

APPLICATIONS

APPLICATIONS.....SECTION 6

1. Housing Tax Credit Application and Checklist
2. HOME Application and Checklist
3. Building Homes Rhode Island/Neighborhood Opportunities
Program Application
4. LeadSafe Homes Program Application
5. Thresholds Application

Housing Tax Credit Application Checklist and Application

Submission Requirements

Each developer submitting a proposal to Rhode Island Housing must include one copy of the drawings and specifications, one CD containing a completed pro-forma, and an original and two copies of each of the following documents along with the application.

Please use three-ring binders with tabs dividing the sections.

INITIAL REVIEW SUBMISSION REQUIREMENTS

- 1. Funding Application (Attached).
- 2. Submission Checklist. A copy of this submission checklist is to be completed by applicant to indicate whether each submission requirement is Complete, Incomplete, N/A.
- 3. Application Fee. See Developers Handbook for a description of the application fee requirements.
- 4. Schematic Design in accordance with requirements of Design and Construction Handbook.

Site Inspections: All buildings which are being considered as part of a specific development proposal must undergo a physical inspection by Rhode Island Housing Design and Construction staff. The developer must provide access to all buildings as a condition of this inspection.

- 5. AIA Forms: Architect's Qualification Statement AIA B-431
 Contractor's qualification statement AIA A-305
- 6. Development Proforma and CD (Attached). Hard copies of the Development Proforma, the Cash Flow Statement and the Absorption Schedule must be submitted. The developer should also provide a completed copy of the CD.
- 7. Evidence of Site Control. Evidence must be provided in the form of a current option, contract to purchase, deed or other formal interest in the land. A legal description of each property must be provided. In cases where land is owned by a municipality, redevelopment authority, or other public entity, a letter from the entity must be provided which clearly identifies the developer as the designated developer. When land or buildings are already owned by the applicant or a related party, the price of the last arm's length transaction and the acquisition date as well as the amount of outstanding debt must be documented. If available, an appraisal of the current value should be submitted.
- 8. For developments that obtain first mortgage financing from a private lender, a letter of intent from the lender regarding such financing should be submitted.
- 9. Evidence of additional resources. If a proposal includes funding from other public and private sources (i.e. Community Development Block Grant, Foundations, etc.), evidence of the commitment of such funds should be submitted with the proposal.

10. Detailed Qualification Statement for each Development Team member. Provide a resume, including the affirmative action record, for each of the following members of the development team: developer/mortgagor, consultant, architect, contractor, and management agent. If the developer/mortgagor is a partnership, a resume of the individual or corporate general partner(s) should be included. If the developer is a non-profit, the composition of the Board of Directors and the tenure of its respective members must be provided. If a contractor has not been selected due to a planned competitive bid process, names and resumes of pre-qualified bidders should be included. AIA forms B431, Architect's Qualification Statement and A305, Contractor's Qualifications Statement should be used as required. A copy of the MBE/WBE Certificate and Certification Number should be provided for any member of the development team that is a Minority Owned or Woman Owned business.

If the development team is a joint venture between one or more parties, an outline of the Partnership Agreement is required. This agreement should identify the responsibilities of each party and the benefits derived by all parties.

11. Financial Statements must be provided for the past three years (at least two years audited). If the Mortgagor is a to-be-formed partnership, the General Partner(s) must complete this requirement. Rhode Island Housing may request credit reports for principals of for-profit developers.
12. For mixed income developments, market data supporting rents, vacancy rates and absorption rates for the market rate units should be submitted.
13. Social Services Plan. For service enriched housing proposals, including assisted living, single room occupancy and transitional housing developments, a detailed description of the services to be provided must be submitted, including the type of service, the appropriateness and sufficiency of services for the target population, the estimated cost of the services, the source(s) which will be used to cover this cost, and a narrative description and resume for all service providers, demonstrating their organizational capacity to provide the appropriate services.
14. Evidence of Local Support. Developers seeking to demonstrate local support should submit letters of support from municipal governments, community based organizations and other local entities.
15. Evidence that the development is not in a flood plain.
16. Developers and contractors seeking to demonstrate that they have achieved commendable track records in MBE/WBE business and workforce utilization should submit evidence of contract dollar amounts and work force hours awarded to minorities and women, as defined by the Rules and Regulations of Rhode Island Housing Pertaining to Equal Employment Opportunity and Affirmative Action.
17. Written justification for Development and Operating Costs. Developers proposing development costs or operating expenses at levels exceeding those costs or ranges listed in

the Program Guide or which are at variance with any specific provisions in the RFP narrative must submit written justification and backup for these exceptions. All developers are encouraged to provide line item justification and backup for cost estimates. Bids, quotes or contracts should be provided as back-up evidence for contracts for service items, including but not limited to, insurance, trash and snow removal, extermination, and audits. A detailed breakdown should be provided for both payroll and “miscellaneous” line items.

- 18. Zoning. Submit a letter from the appropriate local official indicating current zoning of the site, if the zoning is appropriate for the proposed development, and if the site is located within the boundaries of an established Historic District.
- 19. Environmental Hazards. A statement regarding any material(s) and/or substances that might be located either on site or in close proximity to the site that might be an environmental hazard. A Phase I Environmental report is preferred.
- 20. If applicable, statement from developer/mortgagor committing to maintaining development affordability for at least 30 years.
- 21. Local Need and Impact Documents. If applicable, developers should demonstrate that their proposal is part of a local revitalization strategy or included within the municipality’s affordable housing plan included in a statewide planning determined growth center. The applicant should provide a written description of how the proposed development will support the municipality’s plan. If the proposal responds to other documented local needs, please submit a copy of the City/Town Plan or other documentation, which describes the local need to which this proposal responds. (Developer may submit excerpts from this Plan, if the full document exceeds twenty pages.)

Developers should include an 11” by 17” black and white map showing the location of the development within a neighborhood and identifying the specific properties involved in the project.

- 22. Other Documentation. Developers seeking to demonstrate that their proposals utilize sites of critical importance, such as an infill property or historic building, should submit planning documents of a city, town, historic commission, community association or other group which supports the particular importance of the site.
- 23. Tax Credit Syndication Estimate. A letter from a knowledgeable independent professional regarding the estimated total value of the sale proceeds of the Housing Tax Credits that will be available to the development.
- 24. Market Study (If Applicable). For mixed income or conventional development, developers should submit relevant market information to support proposed units and expenses.
- 25. Developers of assisted living proposals applying under the ALP should submit the additional materials indicated in the Program Guidelines for Assisted Living.

APPLICATION FOR RHODE ISLAND HOUSING RESOURCES

DEVELOPER	PROPOSED DEVELOPMENT
Name _____	Development Name _____
Address _____	Development Location _____
City _____	City _____
State and Zip _____	Zip Code _____
County _____	Census Tract _____
Tel: _____ Fax: _____ Email: _____	Principal Contact Person _____

TYPE OF LOAN REQUESTED

_____ Taxable Financing	_____ Permanent Financing Only
_____ Tax Exempt Bond Financing	_____ Construction & Permanent Financing
_____ Second Mortgage (Targeted Loan)	

TYPE OF DEVELOPMENT

_____ New Construction	_____ Moderate Rehabilitation
_____ Substantial Rehabilitation	_____ Current Occupancy Rate (if applicable)

TAX CREDITS

DO YOU PROPOSE TO UTILIZE HOUSING TAX CREDITS (HTC)? YES ____ NO ____

If yes, are 4% _____ or 9% _____ HTCs being requested.?

Annual Amount of Housing Tax Credits requested: _____

Anticipated tax credit syndication amount: _____

Have rent subsidies been assigned to any of the units? Yes ____ No _____

Number of subsidized units _____

APARTMENT DISTRIBUTION

# of Units /BR	Sq. Ft. Unit**	Unit Type*	Proposed			Existing		
			Monthly Rent	Add'l Utility Cost	Total Hsg. Exp.	Monthly Rent	Actual Utility Cost	Total Housing Expense
___ 0BR								
___ 1BR								
___ 2BR								
___ 3BR								
___ 4BR								

*Please identify whether unit rents are Section 8, 30% of 50%; 30% of 60%, market rate, or below 30% of 45%. For occupied developments, please attach a current rent roll and audits or income and expense statements as available.

** Attach separate sheet if square footage is not uniform by unit size.

Number of Parking Spaces Provided: Covered _____ Uncovered _____

List community facilities & amenities planned for the development:

DEVELOPMENT INFORMATION

1. **Development Summary Narrative:** Provide a detailed narrative that reflects the goals of the developer and describes how the proposed design will meet the needs of the targeted population. This narrative should address such items as: Type of construction; Neighborhood Impact (e.g. density, architectural consistency, etc.); Unique or Special Design Features, including information such as number and type of new or rehabilitated units, property characteristics, building(s), and current status.
(Attach as Exhibit A to this application).

2. Calculation of "Targeted Loan" Request

	MAXIMUM LEVEL	(X) NUMBER OF UNITS	TOTAL
SRO	\$ 8,400		
Effic.	\$ 9,000		
1 BR	\$13,000		
2 BR	\$21,000		
3 BR	\$26,600		
4 BR	\$29,800		
TOTAL			

3. If rent subsidies will be assigned to any of the units, please indicate the source of these subsidies, the contract term and the status of your applications for such units.

5. Permanent funding sources:

Source:	Amount	% of total	Rate	Term	Annual Debt Service
Rhode Island Housing First Mortgage					
Other First					
Rhode Island Housing Targeted Loan					
HOME Loan					
Thresholds Loan					
Building Homes RI/Neighborhood Opportunities Program					
Owner Investment					
Other					
Other					
Equity: Low-Income Housing Tax Credits		Estimated Pricing on sale of tax credits \$.0_____			
Equity: Historic Tax credits		Estimated pricing on sale of tax credits \$.0_____			
Total Sources					

SITE INFORMATION

A. DIMENSIONS: _____ FT. BY _____ FT. OR _____ ACRES.

B. Zoning: (See Page 6 for required exhibits)

1. Present Zoning Classifications: _____
2. Is multi-family a permitted use: _____
3. List and describe the approval process for approvals that have not yet been obtained from the municipality.

C. What are the immediately adjacent land uses?

North

South

East

West

D. Historic Consideration:

1. To your knowledge, does the structure(s) have any historic significance? If so, please indicate which building(s).

E. Demolition: Is the demolition of any buildings planned? Which one(s)?

F. Does the development involve relocation? (Indicate number of families and/or businesses). Note: The developer must be prepared to cover necessary relocation expenses, and if applicable, to comply with requirements of the Uniform Relocation Assistance Act (URA).

G. Has this development proposal ever been submitted to the Department of Housing and Urban Development or any other governmental agency or private lending institution? If yes, please provide further information on the submission and results.

Yes _____ No _____

H. Unusual site features:

_____ fill _____ High tension wires _____ railroad tracks
_____ rock formations _____ Substantial grade (%) _____ (within 100 yds.)
_____ drainage _____ High water table _____ unstable soil
_____ on-site stream _____ Other (specify)

I. Flood Hazard Determination. Check the appropriate statements and attach a copy of the Flood Hazard Insurance Data Map (available from Municipality or HUD field office).

_____ No portion of the proposed site has been inundated during any flood or high water in the last 100 years.

_____ A portion or all of the proposed site has been subject to flood inundation either partially or in its entirety in the last 100 years.

_____ A portion or all of the proposed site is subject to water run-off from adjoining properties.

J. Does the Developer now have site control? YES _____ NO _____

Comparable Property

List below three (3) comparable **unassisted** complexes and indicate source (including telephone) for information for each. Developments receiving Section 8 or other rental assistance should not be included; tax credit or other rent-restricted developments may be included only if no other unrestricted comparables can be identified.

a. Comparable No. 1:

Name of Property _____
 Total No. of Units _____
 Location _____
 Distance from Subject _____
 Type (Walkup, Elevator, or Row) _____
 Unit Amenities (AC, balconies, etc.) (list) _____
 Development Amenities (greenspace, playground, parking, recreational facilities)(list) _____
 Owner Paid Utilities (list) _____
 Tenant Paid Utilities (list) _____
 Source of Information _____
 Telephone No. of Source _____

No. of Bedrooms	No. of Units	Contract Rent	Square Feet/Unit
		\$	s.f.
		\$	s.f.
		\$	s.f.
		\$	s.f.

State basic similarities and differences between proposed development and comparable.

b. Comparable No. 2:

Name of Property _____
 Total No. of Units _____
 Location _____
 Distance from Subject _____
 Type (Walkup, Elevator, or Row) _____
 Unit Amenities (AC, balconies, etc.) (list) _____
 Development Amenities (greenspace, playground, parking, recreational facilities)(list) _____
 Owner Paid Utilities (list) _____
 Tenant Paid Utilities (list) _____
 Source of Information _____
 Telephone No. of Source _____

No. of Bedrooms	No. of Units	Contract Rent	Square Feet/Unit
		\$	s.f.
		\$	s.f.
		\$	s.f.
		\$	s.f.

State basic similarities and differences between proposed development and comparable.

c. Comparable No. 3:

Name of Property

Total No. of Units

Location

Distance from Subject

Type (Walkup, Elevator, or Row)

Unit Amenities (AC, balconies, etc.) (list)

Development Amenities (greenspace,

playground, parking, recreational facilities)(list)

Owner Paid Utilities (list)

Tenant Paid Utilities (list)

Source of Information

Telephone No. of Source

No. of Bedrooms	No. of Units	Contract Rent	Square Feet/Unit
		\$	s.f.
		\$	s.f.
		\$	s.f.
		\$	s.f.

State basic similarities and differences between proposed development and comparable.

Average Attainable Market Rent

What is the average *attainable* market rent in the municipality in which units will be developed? (Refer to Consolidated Plan or the RIH Rent Survey).

O BR \$ _____ 1 BR \$ _____ 2 BR \$ _____ 3 BR \$ _____ 4 BR \$ _____

Explain any variances between comparables and estimated attainable market rent.

DEVELOPER INFORMATION

1. Development Team: (Please provide details of address and telephone numbers within Development Team section of the Proforma).

- Mortgagor:
- Housing Consultant:
- Architect:
- Contractors (potential):
- Management Agent:
- Attorney:
- Syndicator/Investor:
- Other: (Specify):

2. If not provided in the Qualification Statements (See Submission Checklist), list the previous multi-family housing development experience of each member of the development team on a separate attached sheet. For each development, include the name, number of units, type of financing, and whether subsidized or unsubsidized. (If no previous experience, please indicate and provide evidence that necessary experience can be obtained within required timeframe to plan, develop, construct and/or operate the proposed housing.)

3. Have you, or any principals in your organization, ever had a financial interest in real estate that:

- Was foreclosed upon? _____
- Was assigned to the lender (or nominee) or to FHA: _____
- Was the subject of a forbearance or other deferment arrangement with FHA or any mortgagee? _____

(If the answer to any of the above is “yes”, please explain on a separate sheet)

4. The undersigned, for himself/herself, and for all members of the development team and those associated therewith, does consent to any and all credit investigations that RIH deems appropriate.

5. Is the developer or any development team member listed above a bona fide female owned and controlled enterprise (WBE) or minority owned and controlled enterprise (MBE) approved by the State of Rhode Island? (To be approved as a WBE or MBE, the enterprise must be substantially 51% owned and controlled by female or minority person or persons.)

Developer _____ MBE _____ WBE

Architect	_____	MBE	_____	WBE
Contractor	_____	MBE	_____	WBE
Management Agent	_____	MBE	_____	WBE
Consultant	_____	MBE	_____	WBE
Attorney	_____	MBE	_____	WBE
Other	_____	MBE	_____	WBE

6. Are you or any principals of your organization or affiliated organizations in default and/or delinquent on any commercial loan(s) from any financial institutions?

YES _____ NO _____

7. Is any of the development team in default and/or delinquent on any commercial loan(s)? Please submit additional information on a separate sheet.

YES _____ NO _____

8. If yes to either 7 or 8, please name the financial institution and submit pertinent data on a separate sheet.

9. Do you or any of the other persons among the entities involved in the development have any knowledge of conditions or occurrences, past or present, which have created or could present an environmental threat to the site?

Yes _____ No _____

10. If "yes" to question 10, provide a brief summary of corrective action taken or to be taken to mitigate the problem? If necessary, please attach an additional sheet.

11. If "yes" to question 10, list those authorities having jurisdiction.

**THE FOREGOING INFORMATION IS, TO THE BEST OF MY
KNOWLEDGE, TRUE AND CORRECT.**

I recognize that none of the following actions by Rhode Island Housing constitutes a commitment to finance the project:

1. Acceptance of this Application
2. Issuance by Rhode Island Housing's Board of Commissioners of a Reservation of Funds
3. Processing of a mortgage loan application by Rhode Island Housing staff.

I further understand that Rhode Island Housing is in no way responsible for actions taken by the developer in reliance on the prospective financial commitment.

DATE

By: _____
SIGNATURE

NAME (TYPE OR PRINT)

RHODE ISLAND HOUSING AND MORTGAGE FINANCE CORPORATION
PUBLIC OFFICIAL AND EMPLOYEES DISCLOSURE STATEMENT

Development Name: _____

Municipality, County: _____

1. Have you or any of the other persons among the entities involved in the development or members of their immediate family or business associates held positions as public officials or public employees within the last two years?

Yes _____ No _____

- a. If "yes", please identify the persons, their relationships to the development developers, the public employer, the title of the position held, and a short description of job responsibilities.

2. Do you or any of the other persons or entities involved in the development or members of their immediate family or business associates presently hold positions as public officials or public employees?

Yes _____ No _____

3. Is the participation of any member of the development team prohibited by or in any way regulated by the terms of his or her primary employers?

Yes _____ No _____

- (a) If "yes" explain fully.

4. Have you or any other persons involved in the development or members of their immediate family been employed by the RIH and Mortgage Finance RIH in the last three years?

Yes _____ No _____

(a) If “yes”, identify the position held and the date of separation from RIH

I verify that the foregoing information is true and correct. I understand that false statements herein are made subject to the penalties of Rhode Island law relating to unsworn falsification to authorities.

Dated: _____

Applicant/Developer

Rhode Island Housing

HOME

Investment Partnerships Program

2008 Application

Rental and Homeownership Proposals



Rhode Island Housing
44 Washington Street
Providence, RI 02903
Fax: 450-1361

For More Information, Call 450-1332 or 457-1134
conorato@rhodeislandhousing.org or pcoleman@rhodeislandhousing.org

HOME Application

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Rhode Island Housing
HOME Program Application
Rental and Homeownership

Applicant Information

Name of Organization:

Contact Person:

Address:

City/Town/State/Zip Code:

Phone:

Fax:

e-mail address:

Tax ID #:

Form of organization: Non-Profit For Profit PHA CHDO Other (specify):

Proposal Information

Name of Proposed Development:

Full Address of Proposed Development:

HOME Funds Requested: \$

Grant

Loan

If loan: % interest

terms:

Type of Proposed Activity:

Rental

Homeownership

Activity involves: Acquisition

Rehabilitation

New construction

Relocation

of current units:

of proposed units:

of proposed **HOME** units:

I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.

Signature: _____

Date:

Print Name and Title:

All Applicants Must Complete this Page

1. Implementation schedule for development. Indicate estimated date of each activity:

Activity	Expected Date
Commitment of all funding	
Acquisition of property	
Completion of design/engineering	
Bid Opening	
Start construction	
Construction completion	
Full Occupancy	

1. The minimum Affordability Period is thirty (30) years. If you propose extending Affordability beyond thirty (30) years please indicate the entire length of the Affordability Period for this project: _____ years.

2. Write a concise narrative description of your proposal describing:

- a) Objectives and beneficiaries of the proposal
- b) Current ownership, condition and zoning status of property(ies)
- c) Current occupancy of property(ies)
- d) Location and impact on surrounding neighborhood. Please note if the location is in a neighborhood revitalization strategy area.
- e) All proposals must include a detailed construction estimate.**

4. Describe your experience in implementing similar proposals:

- a) Housing developments or programs completed and those underway
- b) Identify the staff and/or development team (include architects, engineers, consultants, property manager, etc.) their qualifications and experience.
- c) If you have entered into a contract or have a proposed contract for professional services (i.e., consulting, architectural/ engineering), please attach a copy of the contract(s).

Please use separate pages for Items #3 and #4, and limit response to two pages.

Rental Proposals: complete pages 5 and 6

Homeownership Proposals: complete pages 7 - 9

Rental and Homeownership Proposals with 5 or more units must complete the HUD Affirmative Fair Housing Marketing Plan.

Rental Housing Proposals

Answer all the questions on this page. If more than one property, copy and complete this page for each assisted property.

1. Property Address:

1a. Number and Size of Units:

# of Units	# of Bedrooms
	0
	1
	2
	3
	4

2. PLAT #:

LOT #:

Census Tract:

3. Project Status. Respond to every item listed.

Item	Obtained	Needed	Not Needed	In Process	Expected Date
Zoning Approval					
DEM Wetlands					
DEM Remediation					
DEM Septic Approval					
HUD Flood Zone *					
Historic Review					
Tribal Review					
Planning/Subdivision					
Final Comprehensive Permit					
Phase I Environmental					
Phase II Environmental					
Market Study					

*Submit evidence of all approvals obtained and a FEMA Flood Map for every project address.

4. Site Control. **Attach evidence of site control.**

Applicant Owned

Purchased with RIH bridge loan? Yes No

P & S Agreement

Option

RIH Land Bank

Property Leased

No Site Control

Other _____

5. Contract Sales Price: \$

6. Name and Address of current owner:

7. Current appraised value: \$ _____ (if available)

Date of appraisal:

Please submit appraisal if conducted within past six months.

Upon awarding of HOME funds for acquisition, an appraisal will be required.

8. Income Targeting.

Proposed number of HOME-assisted units by area median income. Place a number next to each income category.

Number of HOME Units for households at 0% - 30% of area median income:

Number of HOME Units for households at 31% - 50% of area median income:

Number of HOME Units for households at 51% - 60% of area median income:

Total HOME Units:

9. Relocation**

Does project involve relocation of tenants?

Yes No

If yes, please attach your relocation plan.

How many existing units are currently occupied?

#

Will current tenants be permanently displaced?

Yes No

How many households will be permanently displaced?

#

Estimated relocation costs: \$9,000 x number of households =

\$

Will current tenants be temporarily relocated?

Yes No

How many households will be temporarily relocated?

#

Estimated temporary relocation costs: \$3,000 x number of households = \$

On a separate piece of paper, provide a list of all existing tenants and their current gross rents.

Remember to complete the following Microsoft Excel Budget Spreadsheets.

1. Development Sources
2. Development Uses
3. Rent Worksheet
4. Operating Budget

All budgets must be submitted on spreadsheets provided. Supplemental information may be provided on forms of your choosing.

**** if your proposal involves relocation you must customize and send the HUD General Information Notice (GIN) to tenants at the same time that you submit this application.**

Homeownership Proposals

Answer all the questions on this page. If more than one property, copy and complete this page for each assisted property.

1. Property address:

1a: Number and size of bedrooms:

# of Units	# of Bedrooms
	0
	1
	2
	3
	4

2. PLAT #:

LOT #:

Census Tract:

3. Type of property:

- Single Family
- 2 to 4 Family ** (see next page)
- Condominium
- Manufactured home
- Mobile Home
- Cooperative

3. Project Status. Respond to every item listed.

Item	Obtained	Needed	Not Needed	In Process	Expected Date
Zoning Approval					
DEM Wetlands					
DEM Remediation					
DEM Septic Approval					
HUD Flood Zone *					
Historic Review					
Tribal Review					
Planning/Subdivision					
Final Comprehensive Permit					
Phase I Environmental					
Phase II Environmental					
Market Study					

***Submit evidence of all approvals obtained and a FEMA Flood Map for every project address.**

4. Site Control. *Attach evidence of site control.*

- Applicant Owned Purchased with RIH bridge loan? Yes No
- P & S Agreement
- Option
- RIH Land Bank
- Property Leased
- No Site Control
- Other _____

4. Current appraised value: \$ _____ (if available)

Date of appraisal*

*Please submit appraisal if conducted within past six months.

Upon awarding of HOME funds for acquisition, an appraisal will be required.

5. After rehab value: \$ _____ Proposed Sales Price: \$ _____

6. Proposed buyer income not to exceed: 50% of median income
 60% of median income
 80% of median income

7. Average Monthly costs to buyer: Mortgage Amount: \$ _____

Term:	Principal: \$ _____	Taxes: \$ _____
Interest rate:	Interest: \$ _____	Homeowner's Insurance: \$ _____
Mortgage Insurance: \$ _____	Condominium fees: \$ _____	Flood insurance: \$ _____

9. How will you enforce affordability? Deed Restriction Ground Lease

If ground lease, indicate ground lease fee, if any:

10. Has buyer been selected? Yes No

(Attach your buyer selection procedures).

Complete the following section if the project is a Homeownership Proposal with Rental Units (2 to 4-family properties).

1. Number of Rental Units:

Number of households not to exceed: 50% of median income:

60% of median income:

2. Information about Rental Units. Complete the table for all rental units. Always use the Utility Allowance Sheet included in this packet.

Unit No.	# of Bedrooms	Proposed rent (excluding utilities)	Monthly utilities (use Utility Allowance Sheet)	Will tenants pay own utilities? Yes / No	Gross Rent (rent & utilities) <i>Note: HOME rents are gross rents and cannot be exceeded</i>
1					
2					
3					

3. How many existing units are currently occupied?

4. Will current tenants be permanently displaced? ** Yes No
If yes, please attach your Relocation Plan

Number of households to be permanently displaced #

Estimated relocation costs: \$9,000 x number of households = \$

5. Will current tenants be temporarily relocated? Yes No

Number of households to be temporarily relocated #

Estimated temporary relocation costs: \$3,000 x number of households = \$

6. Provide a list of all existing tenants and their current gross rents

(Please check that you calculated permanent relocation costs of \$9,000 per household and temporary relocation at \$3,000 per household as part of your Development Budget).

**** if your proposal involves relocation you must customize and send the HUD General Information Notice to tenants at the same time that you submit this application.**

Remember to submit the following Microsoft Excel Budget Spreadsheets:

1. Development Sources
2. Development Uses

All budgets must be submitted on the spreadsheets provided. Supplemental information may be provided on forms of your choosing.

HOME Program Application Checklist

Remember to:

Sign and date your application

Include Board Resolution authorizing submission

Include Plat, Lot and zip codes for all addresses

Answer all questions & complete all budgets

Attach:

Legal description of the property

Letters of funding commitment

Evidence of site control

Professional services contract(s)

Current appraisal (if available)

Evidence of zoning approval

Site location map (show the location and the surrounding area)

Photographs of property

Detailed construction estimates prepared by qualified professionals.

Buyer selection procedures for all Homeownership Proposals

Tenant selection policy for all Rental Proposals

For properties with 5 or more units:

HUD Form 935.2 and written

Affirmative Marketing Plan

For properties requiring relocation:

relocation plan that includes household and unit size and current gross rent, and copies of GIN sent to tenants.

Rhode Island Housing Resources Commission

Application for Funding

-  **Building Homes Rhode Island: Capital Funds**
-  **Neighborhood Opportunities Program: Operating Funds**

Applicant Organization: _____

Project Name: _____

Project Address: _____

Are you applying for funds for a:

Rental Project If applying for a rental project are you requesting
NOP operating funds? Yes No

Homeownership Project

Amount of Housing Bond funds requested: \$_____

All applicants must complete questions 1-15.

I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.

Signature: _____ **Date:** _____

Title: _____

Attach Resolution of the Board of Directors authorizing submission

General Information to be completed by all applicants

1. Applicant Information

Contact Person: _____ Title _____

Organization: _____

Address: _____ City/Town _____ Zip Code: _____

Telephone: _____ Fax: _____ Cell: _____

E-mail address: _____ Federal Tax ID # _____

Type of Organization: Housing Developer: for-profit non-profit
 Municipality
 Housing Authority
 Social Service Agency
 Other: _____

2. Project Location

Project Name: _____

Street Address: _____ City/Town _____ Zip Code _____

Plat _____ Lot(s) _____ Census Tract _____

3. Activity Description (check all that apply)

Acquisition Total Demolition
New Construction Relocation
Rehabilitation

4. Project Information

Existing building Vacant land Existing building to be demolished

If there is an existing building, how many current units? _____

Is property occupied? Yes No

If yes, are tenants: businesses households

Number of tenants _____ Number requiring permanent relocation _____

How many total units are you proposing? _____

How many Housing Bond-assisted units? _____

5. Respond for all approvals/surveys that are required for development:

Approval	Already Obtained	Not Needed	In Process	Expected Date
Zoning				
DEM Wetlands				
DEM Remediation				
HUD Flood Plain				
Historic				
Planning/subdivision				
Comprehensive Permit				
Phase I survey				
Phase II survey				

6. **Site Control:** Attach verification of site control
- | | | | |
|-----------------|--------------------------|-----------------|--------------------------|
| Already Owned | <input type="checkbox"/> | RIH Land bank | <input type="checkbox"/> |
| P & S Agreement | <input type="checkbox"/> | Property Leased | <input type="checkbox"/> |
| Option | <input type="checkbox"/> | No Site Control | <input type="checkbox"/> |

7. **Name and Address of Current Owner:**

8. **Acquisition Cost:** \$ _____

9. **Project Schedule**

	Proposed Schedule
Submission of funding applications	
Commitment of all funding	
Acquisition of property	
Completion of design/engineering	
Completion of specifications	
Completion of permitting	
Bid opening	
Start construction	
Construction completion	
Full occupancy	

10. **Affordability Period.** Does your proposal exceed the required minimum 30-year Affordability Period?

Yes No

If yes, number of years: ____

11. **Monitoring Agent.** All applicants must specify the Approved Monitoring Agent (AMA) they will contract with if awarded BHRI funds. *See attached AMA list.*

Name of Approved Monitoring Agent:

12. **Funding Priorities:** All projects will be ranked based on the combined rankings for funding efficiency and leveraging. Points will then be added for each priority addressed in the application.

6.8.1. Funding efficiency: Total development cost per unit \$ _____
Bond \$ requested per unit \$ _____
Annual operating cost per unit \$ _____

Income targeting - # of units ___ ≤ 100 % of median

___ ≤ 80% of median

___ ≤ 60% of median

___ ≤ 50% of median

___ ≤ 40% of median

6.8.2. Project location and design: Check all that apply:

Universal Design
Healthy Housing
Green Building
Energy Star
Access to transportation
Access to jobs and services

6.8.3. Leveraging

Private Equity (indicate only non state and non federal sources)

Total Development cost \$ _____
\$ _____

6.8.4. Long term affordability. Specify length of affordability _____ years.

6.8.5. Critical housing needs. Specify target population _____

6.8.6. Mixed income units with affordability to very low income households.
% very low income _____%.

6.8.7. Smart Growth

Compact development
Reuse of existing buildings
Public Transportation
Existing Infrastructure
Brownfields redevelopment

Historic Preservation
Neighborhood revitalization

6.8.8 Geographic diversity
Local housing goals

6.8.9 Collaboration

6.8.10 Included in affordable housing plan

13. Write a concise narrative description of your proposal including:

- a) Objectives and beneficiaries of proposal
- b) Current ownership, condition, zoning and DEM approval status (if applicable) of property
- c) Location and impact on and of surrounding neighborhood.
- d) the extent to which the proposal meets priorities indicated above.

14. Describe your experience in implementing similar proposals:

- c) Housing developments or programs completed and those underway
- d) Identify the key staff, partners, and/or development team (include architects, engineers, consultants, property manager, etc.) their qualifications and experience.
- c) If you have entered into a contract or have a proposed contract for professional services (i.e., consulting, architectural/ engineering), please attach a copy of the contract(s).

15. Attachment Checklist:

Board Resolution
Location map
Site plan
Preliminary schematics
Verification of site control
Verification of permitting/planning
approvals
Preliminary Budget & Proformas
Relocation plan (where applicable)
Marketing plan

Rental Proposals

Applicants applying for NOP operating funds must comply with NOP income and rent restrictions. See attached NOP Rents and Incomes sheet.

1. Are you applying for NOP operating funds? Yes No

1a. If yes, are you applying for:

Permanent Supportive Housing units # of PSH units:
 Family Housing units # of FH units:

1b. Total number of BHRI-assisted units with NOP operating subsidy: _____

1c. Number of BHRI units, if any, that will not have NOP funds: _____

2. Number, size and income limits of all units:

All NOP-Assisted tenants are limited to 40%

# of Units	# of Bedrooms	# NOP-assisted units up to 40%	# between 41% and 50% AMI	# between 51% and 60% AMI	# between 61% and 80% AMI	# above 80% (not Bond-assisted)

3. Proposed Design of Units:

Flat Duplex

Other _____

Townhouse Triplex

Single Family Fourplex

4. All Rental Housing applicants must complete:

- NOP Rent Worksheet (**only if requesting NOP Operating Funds**)
- Total Development Rent Worksheet
- Operating Budget
- Preliminary Budget
- Development Sources
- Development Uses

Homeownership Proposals

1. Bond-Assisted Units

# of Units	# of Bedrooms	# not exceeding 80% AMI	Proposed 80% sales price	# between 81% and 100% AMI	Proposed 100% sales price

2. Number of proposed market-rate units _____ / sales price \$ _____

3. Average Monthly costs to buyer: Mortgage Amount: \$ _____

Term:	Principal: \$	Taxes: \$
Interest rate:	Interest: \$	Homeowner's Insurance: \$
Mortgage Insurance: \$	Monthly Condominium fee: \$	Flood insurance: \$

4. Proposed Ownership Structure of Units:

- Fee Simple
- Condominium
- Land Trust
- Lease to Own

5. Proposed Design/Layout: (check all that apply)

- Single Family individual lots
- Townhouse
- Flats
- Duplex Duplex with rental unit
- Clustered
- Other _____

6. All homeownership proposals must complete the following spreadsheets:

- Preliminary Budget
- Development Sources
- Development Uses



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LEADS SAFE HOMES PROGRAM

DEVELOPMENT LOAN APPLICATION

Owner of Property (as it appears on deed): _____

Property/Project Address(es): _____

APPLICANT INFORMATION:

Organization Name:	
Address:	
City/Town/Zip:	
Contact Person:	
Phone & Fax :	
Email:	
Tax ID Number:	

Name of project (if any): _____

Date of original construction _____

of buildings requiring lead abatement _____ # of units _____

of units occupied _____ # of units vacant _____ # of children under 6 _____

Estimated total project cost \$ _____ Lead Funds Requested \$ _____

Property will be:

Rented to income-eligible tenants Yes No

Sold to income-eligible buyer Yes No (must be within 18 months of loan closing)

OTHER FUNDING SOURCES:

PROGRAM	\$
1)	
2)	
3)	
4)	
5)	
6)	

of tenant households at 50% of HUD's Median Family Income: _____ # at 80%: _____

Has licensed lead contractor been selected? _____ If yes, name: _____

Projected start work date: _____ Projected completion date: _____

If project is underway, please describe current status: _____



Rhode Island Housing
working together to bring you home

REQUIRED DOCUMENTS

Please submit the following documents with this application:

- ___ Copy of Deed to the property with legal description
- ___ Copy of current property insurance policy
- ___ Copy of current flood insurance policy (if applicable)
- ___ Copy of current property tax bill with assessed value
- ___ List of all funding sources, amounts and commitment dates
- ___ Copy of rehabilitation budget
- ___ Copy of Comprehensive Lead Inspection (if completed)
- ___ Copy of work specifications (if completed)
- ___ Completed Tenant Agreement Forms (if rental property)
- ___ Schedule of values on the scope of work

AGREEMENT & CERTIFICATION

The undersigned specifically agrees that the loan requested by this application will be secured by a first mortgage or deed of trust on the property described herein and that Rhode Island Housing, its agents, successors and assigns make no representations or warranties, express or implied, to the Applicant regarding the property, the condition of the property or the value of the property.

The undersigned certifies that the information provided in this application is true and correct as of the date set forth in this application.

Organization Name: _____

By: _____ Title: _____
(Print or type your name)

Signature Date: _____

Please mail completed application and required documents to:

Chris Gorham, Program Coordinator
LeadSafe Homes Program
Rhode Island Housing
44 Washington St.
Providence, RI 02903-1721

**The Thresholds Program at Rhode Island Housing
44 Washington Street
Providence, Rhode Island 02903
(401) 457-1175**

APPLICATION FOR CAPITAL DEVELOPMENT FUNDING

Applicant Information

Organization _____ Federal ID _____
Contact Person/Title _____
Address _____
City/Town/Zip _____
Telephone _____ Fax _____

- 1) Attach a narrative about your proposed project. Include current information about the property (e.g., ownership, condition, occupancy, type of construction, number and size of units, and need for rehabilitation), future plans for the property, project objectives, and identify the beneficiaries of the proposal. Include information about the neighborhood such as access to transportation, shopping, work and social opportunities. If relocation is necessary, describe plan.
- 2) Attach a narrative about the qualifications of your organization, your architect, your consultant (if any), and your management company (if any). Be sure to identify what similar projects these groups or individuals have undertaken. If using a consultant, include the consultant's address, phone number and a copy of his or her contract.

- 3) Are further actions necessary to comply with zoning and environmental regulations?

zoning	yes	_____	no	_____
wetlands	yes	_____	no	_____
flood plain	yes	_____	no	_____
historic preservation	yes	_____	no	_____

If yes, describe actions to be taken to comply with regulations.

- 4) Does the applicant have site control? If so, attach evidence of title, purchase and sales agreement, option agreement, etc. If not, how and when will site control be obtained?

5) Attach location map and photographs of site(s).

6) Estimate dates of project milestones:

Commitment of all funding _____
Completion of design/engineering _____
Start of construction _____
Estimated first drawdown _____
Completion of construction _____
Full Occupancy _____

7) Property address:

8) Will property be owned by the applicant? Yes____ No____

If no, list name of owner, address, contact person and phone number:

9) Sources and Uses of Funds

Proposed financing (document the status of any application made):

Amount	Payment	Interest	Term	Source
\$ _____	\$ n/a	\$ n/a	\$ n/a	<u>Thresholds</u>
\$ _____	\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	\$ _____	_____	_____
\$ _____	\$ _____	\$ _____	_____	_____

Total Amount Financed \$ _____

Use of Funds *	<u>All Funds</u>	<u>Thresholds Funds</u>
Acquisition	\$ _____	\$ _____
Construction	\$ _____	\$ _____
Arch./Eng.	\$ _____	\$ _____

Relocation	\$ _____	\$ _____
Demolition	\$ _____	\$ _____
Site Improvements	\$ _____	\$ _____
Financing costs	\$ _____	\$ _____
Developer's Fee	\$ _____	\$ _____
Other	\$ _____	\$ _____
Specify Other	_____	
Total Development Cost	\$ _____	

* Attach cost estimates. Cost estimates for rehabilitation or new construction must be prepared by a contractor, architect, qualified staff or other qualified professional. Sufficient detail must be provided to demonstrate compliance with housing quality standards and codes.

10) Non-Thresholds Units

# of Bedrooms	# of Units	Proposed Rent	Utilities Paid by Tenant
0	_____	_____	_____
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

11) Thresholds Units

# of Bedrooms	# of Units	Proposed Rent	Utilities Paid by Tenant
0	_____	_____	_____
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

- 17) From the mental health agency that will refer clients to Thresholds units, include a letter addressing the need for the project by the mental health consumers to be assisted. Any project which proposes to fill a housing need for a population other than the general population of single CSP clients must include a needs assessment that demonstrates that the mental health agency can provide a sufficient number of referrals to keep the housing occupied.
- 18) Submit a resolution by the applicant's board indicating their support for this project.
- 19) Please include any other information you believe will be helpful in reviewing your proposal.

Application review may be delayed by an incomplete submission. Rhode Island Housing reserves the right to require any additional information in order to process applications.

Return completed application (2 copies) to:

Carmen A. Mirabal
Rhode Island Housing
44 Washington Street
Providence, RI 02903

To the best of my knowledge, I attest that the information in this application is correct.

By: _____
Printed Name

Signature

Title: _____

Date: _____