

**2013 New Hampshire Qualified Allocation Plan**  
**Automatically calculated at Dev Fee sheet of spreadsheet application**

**APPENDIX A**  
**DEVELOPER FEE**

The developer fee is not a guaranteed or automatic budgetary figure and must be approved by the Authority within the context of each project. The fee will be strictly limited, with any violations of the developer certification of development cost forwarded to the IRS using IRS Form 8823. For purposes of calculating the maximum developer fee allowed, the Authority does not distinguish between the developer fee and fees for consultants doing those tasks typically done by a developer, regardless of whether the applicant is a for-profit entity. "Consultant fees" counted as developer fee do not include professional fees such as architectural, engineering or appraisal fee.

Maximum Developer Fee Calculation

1. The maximum fee in any case shall absolutely be 15% of total development costs.
2. Projects primarily relating to acquisition with renovation/new construction (including contingency) equaling less than 50% of total development costs not including land:
  - \$ 6,000 per unit.
3. Family projects (i.e. no "senior or over 55/62 age designation"):
  - \$21,000 per unit for first 10 units;
  - \$17,000 per unit for next 30 units;
  - \$14,000 per unit for next 60 units;
  - \$ 6,000 per unit for any unit above 100.
4. Non-family projects (senior designation):
  - \$19,000 per unit for first 10 units;
  - \$15,000 per unit for next 30 units;
  - \$13,000 per unit for next 60 units;
  - \$ 6,000 per unit for any unit above 100.

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**APPENDIX B**  
**REVISED ~~10/1/10~~ 10/27/11**  
**NEW HAMPSHIRE**  
**DIFFICULT DEVELOPMENT AREAS (DDA's) and QUALIFIED CENSUS TRACTS (QCT's)**  
**FOR 2012**

Note: This listing is for information only and reflects the last known federal designations. Please confirm for your project location. While the 130% bump is no longer restricted by law to the federal DDA/QCT districts defined by HUD, the Authority will restrict the 130% bump to projects located in the official DDA/QCT districts, or to projects which comply with the green components of the Authority's construction standards.

### **Difficult Development Areas (DDAs)**

Belknap, Carroll, Cheshire, ~~and~~ Grafton, ~~and Merrimack~~ counties.

*Note: Merrimack County was dropped for 2012.*

### **Qualified Census Tracts (QCTs) (unchanged – October 6, 2009 74 FR 51304)**

Manchester – 4.00, 5.00, 14.00, 15.00 and 20.00.

Nashua – 0105.00, 0107.00 and 0108.00.

Strafford County – 802.01 and 802.02.

Source: web reference is

[http://www.novoco.com/low\\_income\\_housing/facts\\_figures/qcts\\_ddas.php](http://www.novoco.com/low_income_housing/facts_figures/qcts_ddas.php)

<http://edocket.access.gpo.gov/2010/pdf/2010-23577.pdf>

Federal Register – ~~September 21, 2010~~ October 27, 2011 76 FR 66741

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### APPENDIX C APPLICATION THRESHOLD REQUIREMENTS

Applications must submit the following documents in the ODM website in order to be scored and considered for an LIHTC reservation in accordance with the Selection Criteria:

1. Completed Excel Application file
2. Exhibit 1 – Site Information\* (include aerial photograph with site identified)
3. Exhibit 2 – Floodplain and/or wetlands maps/certifications, if applicable.
4. Exhibit 3 – Evidence of Site Control
5. Exhibit 30 – Tenant Service Enriched Housing plan (if applicable) – *see QAP Appendix M*
6. Exhibit 12 – Management Agent Questionnaire – complete in ODM directly
7. Exhibit 19 – Status and Timetable of Zoning Local Approvals – including permit status letter (if applicable)
8. Self score – Use ODM self scoring section, and use accompanying text boxes to substantiate proposed score
9. Tax Credit Application Fee (1% of requested LIHTC allocation) delivered to NH Housing by the application deadline.

Applications which do not meet the above requirements will be returned to the applicant. If the project scores competitively and meets all applicable requirements of the Authority, a reservation of credit shall be recommended to the Multi-Family/Special Projects Committee of the Board of Directors.

\*Exhibit numbers refer to the ODM website, List of Exhibits. Certain exhibits may not be applicable.

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### APPENDIX D PROGRESS PHASE REQUIREMENTS

The following documents must be submitted to the Authority via the ODM website within 120 days of notification of a Reservation of Tax Credits or 30 days prior to deadline for Carryover Allocation (i.e. December 1<sup>st</sup>), whichever is sooner:

Projects must meet the requirements of the Progress Phase to be eligible for an allocation of tax credits. Progress requirement extensions may be granted at the sole discretion of the Authority. The tax credit Reservation may be rescinded at the sole discretion of the Authority for not meeting the Progress Phase Requirements or for a failure to meet the General Criteria in HFA:109.07B.

1. Letter requesting Commitment of Tax Credits and inclusion of any pages from the Application Form related to changes in the project scope or cost, including complete updated budget
2. Exhibit 19 – Evidence of Zoning/Local Approvals\*
3. Exhibit 20 – Permanent Financing Letter of Commitment
4. Exhibit 21 – Construction Financing Letter of Commitment
5. Exhibit 22 – Equity Investment Letter of Commitment
6. Soils and/or structural engineering report (if applicable)
7. Exhibit 24 – Construction Period Sources and Uses (*monthly*)
8. Exhibit 27 – Final Plans and Specifications
9. Exhibit 16 – Appraisal (if required by the Authority)
10. Exhibit 17 – Market Study (must be commissioned by the Authority and paid for by the applicant)
11. Exhibit 2 – Environmental Site Assessment and related reports (Lead, Asbestos, Historic, Archeological, etc) if required by the Authority\*
12. Evidence of Continued Site Control
13. Copy of the Architect Contract
14. For projects providing tenant services, an Executed Agreement Binding on Both Parties
15. Cost estimates (or bids if available), by schedule of value. Must comply with 6-2-6 rule for contractor overhead and profit (see QAP HFA:109.05)
16. Copy of Contract for Consultant Services (if applicable)

\*Exhibit numbers refer to the ODM website List of Exhibits. Certain exhibits may not be applicable – see Application.

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### APPENDIX E CARRYOVER ALLOCATION REQUIREMENTS

1. Update of the Excel Application Form using ODM by December 1st.
2. Evidence of Limited Partnership existence, including federal tax identification number, Certificate of Good Standing for Limited Partnership from New Hampshire Secretary of State or copy of the Certificate of Limited Partnership stamped by Secretary of State.
3. Copy of Partnership Agreement or Offering Summary (draft acceptable)
4. Evidence of Continued Site Control
5. Copy of Construction Proposals (or bids) and executed Construction Contract. Include a copy of Schedule of Values showing contractor overhead and profit breakdown (i.e. 6-2-6 rule) as per HFA:109.051.05M.
6. Recorded Land Use Restriction Agreement (LURA)(contact Authority at least 14 days prior to deadline to receive document).
7. Market Study completed

\*The Carryover Cost Certification must be completed within 12 months of the “date of allocation”, and must be forwarded to the Authority within a reasonable period after that.

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### APPENDIX F FINAL ALLOCATION REQUIREMENTS

1. Updated Application Form into ODM with Sources and Uses corresponding to Final Cost Certification
2. Exhibit 37 – Final Cost Certification
3. Developer Certification of Costs (see Appendix H for required format)
4. Developer Certification of Equity Proceeds (see Appendix I for required format)
5. “As-Built” Architect Certification (see Appendix J for required format)
6. Recorded Land Use Restriction Agreement (LURA) and evidence of its precedence in the land records (e.g. title search)
7. Executed Partnership Agreement with Equity Pay-In Schedule
8. Final Allocation Fee
9. Copy of Certificates of Occupancy
10. Copy of Deed including legal description of property
11. Tax Credit Monitoring Fee
12. Certification of Tax Credit Management Designation and Training
13. Placed In Service Date for each Building
14. Construction Contract meets 6-2-6 Limits (HFA:109.05K)
15. Sign-off by the Authority Construction Analyst (responsibility of Authority)
16. 10% cost certification completed within one year of carryover allocation
17. Right of First Refusal to Nonprofit – Required for For Profit Developers Only – see Appendix G for example

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### APPENDIX G SAMPLE - RIGHT OF FIRST REFUSAL

This Agreement is entered into this \_\_\_\_ day of \_\_\_\_\_, 201\_, between \_\_\_\_\_ (the "Owner"), having an address of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_ and the New Hampshire Housing Finance Authority, having an address of 32 Constitution Drive, Bedford, County of Hillsborough and State of New Hampshire (hereinafter referred to as the "Authority"), and \_\_\_\_\_ (hereinafter referred to as the "QUALIFIED NON-PROFIT ENTITY"), having an address of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_ and the parties agree as follows:

1. The Owner owns \_\_\_\_\_ (hereinafter referred to as the "Property"). See attachment for legal description.
2. A Qualified Non-Profit is defined as meeting the requirements of the Internal Revenue Code (IRC) Section 42(h)(5)(C).
3. The Owner and its successors and assigns in interest (as may be approved by the Authority as per HFA:109.05N of the 2008 Qualified Allocation Plan) are bound to the Low Income Housing Tax Credit (LIHTC) rent and income limits set forth in the Land Use Restriction Agreement (hereinafter referred to as the "LURA") for 99 years from the beginning of the compliance period as defined in the LURA, unless the Owner uses the following procedure:
  - (i) The Owner may make a bona fide offer to sell the Property to the Qualified Non-Profit Entity or its successor and assigns, subsequent to the initial 30 year compliance period for a price equal to the minimum set forth in IRC Section 42(i)(7)(B). The offer shall be in writing delivered to the Qualified Non-Profit Entity, with a copy to the Authority. The Qualified Non-Profit Entity may accept the offer to sell by notifying the Owner in writing within ninety (90) days of its receipt of the offer. If the Qualified Non-Profit Entity accepts the offer, then the Owner and the Qualified Non-Profit Entity shall close the sale of the Property at the offices of the Authority within 180 days after the acceptance of the offer. If the Qualified Non-Profit Entity decides to purchase the Property, the original LURA will be discharged and no rent or income limits shall apply.
  - (ii) If the Qualified Non-Profit Entity does not accept the offer to purchase the Property or exercise its right under this Right of First Refusal ("ROFR"), to purchase the Property as set forth in Paragraph 2 above, then the Owner shall offer to sell the Property to the Authority for the same price at which it offered to sell the Property to the Qualified Non-Profit Entity. The offer shall be in writing and delivered to the Authority. The Authority may accept the offer by notifying the Owner in writing within ninety (90) days of its receipt of the same. If the Authority gives written notice of its intent to accept this offer, the Authority and the Owner shall close the sale of this Property at the offices of the Authority within 180 days after receipt of the Authority's written notice of acceptance of this offer. The Authority may purchase this Property for its own purposes or on behalf of another Qualified Non-Profit Entity. If the Authority purchases the Property either for its own purposes or on behalf of another Qualified Non-Profit Entity, the Authority may discharge the original LURA or negotiate a new LURA. In the event that the Authority negotiates a new LURA, it shall use its best efforts to maintain low income residency and affordability substantially the same as the existing LURA to the extent reasonably possible.
  - (iii) If the Authority declines the offer to sell the Property or to otherwise exercise its right under this ROFR, either for its own purposes or on behalf of another Qualified Non-Profit Entity, the LURA will be discharged by the Authority and the Owner is free to sell and/or convert the Property to market rents or other uses after adequate notice to existing tenants and compliance with existing law (including the 3 year tenant protection period cited at Section 42(h)(6)(e)(ii)).
4. This Agreement may be assigned by the Owner, subject to the written approval of the Authority, which approval shall not be unreasonably withheld.

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**APPENDIX H  
DEVELOPER'S CERTIFICATION OF DEVELOPMENT COSTS**

I \_\_\_\_\_ (“Developer”), developer of \_\_\_\_\_  
(the “Project”) located at \_\_\_\_\_ in \_\_\_\_\_,  
New Hampshire, hereby certify that the accompanying Sources and Uses of Funds with the Total Development Cost  
totaling \$\_\_\_\_\_, dated \_\_\_\_\_. Accountant’s Certification of Costs (including developer fee),  
Qualified Basis and Applicable Fraction represent true and accurate representation of the Project costs. I further  
state that the Qualified Basis and Applicable Percentage were calculated in a manner consistent with the regulations  
set forth in IRC 42. I recognize that any changes or misrepresentations from this certification may warrant  
notification to the IRS of a LIHTC Program violation via IRS Form 8623.

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

Duly Authorized: \_\_\_\_\_



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**APPENDIX I  
DEVELOPER'S CERTIFICATION OF EQUITY PROCEEDS**

I \_\_\_\_\_ (“Developer”), developer of \_\_\_\_\_  
(the “Project”) located at \_\_\_\_\_ in \_\_\_\_\_,  
New Hampshire, hereby certify that the gross equity investment in the Project gained from the sale of \_\_\_\_%  
interest in the Limited Partnership entitled \_\_\_\_\_ Limited Partnership Agreement dated  
\_\_\_\_\_ totaled \$ \_\_\_\_\_. This gross equity investment is based on a final allocation of Low  
Income Housing Tax Credit of \$ \_\_\_\_\_ annually for a period of ten years.

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

Duly Authorized: \_\_\_\_\_

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**APPENDIX J  
“AS-BUILT” ARCHITECT CERTIFICATION**

I have inspected the development know as \_\_\_\_\_ (Project name)  
located in \_\_\_\_\_ (city, state) and hereby certify that the development  
has been built in accordance with the drawings and specifications dated \_\_\_\_\_ prepared by

Based upon this inspection, to the best of my knowledge and belief, the development has been constructed in  
conformance with all local, state and federal laws designated as the development standard for the project including,  
but not limited to the ADA, Section 504 and Fair Housing Laws as they pertain to handicapped accessibility and  
adaptability, all state and local health, safety and building codes and those requirements as set forth in the  
Authority’s Design and Construction Standards.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Architect

(Seal)

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### APPENDIX K ELECTION OF GROSS RENT FLOOR

Pursuant to Internal Revenue Service (IRS) Regulations, an Owner of a Low Income Housing Tax Credit project may designate the date that the Gross Rent Floor takes effect prior to the date the building is placed in service. The Gross Rent Floor establishes the initial permitted maximum rents for the Project. The Gross Rent Floor also limits potential future rent reductions due to decreases in the applicable median area income limits. The IRS will treat the Gross Rent Floor as taking effect on the date the New Hampshire Housing Finance Authority (Authority) initially allocates tax credits to the building. However, the IRS will treat the Gross Rent Floor as taking effect on a building's placed in service date if the Owner designates that date as the date the Gross Rent Floor takes effect for the building. The Owner must make this designation to use the placed in service date and inform the IRS no later than when the building is placed in service.

Please make the following designation:

- If this box is checked, the Owner hereby elects pursuant to IRS Revenue Ruling 94-57, to fix the applicable Gross Rent Floor in accordance with Section 42(g)(2)(A) at the date the building is placed in service. This document must be submitted to the Authority prior to the Projects' placed in service date.
  
- If this box is checked, the Owner has made no election pursuant to IRS Revenue Ruling 94-57, and the applicable Gross Rent Floor for a building shall be set at the date the Authority initially allocates low income housing tax credits, which shall be earlier of 1) the date of the Carryover Allocation or 2) the date of the Final Allocation (IRS Form 8609).

A decrease in the median area income limits will not require a reduction in rents below the Gross Rent Floor.

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**Please use form in spreadsheet application.**

**APPENDIX L**  
**MANAGEMENT AGENT QUESTIONNAIRE**

Management Company Profiled:		Self Scoring Circle Answer	
Questions 1 – 7 are used in LIHTC scoring.		Yes	No
1.	Does the Agent have experience managing properties receiving subsidies or rental assistance other than Low Income Housing Tax Credit (LIHTC)?	1	0
	If yes, more than five years of experience?	1	0
	If yes, identify the Contract Administrator and/or Compliance Agency and the number of properties, number of units, location and years of experience.		
2.	Does the Agent have experience managing LIHTC properties?	1	0
	If yes, more than five years experience?	1	0
	If yes, identify the compliance agency and the number of properties, number of units, location and years of experience.		
3.	In the past 3 years has the Agent undergone a LIHTC Compliance Monitoring Review?	1	0
	If yes, identify the compliance agency.		
4.	(If not applicable, please skip to question 5) In the past 6 years, has the Agent received an <u>unsatisfactory</u> Monitoring Review of any property by a Compliance Agency or Contract Administrator?	-1	1
	If yes, explain circumstances and resolutions.		
5.	(If not applicable, please skip to question 6) In the past 3 years has the Agent managed/owned a property that has experienced any of the following?		
	<input type="checkbox"/> Persistent (2 consecutive years) and/or numerous (a finding with more than 50% of areas inspected) poor physical condition issues within the control of management.	-1	1
	<input type="checkbox"/> Persistent (2 consecutive years) late/incomplete submission of required documents (audits, budgets, certifications or other administrative or regulatory documents) to the contract administrator or compliance agency.	-1	1
	Check all that apply:		
	<input type="checkbox"/> Mortgage delinquent over 30 days		
	<input type="checkbox"/> Low Debt to Coverage Ratio (DCR below 1.00)		
	<input type="checkbox"/> Rental delinquency, greater than 7% of gross rent		
	<input type="checkbox"/> High vacancy, greater than 8% for more than 60 days		
	<input type="checkbox"/> Negative operating budget		
	<input type="checkbox"/> In litigation		
6.	Does at least one person of the Agent's staff possess a designation of training and proficiency from one of the Authority's nationally recognized Tax Credit trainers? <i>See LIHTC Compliance on website for trainers <a href="http://www.nhhfa.org">www.nhhfa.org</a>.</i>	1	-1
	If yes, list the specific designation by staff and date or attach documentation.		
7.	Does at least one person of the Agent's staff attend annual LIHTC training?	1	-1
	If yes, list the specific training attended by staff and date or attach certificate of training.		
		Total Self Scoring	

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**APPENDIX L  
MANAGEMENT AGENT QUESTIONNAIRE (continued)**

		Yes	No	
8.	In the past 6 years have any non-compliance 8823's been issued to properties managed/owned by Agent? If yes, are there any 8823's not corrected?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
9.	In the past 6 years of the properties managed/owned, have any issues of non-compliance of the special conditions of the LURA been discovered? If yes, are there any issues not corrected?	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
10.	In the past 6 years, has the Agent been found in violation of any state or local codes?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
11.	In the past 6 years, has the Agent been found in violation of any Fair Housing Law?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
12.	Is the Management Agent informed of and experienced with the specific requirements, restrictions and compliance of this property and/or program?	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Can the Agent demonstrate their ability to provide management and maintenance services required for this type of property? (consider funding restrictions and compliance, documents and forms, distance from management, tenant demographics, neighborhood).	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Does the Agent intend to contract out any portion of the management functions?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
15.	Are the Agent and all staff (including maintenance) who participate directly in the management of the property informed of and experienced with of the Fair Housing and Equal Opportunity (FHEO), Americans with Disabilities (ADA) and Section 504?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list the specific training attended by staff and date or attach certificates of training:
16.	Is the Management Agent eligible for or have a surety bond?	<input type="checkbox"/>	<input type="checkbox"/>	
17.	Is there an identity of interest between the ownership and management entities?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
18.	Have any properties that the Agent (or any of its executive professional or supervisory personnel) managed or currently manage ever experienced a default?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:
19.	In the past 10 years has the Agent or any Principal or Officer of the Agent filed bankruptcy or had judgments levied against a firm that they were a Principal of?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please explain:

New Hampshire Housing Development Division staff will review the completed form with Asset Management staff. Upon review, further information may be requested.

I, \_\_\_\_\_ hereby certify that the information set forth herein, and in any attachments in support thereof, is true, correct and complete to the best of my knowledge and belief.

Name of Firm: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

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APPENDIX M  
SERVICE ENRICHED HOUSING

A. General Specifications apply to all scoring categories in this section.

1. Complete the Service Enriched Housing Plan and Budget at the end of this appendix for scoring.
2. Any service may be provided by a qualified<sup>1</sup> employee of the management company and/or through a contract with a qualified<sup>1</sup> company. Attach a copy of the job description for employees providing any services. If contracted services will be used, attach a letter of intent to contract to the application containing:
  - The type(s) of service and number of hours per week or month each will be provided
  - The location(s) where the service(s) will be provided
  - The fee for providing the service(s)
3. A minimum of 20% of residents selected for occupancy, at rent-up and ongoing, must be identified as needing the services being provided. Participation by any tenant is voluntary. Provide the tenant selection strategy for accomplishing this outcome in the Service Enriched Housing Plan.
4. Services being scored must be available at the property to residents in a format and/or at a reduced fee because they are residents of the project, not because they meet the financial eligibility requirements for the service. If people can receive the same service or benefit when they live in privately financed housing, then the service is not eligible for scoring in this section.
5. Fees may be charged for services, except service coordination, that are provided to residents. Include an explanation of fees in the Service Enriched Housing Plan.
6. The amount, source and expected use of funds being committed to provide scored services must be specified for each of the first five years. Funds from sources other than the operating budget may be included with a letter of commitment attached. Funds may be contingent on the selection of the project for tax credit funding. Any expenses to be paid from the project operating budget shall be included on the Resident Services line in the LIHTC ProForma as well as in the Service Enriched Housing Plan – Budget below.

B. Scoring Category Specifications

1. Service Coordination – Family or Senior: A minimum of one hour/unit/month of service coordination must be provided by a person who does not also collect rent, inspect units, make determinations on reasonable accommodation requests, investigate lease violations, or issue eviction notices. The Service Coordinator shall have a private space for resident assessments and consultations; a place to secure documentation; a telephone with voicemail; and a computer with internet access. The core responsibilities of the Service Coordinator shall be to:
  - a. Complete a service needs assessment for each resident within 60 days of move in and annually thereafter. Provide follow up as needed to address resident's needs as identified in their service plan.
  - b. Maintain secure documentation of resident assessments, service plans and follow-up.

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<sup>1</sup> A qualified employee or company meets local, state and federal requirements for the education, experience, certification and/or licensure for the service(s) to be provided.

- c. *Provide information about, and assist with enrollment as needed, services and resources available to assist residents to:*
- *Meet their lease obligations*
  - *Maximize their economic self-sufficiency*
  - *Maintain independent living*
- d. *Develop and implement strategies to build community among diverse residents.*
- e. *Develop partnerships to bring programs and services onsite to meet the needs of groups of residents.*
2. ***Supportive Housing Serving Homeless - Family***: *At least one member of each household must be homeless or at imminent risk of homelessness immediately prior to tenancy and be identified as needing services to maintain housing. Eligible projects may be either transitional or permanent supportive housing and may use the single room occupancy (SRO) model. To score in this category, a substantial level and range of services must be integrated into the housing and be needed to support residents. Services must include, but not be limited to:*
- *An initial assessment of each resident's needs within one week of move-in and a written plan developed to address each need.*
  - *Regular case management, including ongoing assessments of residents' needs and the efficacy of the services being provided in meeting the identified needs.*
  - *Coordination of benefits and services to assist residents in becoming permanently housed.*
3. ***Service Coordination Plus - Senior***: *A minimum of one hour/unit/month of service coordination (defined in B.1. above) and at least one of the following services available onsite to all of the residents: congregate meals at least weekly; transportation at least weekly; or discounted homemaking service at least bi-weekly.*
4. ***Congregate Care – Senior***: *A substantial level and range of services integrated into the housing to support resident needs. Services must include at a minimum, service coordination (see B. 1. above), one congregate meal a day, and weekly homemaking.*
5. ***Congregate Care Plus – Senior***: *A substantial level and range of services integrated into the housing to support resident needs. Services must include at a minimum, service coordination (see B. 1. above), one congregate meal a day, weekly homemaking and personal care.*

**SERVICE ENRICHED HOUSING PLAN**

Select Scoring Category: Choose an item.

Project Name: Click here to enter text.

Number of Units: 0

Contact Person for Service Enriched Housing: Click here to enter text.

Email Address: Click here to enter text.

Phone: Click here to enter text.

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**A. Included Services (check all that apply and respond to questions):**

**Service Coordination**      Est. % of residents needing service? 0%      Number of hours/week? 0  
Onsite? Yes No      Contracted? Yes (attach letter of intent) No  
Name of Contractor? Click here to enter text.

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**Case Management**      Est. % of residents needing service? 0%      Number of hours/week? 0  
Onsite? Yes No      Contracted? Yes (attach letter of intent) No  
Fee per hour? \$0      Name of Contractor? Click here to enter text.

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**Meals**      Est. % of residents needing service? 0%      Number of meals/week? 0  
Onsite? Yes No      Contracted? Yes (attach letter of intent) No  
Fee per meal? \$0      Name of Contractor? Click here to enter text.

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**Housekeeping**      Est. % of residents needing service? 0%      Number of hours/week? 0  
Onsite? Yes No      Contracted? Yes (attach letter of intent) No  
Fee per hour? \$0      Name of Contractor? Click here to enter text.

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**Transportation**      Est. % of residents needing service? 0%      Number of trips/week? 0  
Onsite? Yes No      Contracted? Yes (attach letter of intent) No  
Fee per trip? \$0      Name of Contractor? Click here to enter text.

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**Any Additional Services to be Included in Scoring – Enter detailed information below.**  
Click here to enter text.

**B. Tenant Selection Strategy for Services (to meet the requirement in A.3. above):**  
Click here to enter text.

**C. Explanation of any fees paid by residents for services:**  
Click here to enter text.

**D. Any Additional Information to be Considered:**  
Click here to enter text.



**SERVICE ENRICHED HOUSING PLAN - BUDGET**

<i>Revenue Sources</i>	<i>\$ Amount Committed</i>					
	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
<i>Property operating budget</i>						<i>\$0</i>
<i>Management company budget</i>						<i>\$0</i>
<i>Owner contribution</i>						<i>\$0</i>
<i>Program income</i>						<i>\$0</i>
<i>Grant:</i>						<i>\$0</i>
<i>Other:</i>						<i>\$0</i>
<i>Other:</i>						<i>\$0</i>
<i>Total</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>

<i>Expenses</i>	<i>Annual \$ Amount</i>					
	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>	<i>Total</i>
<i>Personnel (salary/fringe)</i>						<i>\$0</i>
<i>Training</i>						<i>\$0</i>
<i>Office Supplies</i>						<i>\$0</i>
<i>Transportation</i>						<i>\$0</i>

***Additional Budget Information:***  
*Click here to enter text.*