments of the eligible population, especially those groups designated in Part 4 of the Plan as “least likely to apply”. The applicant shall state: the type of media to be used, the names of newspapers/call letters of radio or TV stations; the identity of the circulation or audience of the media identified in the Plan, e.g., Black/African American, American Indian/Alaskan Native, Asian, Hispanic/Latino, Native Hawaiian/Pacific Islander or White; duration of newspaper advertising, length and size of the ad; and frequency of broadcast advertising. Community contacts include individuals or organizations that are well known in the project area or the locality, and can influence persons within the groups considered “least likely to apply”. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, churches, labor unions, employers, public and private agencies, and individuals who are associated with these organizations and/or are well-known in the community.
6. **Part 6 - Future Marketing Activities.** State how you intend to continue your affirmative marketing efforts to maintain attained goals or correct any current occupancy concerns.
7. **Part 7 - Experience and Staff Instructions.**
  - a. Indicate whether the applicant has previous experience in marketing housing to group(s) identified as “least likely to apply” for the housing”.
  - b. Describe the instructions and training given to sales/rental staff. This guidance to staff must include information regarding federal, state and local fair housing laws and this Affirmative Fair Housing Marketing Plan. Copies of any written materials should be submitted with the Plan, if such materials are available.

8. **Part 8 - Additional Considerations.** In this section, describe other efforts, not mentioned previously, which are planned to attract persons in either those groups already identified in Part 4 of the Plan, “as “least likely to apply” for the housing” or in groups not previously identified in the Plan. Such efforts may include outreach activities to female-headed households.
9. **Part 9 - Current Occupancy or Anticipated Occupancy for New Projects.** For existing developments, list your current occupancy (by Head of Household) broken down in the categories provided. For new projects, list the numbers you anticipate will occupy the units.
10. **Part 10 - Signatures.** The applicant's authorized agent signs the Affirmative Fair Housing Marketing Plan at the bottom and dates it. By signing the Plan, the applicant assumes full responsibility for its implementation. The Agency may at any time monitor the implementation of the Plan and request modification in its format or content, where the Agency deems necessary.
11. **Notice of Intent to Begin Marketing.** At least 90 days before the start of sales or rental marketing activities the applicant with an approved Affirmative Fair Housing Marketing Plan shall submit notice of intent to begin marketing, if applicable. This notice is submitted either orally or in writing to the assigned HMO (Housing Management Officer) or HDO (Housing Development Officer) of Minnesota Housing.

**Supplemental Instructions for Preparing Minnesota Housing Affirmative Fair Housing Marketing Plan (AFHMP)**

**NOTE:** It is preferred the AFHMP is typed. Legible printing in ink may be accepted. Completed form can be emailed, faxed, or mailed. Clarification is sometimes needed for certain sections when completing the AFHMP. Below are explanations in more detail for certain sections of the AFHMP that are often responded to incorrectly or not at all.

**3. Type of Marketing Plan**

More than likely you are completing an AFHMP for a multifamily housing development (i.e., an apartment complex), you would check *Project Plan*. If you are doing a scattered site development (i.e., single family units), you would check *Annual Plan*. For % minority residents by county please refer to Minnesota

Housing Website:

[http://www.mnhousing.gov/idc/groups/multifamily/documents/webcontent/mhfa\\_007961.pdf](http://www.mnhousing.gov/idc/groups/multifamily/documents/webcontent/mhfa_007961.pdf)

**4. Direction of Marketing Activity**

Indicate only the people “least likely to apply”, currently residing in the marketing area.

**5a. Marketing Program - Commercial Media**

If advertisements are used, remember to indicate the size of the ad(s) and how long the ad will run. If advertising through television or radio, indicate the length of the advertisement.

**5b. Marketing Plan - Brochures, Signs, and HUD’s Fair Housing Poster**

Minnesota Housing financed developments are to have a site identification sign that includes the Equal Opportunity Housing logo and/or statement along with the development’s name and rental information telephone number.

**5c. Community contacts**

**ALL** information requested is to be provided. Minnesota Housing provides a list of various community contacts on the web site (path below). This information can be used to assist in completing the plan. (Note: the Agency does occasionally update the actual contact information, however, validity is not guaranteed.) MN Housing recommends that actual contact information that is made (via letter, phone, flyer, etc.) and frequency of this contact is retained in a Fair Housing folder.

<http://www.mnhousing.gov/wcs/Satellite?c=Page&cid=1358905285667&pagename=External%2FPage%2FEXTStandardLayout>

**7a. Experience and Staff Instruction**

Management agents or owners are to list any marketing activity they have done regarding marketing to the groups identified in #4 as “least likely to apply” without special outreach efforts. The kinds of marketing might include:

- \* distributing brochures or flyers at grocery stores, housing fairs, community organizations, etc. advertising the availability of the housing,
- \* identifying by name and city location other developments owned or managed by the management agent or owner also indicating which of the populations reside at that development (e.g., XYZ Management Company has successfully marketed housing to African Americans and Asians at ABC Apartments, St. Cloud, MN; and has marketed housing to American Indians in Bemidji for Bemidji Townhomes).

If an owner or management agent has no experience marketing housing to the groups identified as “least likely to apply” in #4 than indicate none. **“None” is an acceptable response if that’s the case.**

**7b. Experience and Staff Instruction**

List all training staff who will receive and who provides the training to the staff on state, federal, and local fair housing laws as well as the AFHMP (e.g. XYZ Management Company staff attend annually fair housing training sponsored by HUD, or, staff attends the fair housing workshop offered at the annual conference sponsored by Minnesota Housing, Multi-Housing Association, et. al., etc.).

***Attach a copy of the instructions to staff regarding fair housing.***

**8. Additional Considerations**

Use this space to provide additional information, or helps to explain or clarify information given previously on the AFHMP (e.g., *“XYZ Management Co. has a current waiting list that is updated annually for 20 families for a 24 unit ABC Apartments, St. Cloud, so there is no immediate need to advertise. Enclosed is a copy of the waiting list.”*)

**9. Anticipated or Actual Resident Demographics**

By head of household, indicate who presently occupies the development or to the best knowledge, who will occupy the development as a result of the marketing efforts made. The total number should not exceed the total number of units minus any units that are vacant at the time the AFHMP is being completed. This means if there are 30 units in the development, and all 30 units are occupied, the total number for African American/Black, American Indian/Alaskan Native, Asian, Hispanic/Latino, Native Hawaiian/Pacific Islander or White residents should total 30. Numbers for persons with disabilities (disabled), families with children, and persons on public assistance, will be a subset of the total number of the residents identified previously. This means they may be counted more than once. For example, you may have an Asian resident receiving public assistance that also has a disability.

# MINNESOTA HOUSING AFFIRMATIVE FAIR HOUSING MARKETING PLAN

## 1. INTRODUCTION

State and Federal Affirmative Fair Housing Marketing Regulations require that each applicant subject to these Regulations carry out an Affirmative Marketing Program to attract prospective buyers or tenants of all minority and non-minority groups to the housing that the applicant is providing. These groups include African American/Black, American Indian/Alaskan Native, Asian, Hispanic/Latino, Native Hawaiian/Pacific Islander or White in the Standard Metropolitan Statistical Areas (SMSA) or housing market area who may be subject to housing discrimination on the basis of race, color, creed, religion, sex, national origin, marital status, status with regard to public assistance, disability, sexual orientation, or familial status.

## 2. APPLICATION AND PROJECT IDENTIFICATION:

A. NAME OF APPLICANTS	B. MINNESOTA HOUSING DEVELOPMENT (D) #
	NUMBER OF UNITS (Indicate family, elderly, etc.)
ADDRESS (Include City, State and ZIP Code)	PRICE OR RENTAL RANGE OF UNITS:  FROM \$            TO \$
TELEPHONE NUMBER	D. FOR MULTIFAMILY HOUSING ONLY: <input type="checkbox"/> ELDERLY <input type="checkbox"/> NON-ELDERLY
C. PROJECT NAME	E. APPROXIMATE STARTING DATES
	ADVERTISING                      OCCUPANCY
	F. NAME OF MANAGING/SALES AGENT (when applicable)
LOCATION / ADDRESS (Include City, State and ZIP Code)	ADDRESS (Include City, State and ZIP Code)
COUNTY	G. MINNESOTA HOUSING PROGRAM (S) USED TO FINANCE

## 3. TYPE OF AFFIRMATIVE MARKETING PLAN

Project Plan                       Annual Plan (for single family scattered site units)

NOTE: A separate Annual Plan must be developed for each area in which the housing is to be built.

Minority Area                       White (non-minority) Area                       Mixed Area (with                      % minority residents)  
(See # 3 Supplemental Instructions for %)

## 4. DIRECTION OF MARKETING ACTIVITY

Indicate below which group(s) in the housing market area are "least likely to apply" for the housing because of its location and other factors without special outreach efforts.

Black/African American                       American Indian/Alaskan Native                       Asian

Hispanic/Latino                       Native Hawaiian/Pacific Islander                       White                       Other

-----

Persons with Disabilities                       Families with Children

\* Failure to complete each section will delay approval of the AFHMP.

**5. MARKETING PROGRAM**

**A. COMMERCIAL MEDIA**

Check the media to be used to advertise the availability of this housing.

Electronic Media       Newspaper(s)/Publication(s)       Radio       TV       Billboard(s)       Other (Specify)

NAME OF NEWSPAPER, RADIO OR TV STATION, etc.	RACIAL/ETHNIC IDENTIFICATION OF READERS/AUDIENCE	SIZE/DURATION OF ADVERTISING

**B. BROCHURES, SIGNS AND HUD'S FAIR HOUSING POSTER:**

- (1) Will brochures, leaflets, or handouts be used to advertise?     Yes     No. If yes, attach a copy or submit when available.  
 (2) For project site sign, indicate sign size \_\_\_\_ x \_\_\_\_ ; Logotype size \_\_\_\_ x \_\_\_\_ .  
 (3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the  Sales/Rental Office(s);  Real Estate Office(s);  Model Unit(s);  Other (Specify) \_\_\_\_

**C. COMMUNITY CONTACTS**

To further inform the group(s) "least likely to apply" about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area or SMSA. If more space is needed, attach an additional sheet. Notify Minnesota Housing of any changes in this list. Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information.)

NAME OF GROUP/ORGANIZATION	RACIAL/ETHNIC IDENTIFICATION	APPROXIMATE DATE OF CONTACT OR PROPOSED CONTACT	PERSON CONTACTED OR TO BE CONTACTED
ADDRESS AND TELEPHONE NUMBER	METHOD OF CONTACT	INDICATE SPECIFIC FUNCTION OF GROUP/ORGANIZATION	



**6. FUTURE MARKETING ACTIVITIES (Rental Units Only)**

Check the block(s) that best describe future marketing activities to fill vacancies as they occur after the project has been initially occupied.

- Newspapers/Publications     
  Radio     
  TV     
  Brochures/Leaflets/Handouts     
  Site Signs  
 Community Contacts     
  Others (*Specify*)

**7. EXPERIENCE AND STAFF INSTRUCTIONS**

- A. Indicate any experience in marketing housing to the group(s) identified as "least likely to apply". (See page 1, number 4).
- B. Indicate training to be provided to staff on federal, state and local fair housing laws and regulations, as well as this Affirmative Fair Housing Marketing Plan. Attach a copy of the instructions to staff regarding fair housing.

**8. ADDITIONAL CONSIDERATIONS:**

**9. ANTICIPATED OR ACTUAL RESIDENT DEMOGRAPHICS**

Please list the number of persons (**by head of household**). Use real numbers not percentages that you anticipate will occupy or presently occupy the units as a result of your affirmative marketing efforts. The total number by Group(s) cannot exceed the total number of units occupied.

Black/African American	American Indian/Alaskan Native	Asian	
Hispanic/Latino	Native Hawaiian/Pacific Islander	White	Other

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Persons with Disabilities	Families with Children	Persons on Public Assistance
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**10. SIGNATURES**

By signing this form, the applicant agrees, after appropriate consultation with Minnesota Housing, to change any part of the plan covering a project to assure continued compliance with affirmative fair housing marketing regulations.

SIGNATURE OF PERSON SUBMITTING PLAN

NAME (*TYPE OR PRINT*)

TITLE AND COMPANY

DATE

**MINNESOTA HOUSING USE ONLY**

APPROVAL BY	DISAPPROVAL BY
SIGNATURE	SIGNATURE
NAME (TYPE OR PRINT)	NAME (TYPE OR PRINT)
TITLE	TITLE
DATE	DATE

Project Name	<blank>	Organization Name	<blank>
Project Address	<blank>	Organization Contact	<blank>
Project Status	<blank>	Date	<blank>

**INTENDED METHODS WORKSHEET:** This worksheet identifies how the project team intends to incorporate all the Mandatory and adequate number of Optional Criteria into the development.

This worksheet must be filled out and submitted before the construction start date. For additional information on how to submit go to [www.greencommunitiesonline.org/tools/certification/](http://www.greencommunitiesonline.org/tools/certification/)

**INSTRUCTIONS:**

- 1) Select an answer provided in the drop-down menu under Column D ("How Criterion will be implemented") for each criterion.
- 2) Explain special circumstances or request a waiver using Column E ("If necessary, describe deviations from intended approach"). This may include information on an approach proposed by the project team that does not appear as an option in the drop-down menu.
- 3) Indicate where the Criterion references can be found within the project documents in Column F and G ("Criteria Documentation"). This is required for Criterion 1.1b
- 4) Indicate the project team member who is responsible for documenting and ensuring the completion of the Criterion under Column 'H' (Champion).
- 5) Indicate the number of optional points being pursued by completing Column H ("Intended Points").

\*\*Gray text within the spreadsheet (under "Green Development Agreement" section at bottom) indicates the type of information that could occupy that cell. It is not intended to be left in your final submission documents.

Complete this document by signing the Green Development Agreement at the bottom of this worksheet. Without the mandatory signatures, this document remains *incomplete and the project will not receive Step 1 Certification.*

**1: INTEGRATIVE DESIGN**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation		Champion	Intended Points
			Location of Measure in Project Documents	Spec page number / plan type for locating measure		
<b>1.1a</b> Green Development Plan: Integrative Design Meeting(s)						<b>M</b>
<b>1.1b</b> Green Development Plan: Criteria Documentation						<b>M</b>
<b>1.2a</b> Universal Design ( <i>New Construction only</i> )						<b>0</b>
<b>1.2b</b> Universal Design ( <i>Substantial &amp; Moderate Rehab only</i> )						<b>0</b>
						<b>0</b> <b>Intended Points</b>

**2: LOCATION + NEIGHBORHOOD FABRIC**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation		Champion	Intended Points
			Location of Measure in Project Documents	Spec page number / plan type for locating measure		
2.1 Site Sensitive Selection ( <i>New Construction Only</i> )						M
2.2 Connections to Existing Development and Infrastructure ( <i>New Construction only, except for projects located on rural tribal lands, in colonias communities, or in communities of population less than 10,000</i> )						M
2.3 Compact Development ( <i>New Construction Only</i> )	Provide the net density and net density calculation for the project.					M
2.4 Compact Development	Provide the net density and net density calculation for the project.					0
2.5 Proximity to Services ( <i>New Construction only</i> )						M
2.6 Preservation of and Access to Open Space						M
2.7 Preservation of and Access to Open Space						0
2.8 Access to Public Transportation	Provide a brief narrative that summarizes the location, quantity and type of public transportation choices around project site					0
2.9 Walkable Neighborhoods: Connections to Surrounding Neighborhood	Provide summary of the project's sidewalk and pathway connections to public spaces, open spaces or adjacent development					0
2.10 Smart Site Location: Passive Solar Heating / Cooling	Provide a brief narrative that describe passive solar heating/cooling tactics					0
2.11 Brownfield or Adaptive Reuse Site						0
2.12 Access to Fresh, Local Foods						0
2.13 LEED for Neighborhood Development certification						0
						0 Intended Points

**3: SITE IMPROVEMENTS**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation	Champion	Intended Points
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Criteria Item	How Criterion will be implemented	information or explanation of alternative approach to meeting this measure	Location of Measure in Project Documents	Spec page number / plan type for locating measure	Champion	Intended Points
3.1 Environmental Remediation						M
3.2 Erosion and Sedimentation Control <i>(Except for infill sites with buildable area smaller than one acre)</i>						M
3.3 Low Impact Development <i>(New Construction only)</i>						M
3.4 Landscaping						M
3.5 Efficient Irrigation and Water Reuse	Provide a brief narrative describing type of irrigation systems to be implemented					M
3.6 Surface Stormwater Management	Provide a brief narrative of the design strategies and systems that will be implemented, and indicate the calculated volume of water being retained, infiltrated, or harvested on site					0
						0 Intended Points

**4: WATER CONSERVATION**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation		Champion	Intended Points
			Location of Measure in Project Documents	Spec page number / plan type for locating measure		
4.1 Water-Conserving Fixtures						M
4.2 Advanced Water-Conserving Appliances and Fixtures						0
4.3 Water Reuse						0
						0 Intended Points

**5: ENERGY EFFICIENCY**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation	Champion	Intended Points

Criteria Item	How Criterion will be implemented	information or explanation of alternative approach to meeting this measure	Location of Measure in Project Documents	Spec page number / plan type for locating measure	Champion	Intended Points
5.1a Building Performance Standard: Single family & Multifamily, 3 stories or fewer ( <i>New Construction only</i> )						M
5.1b Building Performance Standard: Multifamily, 4 stories or more ( <i>New Construction Only</i> )						M
5.1c Building Performance Standard: Single family & Multifamily, 3 stories or fewer ( <i>Substantial and Moderate Rehab</i> )						M
5.1d Building Performance Standard: Multifamily, 4 stories or more ( <i>Substantial and Moderate Rehab</i> )						M
5.2 Additional Reductions in Energy Use						0
5.3 Sizing of Heating and Cooling Equipment and Ducts						M
5.4 ENERGY STAR Appliances						M
5.5a Efficient Lighting: Interior Units						M
5.5b Efficient Lighting: Common Areas and Emergency Lighting ( <i>all multifamily projects</i> )						M
5.5c Efficient Lighting: Exterior						M
5.6a Electricity Meter ( <i>New Construction and Substantial Rehab only</i> )						M
5.6b Electricity Meter ( <i>Moderate Rehab only</i> )						0
5.7a Renewable Energy	Provide brief narrative describing the types of renewable energy system installed and the estimated percentage of energy it will provide for the overall energy demand of the project					0
5.7b Photovoltaic / Solar Hot Water Ready						0

5.8	Advanced Metering Infrastructure						0
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0
<b>Intended Points</b>

**6: MATERIALS BENEFICIAL TO THE ENVIRONMENT**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation		Champion	Intended Points
			Location of Measure in Project Documents	Spec page number / plan type for locating measure		
6.1	Low / No VOC Paints and Primers					M
6.2	Low / No VOC Adhesives and Sealants					M
6.3	Construction Waste Management	Provide a brief narrative that lists the materials in the Construction Waste Management Plan, the % recycled, salvaged, or diverted and the strategies to do so				M
6.4	Construction Waste Management: Optional	Provide a brief narrative that lists the materials in the Construction Waste Management Plan, the % recycled, salvaged, or diverted and the strategies to do so				0
6.5	Recycling Storage for Multifamily Project					0
6.6	Recycled Content Material	Provide a brief narrative that summarizes the building materials made of recycled content material				0
6.7	Regional Material Selection					0
6.8	Certified, Salvaged and Engineered Wood Products					0
6.9a	Reducing Heat-Island Effect: Roofing					0
6.9b	Reducing Heat-Island Effect: Paving					0

0
<b>Intended Points</b>

**7: HEALTHY LIVING ENVIRONMENT**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation		Champion	Intended Points
			Location of Measure in Project Documents	Spec page number / plan type for locating measure		
7.1	Composite Wood Products that Emit Low / No Formaldehyde					M

7.2	Environmentally Preferable Flooring						M
7.3	Environmentally Preferable Flooring: Alternative Sources						0
7.4a	Exhaust Fans: Bathroom (New Construction and Substantial Rehab only)						M
7.4b	Exhaust Fans: Bathroom (Moderate Rehab only)						0
7.5a	Exhaust Fans: Kitchen (New Construction and Substantial Rehab only)						M
7.5b	Exhaust Fans: Kitchen (Moderate Rehab only)						0
7.6a	Ventilation (New Construction and Substantial Rehab only)						M
7.6b	Ventilation (Moderate Rehab only)						0
7.7	Clothes Dryer Exhaust						M
7.8	Combustion Equipment						M
7.9a	Mold Prevention: Water Heaters						M
7.9b	Mold Prevention: Surfaces						M
7.9c	Mold Prevention: Tub and Shower Enclosures						M
7.10	Vapor Barrier Strategies (New Construction and Rehab projects with foundation work only)						M
7.11	Radon Mitigation (New Construction and Substantial Rehab only)						M
7.12	Water Drainage (New Construction and Rehab projects replacing assemblies called out in Criterion only)						M
7.13	Garage Isolation						M
7.14	Integrated Pest Management	Provide a brief narrative that describes specific tactics and strategies used to for the Integrated Pest Management Plan					M
7.15	Lead-Safe Work Practices (Substantial and Moderate Rehab only)						M
7.16	Smoke-Free Building						0

0
<b>Intended Points</b>

**8: OPERATIONS + MAINTENANCE**

Criteria Item	How Criterion will be implemented	If necessary, provide additional information or explanation of alternative approach to meeting this measure	Criteria Documentation		Champion	Intended Points
			Location of Measure in Project Documents	Spec page number / plan type for locating measure		
8.1 Building Maintenance Manual ( <i>all multifamily projects</i> )	Provide a brief narrative of how this project specifically creates or fulfills the intentions of this criteria item					M
8.2 Resident's Manual	Provide a brief narrative of how this project specifically creates or fulfills the intentions of this criteria item					M
8.3 Resident and Property Manager Orientation	Provide a brief narrative of how this project specifically creates or fulfills the intentions of this criteria item					M
8.4 Project Data Collection and Monitoring System						0
						0
						<b>Intended Points</b>
<b>ENTERPRISE GREEN COMMUNITIES CRITERIA</b>						
<b>TOTAL INTENDED POINTS</b>						<b>0</b>

<b>Green Development Agreement:</b>	The following signatures provides a written commitment demonstrating that all parties involved in the execution and delivery of this project agree to be accountable to measures and strategies as outlined in application documents.
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**INSTRUCTIONS:**  
This signature portion is most easily satisfied by either: a) printing the Intended Methods tab and having the various team members fill out and sign their portion or b) using digital signatures. Both forms of submission will be accepted.

To proceed with Enterprise Green Communities Certification, signatures must be provided by at the project manager, architect, and general contractor. If these 3 signatures are not present, your building will not proceed through Step 1 of Certification.

**MANDATORY SIGNATURES**

<Provide Signature of Green Development Team Member>	<Insert Date>
--	---------------

**Project Manager:**                      <PRINT Green Development Team Member's Name>  
.....

<Provide Signature of Green Development Team Member>	<Insert Date>
--	---------------



<Provide Signature of Green Development Team Member>	<Insert Date>
--	---------------

**Architect:** <PRINT Green Development Team Member's Name>  
.....

<Provide Signature(s) of Green Development Team Member(s)>	<Insert Date>
--	---------------

**General Contractor:** <PRINT Green Development Team Member's Name(s)>  
.....

**OPTIONAL SIGNATURES**

<Provide Signature of Green Development Team Member>	<Insert Date>
--	---------------

**Green Building Specialist:** <PRINT Green Development Team Member's Name>  
.....

<Provide Signature(s) of Green Development Team Member(s)>	<Insert Date>
--	---------------

**Engineer (MEP):** <PRINT Green Development Team Member's Name(s)>  
.....

<Provide Signature(s) of Green Development Team Member(s)>	<Insert Date>
--	---------------

**Energy and/or System Specialist:** <PRINT Green Development Team Member's Name(s)>  
.....

# ACKNOWLEDGEMENT OF RECEPTIVITY TO A METROPOLITAN COUNCIL LCA FUNDING AWARD

As a participant in the Metropolitan Council's Livable Communities Local Housing Incentives Account program, the \_\_\_\_\_ (name of city or township) supports the affordable and life-cycle objectives of the Livable Communities Act (LCA). Accordingly, it will accept and make available in a timely manner to Request for Proposal (RFP) applicant, \_\_\_\_\_, any LCA award to the city/township to assist the housing program or activity proposed in this application, if such an award is made.

By: \_\_\_\_\_  
(Authorized City Official)

## PROPOSED PROJECT INFORMATION (Required for grant contracting purposes)

### PROJECT INFORMATION

\_\_\_\_\_  
Project Name

\_\_\_\_\_  
Project Address

\_\_\_\_\_  
Project City

Street boundaries or major intersections:

### PROJECT CONTACT INFORMATION

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-mail address

### CITY/TOWNSHIP CONTACT INFORMATION

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

### AUTHORIZED CITY, COUNTY OR DEVELOPMENT AUTHORITY OFFICIAL(S) CONTACT INFORMATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail Address

# Notification of Local Official



1. Please provide the following information in typewritten form and submit electronically.
2. Please provide the name of the local official jurisdiction and name and address of the political jurisdiction's chief executive officer (in most cases Mayor) in which the proposed project will be located.

Name of Political Jurisdiction: \_\_\_\_\_

\_\_\_\_\_  
Name of Chief Executive Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail address:

## Notification of Housing Proposal

\_\_\_\_\_  
Development Name

\_\_\_\_\_  
City

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Developer

\_\_\_\_\_  
# of Buildings

New  
Construction

Substantial  
Rehabilitation

Adaptive  
Reuse

Historic  
Building

<u>Unit Sizes</u>	<u>Proposed Unit Mix</u>	<u>Proposed Rent Amounts</u>
Efficiency / SRO:		
1 Bedroom:		
2 Bedroom:		
3 Bedroom:		
4 Bedroom:		
<b>Total:</b>		

Brief description of proposal:

\_\_\_\_\_



Date: April 2013

To: Local Housing and Redevelopment Authority (HRA) or Public Housing Authority (PHA)

From: Minnesota Housing Finance Agency  
Multifamily Development

Re: **HOUSING TAX CREDIT PROGRAM / MULTIFAMILY HOUSING RESOURCES  
LOCAL HRA / PHA NOTICE AND AGREEMENT TO UTILIZE THE PUBLIC HOUSING AND SECTION 8 WAITING LISTS**

The Minnesota Housing Finance Agency (Minnesota Housing) is the primary administrating authority for the Housing Tax Credit Program (HTC) in the State of Minnesota. Minnesota Housing also offers numerous other funding resources for the production and stabilization of multifamily housing.

The Housing Tax Credit Program offers a ten-year reduction in income tax liability to owners and investors of eligible low-income rental housing developments involving new construction, substantial rehabilitation or acquisition with substantial rehabilitation. Owners must elect to serve households with incomes at or below 60 percent or 50 percent of Area Median Income, adjusted for household size. Section 42 of the Internal Revenue Code, which governs the HTC Program, requires Minnesota Housing to give preference to owners that agree to utilize the local HRA or PHA waiting list to identify eligible individuals and households to fill vacant units on an ongoing basis in developments assisted by the HTC Program.

Through the Multifamily Consolidated RFP, Minnesota Housing offers many programs which require owners to provide housing that is affordable to households with a range of incomes from 30 percent to 80 percent of area median income. These programs also encourage owners to utilize these waiting lists.

The owner or a representative of the ownership entity of the proposed development has completed and executed Part 3 of the Agreement to Utilize the Public Housing and Section 8 Waiting List (Agreement) to demonstrate their willingness to cooperate with the local HRA or PHA to utilize their waiting list to place eligible households in vacant units. Upon award of funds and construction completion, the local HRA/PHA may refer eligible households to the proposed development.

The owner or representative of the ownership entity will receive additional funding priority for obtaining a fully executed binding commitment from the Local HRA or PHA to receive Project Based Rental Assistance or other Rental Assistance or obtaining approval to extend the term of the contract for at least 4 years (Part 2).

Minnesota Housing encourages the local HRA or PHA to carefully review both Parts 1 and 2 of the Agreement before completing and executing Part 3. Please return the executed Agreement, and as applicable, the required Binding Commitments, and Letter of Intent to the owner for submission to Minnesota Housing. Please retain a copy of the completed Agreement to serve as a record of promised assistance if the proposed development is funded and developed in your community.

As part of the selection process, Minnesota Housing welcomes comments from the local HRA or PHA regarding this proposal. Your comments regarding this proposal on Part 4 of the Agreement may be provided to the owner to forward to Minnesota Housing or mailed directly to Minnesota Housing. If you have previously commented on this proposal, it is not necessary to do so again unless you wish to add new or additional information.

Please address comments to: Minnesota Housing  
Multifamily Housing Resource Application  
Attention Tamara Wilson  
400 Sibley Street, Suite 300  
Saint Paul, MN 55101-1998

Email: [tax.credits@state.mn.us](mailto:tax.credits@state.mn.us)

If you have any questions, please call Kayla Schuchman at 651-296- 3705 ([Kayla.Schuchman@state.mn.us](mailto:Kayla.Schuchman@state.mn.us)) or Bob Porter at 651-297-5142 ([Robert.Porter@state.mn.us](mailto:Robert.Porter@state.mn.us)). Thank you in advance for your time and consideration.

**MINNESOTA HOUSING FINANCE AGENCY  
HOUSING TAX CREDIT PROGRAM / MULTIFAMILY HOUSING RESOURCES  
LOCAL HRA / PHA NOTICE AND AGREEMENT TO UTILIZE PUBLIC HOUSING AND  
SECTION 8 WAITING LISTS**

**(PART 1 OF 4)**

**Development and Ownership Information**

_____ Owner Name		_____ Contact Person		_____ Phone Number	
_____ Address		_____ City		_____ State	_____ Zip Code
_____ Development Name					
_____ Address		_____ City		_____ Zip Code	
_____ # of Restricted Units	_____ % Income Restriction	_____ % Rent Restriction	_____ Housing Type (apt, townhomes)		
_____ # of 0 Bedrooms	_____ # of 1 Bedrooms	_____ # of 2 Bedrooms	_____ # of 3 Bedrooms	_____ # of 4 Bedrooms	

Development will serve the following tenant population(s) (check all those that apply):

_____ # of Units Family	_____ # of Units Elderly	_____ # of Units Persons with Disabilities	_____ # of Units Long Term Homeless	_____ # of Units HIV/AIDS	_____ # of Units Other
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**HRA/PHA**

Name of Housing Redevelopment Authority (HRA) / Public Housing Authority (PHA):

_____ HRA/PHA Name		_____ Contact Person		_____ Phone Number	
_____ Address		_____ City		_____ State	_____ Zip Code

(PART 2 OF 4)

**Additional Government Participation / Rental Assistance (Optional)**

When applying for tax credits or other multifamily housing resources, priority is given for having a binding commitment from a local HRA or PHA to receive Project Based Rental Assistance or other rental assistance as awarded in accordance with 24 CFR Ch. IX, Section 983.51 and described below.

To receive this priority, the owner must comply with all program requirements for the assistance for which the priority was given, including maintaining rents within the appropriate payment standard for the project area in which the project is located for the full compliance and extended use period of the housing tax credits and/or other Minnesota Housing financing. The assisted units must be located in buildings on the project site.

Rent for assisted units must be at or below fair market rents (or appropriate payment standard for the project area). Receiving the priority and agreeing to a minimum number of assisted units does not release an owner from their obligation under the Minnesota Human Rights Act and/or Section 42 not to refuse to lease to the holder of a voucher or certificate of eligibility under Section 8 of the United States Housing Act of 1937 because of the status of the prospective tenant as such a holder.

**Check Below As Applicable:** (For underlying project based rental or other rental assistance priority requirements, please refer to the Housing Tax Credit Program Self-Scoring Worksheet).

Project Based Rental Assistance is available for the proposal. For proposals claiming points for Project Based Rental Assistance, the applicant must submit a fully executed binding commitment signed by the local HRA or PHA or other similar entity at the time of application. The binding commitment must establish that the local HRA or PHA or other similar entity has committed the project based assistance to the proposed development. As a condition of carryover, application for issuance of 8609s, or other Minnesota Housing financing, (whichever occur first) the applicant must submit a copy of the fully executed HUD Approval (or equivalent approval documentation if from other similar entity) for the project-based assistance to be included in the development.

Project Based Rental Assistance is available and will be extended for a minimum of 10 years.

Project Based Rental Assistance is available and will be extended for a minimum of 4 years.

For proposals claiming points for a minimum of 4-year or 10-year “extended term contract” of project based rental assistance, include language in the binding commitment of the HRA/PHA's or other similar entity's commitment to at least the minimum required extended term of the contract. As a condition of carryover or 8609, whichever occurs first, the applicant must submit a fully executed copy of the HRA/PHA or other similar entity “extended term contract” for the project-based assistance to be included in the development.

Other Rental Assistance is available for the proposal. For Other Rental Assistance (non project-based) (e.g., Section 8, portable tenant based, formal recommendation for McKinney Vento funding, HUD operating subsidy or other similar rent assistance programs approved by Minnesota Housing), at application the applicant must submit a letter of intent to cooperatively develop a housing plan/agreement which is signed by the applicant and local HRA/PHA or other applicable entity providing the rental assistance program along with this completed Agreement to Utilize the Public Housing and Section 8 Waiting Lists. Items to be addressed in the cooperatively developed housing plan/agreement include, but are not limited to: marketing, occupancy and placement policies, communication, process in accessing waiting lists, etc. As a condition of carryover or 8609, whichever occurs first, the applicant must submit a fully executed copy of the cooperatively developed housing plan/agreement.

(PART 3 OF 4)

**Signatures (Required)**

The owner or a representative of the ownership entity has executed this Agreement to demonstrate their willingness to work in cooperation with the local HRA/ PHA to utilize the waiting lists to identify eligible households that may occupy vacant units. Upon completion, the local HRA/PHA may refer eligible households to the proposed development. Also, as noted above in the additional government participation/rental assistance section, the owner and HRA/PHA agree to enter into the agreements and execute the provisions as indicated.

**(NOTE: NO PART OF THIS FORM (cover and parts 1 through 4) is considered a "fully executed binding commitment" or "letter of intent" for purposes of above priorities.**

**As specifically called for in Part 2 of 4 above, SEPARATE, DETAILED AND PROJECT SPECIFIC FULLY EXECUTED BINDING COMMITMENT DOCUMENTS (or letters of intent only as provided for in "other Rental Assistance" section above) MUST BE PRODUCED by the HRA/PHA or other applicable entity providing the rental assistance program and submitted to Minnesota Housing addressing the priorities, which have been selected).**

**Please check one box below:**

The HRA/PHA has been informed affordable housing may be built in their area; and:

- The owner is not seeking additional priority points described in Part 2, or
- The owner is applying for addition priority points as indicated in Part 2. As called for above, attached are the fully executed binding commitments, binding agreements, letters of intent, signed by the HRA/PHA or other applicable entity providing the rental assistance program.

**Owner Signature (Required)**

Owner Signature	Owner Name	Title	Date

**HRA/PHA or Other Entity Signature (Required)**

HRA/PHA Signature	Name	Title	Date

(PART 4 OF 4)

**LOCAL HOUSING REDEVELOPMENT AUTHORITY OR  
PUBLIC HOUSING AUTHORITY COMMENTS**

Please provide any comments you may have on this proposal in the space provided below.

Submit this form at your option. If you submit the form, you may do so at the same time as submission of the "agreement to utilize" or in a separate correspondence to Minnesota Housing.

\_\_\_\_\_  
Development Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Authority

\_\_\_\_\_  
Name of Chief Executive  
Officer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Comments:

\_\_\_\_\_

Dated: \_\_\_\_\_

By: \_\_\_\_\_

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



, 2013

Marcia Kolb  
Assistant Commissioner, Multifamily  
Minnesota Housing Finance Agency  
400 Sibley Street, Suite 300  
Saint Paul, MN 55101-1998

Re: Dual Application Submission Certification  
For

Dear Assistant Commissioner Kolb:

("Applicant") is submitting a dual application for ("Development").

In doing so, understands and agrees with the following terms:

- It is submitting its dual application in accordance with the terms and conditions contained in the Minnesota Housing 2013 Request for Proposals (RFP) and 2014 Housing Tax Credit Round 1 (HTC) guide.
- Minnesota Housing will review and score each application independently in accordance with the respective processes, criteria and priorities outlined in the Minnesota Housing RFP and HTC guide.
- Minnesota Housing will determine the appropriate funding source(s) for the Development regardless of the Development's ranking under either process and without regard to any preference indicated by Applicant.
- Applicant agrees that, should the Development be selected, Applicant will accept the sources of funding determined most appropriate by Minnesota Housing, subject to Applicant's successful completion of all due diligence requirements and approval by Minnesota Housing's Board of Directors.
- Applicant certifies that the proposed Development is financially feasible under both financial structures.
- The decision of Minnesota Housing regarding which type of funding source to utilize for the Development is final, and Applicant expressly waives any right to challenge or appeal that decision.

In signing this form, I certify that I have read and agree to the above terms and have authority to sign this document on behalf of the Applicant.

---

Name

---

Signature

---

Title

---

Date