

COMBINED FUNDERS APPLICATION

General Instructions

The Combined Funders Application is accepted by all of the following funders:

- Washington State Housing Trust Fund
- City of Seattle Office of Housing
- King County Housing Finance Program
- A Regional Coalition for Housing (ARCH)
- Washington State Housing Finance Commission for Low-Income Housing Tax Credits

Application Components:

The Combined Funders Application has **four** parts, all of which must be submitted for an application to be reviewed:

1. Narrative Questions

This WORD document contains the Narrative Questions portion of the application. The Narrative Questions are divided into “Sections.” For example, Section 1 is *Project Summary*.

2. Project Workbook

The Project Workbook portion of the application is an EXCEL document that is divided into “Forms.” For example, Form 1A is *Populations* and Form 1B is *Special Needs*. Forms 1A and 1B should be filed behind Tab 1 after the narrative questions of Section 1.

3. Common Attachments

The Table of Contents of this document lists the attachments that are required behind each tab.

4. Public Funder Addenda

The funders accepting this application each have requirements specific to their funding sources. For this reason, there is a separate addendum for each of the five public funders listed above. All addenda, except the Washington State Housing Trust Fund Addendum, should only be submitted to the specified funder. The Washington State Housing Trust Fund Addendum must also be submitted to the City of Seattle Office of Housing, the King County Housing Finance Program, and ARCH if you are also submitting applications to those funders.

Application Assembly:

- Applications must include a completed and signed *Table of Contents/Self-Certification Checklist*.
- The Combined Application requires 11 Tabs as outlined in the Table of Contents. Materials should be organized behind each tab in the following manner:
 - First, insert the responses to the narrative questions of that Section
 - Second, insert relevant Forms
 - Third, insert required attachments using colored separator sheets labeled with the name of the Attachment in front of each attachment
 - Fourth, insert required attachments as instructed by the public funder addenda

Note: If you wish to use the tab key to move through this Word Document from entry box to entry box, you must lock the form using the “Protect Document” feature of MS Word.

Combined Funders Application Table of Contents/Self-Certification Checklist

Tab 1: Project Summary	
Section 1	<input type="checkbox"/> Project Summary
Form 1A	<input type="checkbox"/> Population
Form 1B	<input type="checkbox"/> Special Needs
Form 1C	<input type="checkbox"/> Units
Form 1D	<input type="checkbox"/> Square Footage Summary
Tab 2: Project Description	
Section 2	<input type="checkbox"/> Project Description
Form 2	<input type="checkbox"/> Evergreen Checklist
Attachments	<input type="checkbox"/> Documentation of Site Control
	<input type="checkbox"/> Title Report
Tab 3: Need & Population Served	
Section 3	<input type="checkbox"/> Need & Population Served
Attachments	<input type="checkbox"/> Market Study
	<input type="checkbox"/> Consistency with Consolidated Plan Letter
	<input type="checkbox"/> Consistency with local 10-Year Plan to End Homelessness letter
Tab 4: Relocation	
Section 4	<input type="checkbox"/> Relocation
Form 4	<input type="checkbox"/> Relocation Budget
Attachments	<input type="checkbox"/> Tenant Relocation Plan
	<input type="checkbox"/> Samples of notices re: displacement and benefits
	<input type="checkbox"/> Approval letter from local government agency with jurisdiction over tenant relocation issues
Tab 5: Project Schedule	
Form 5	<input type="checkbox"/> Project Schedule
Tab 6: Development Budgets	
Form 6A	<input type="checkbox"/> Residential Development Budget
Form 6B	<input type="checkbox"/> Non-Residential Development Budget
Form 6C	<input type="checkbox"/> Development Budget Narrative
Form 6D	<input type="checkbox"/> LIHTC Budget
Form 6E	<input type="checkbox"/> LIHTC Calculation

Tab 7: Project Financing	
Section 7	<input type="checkbox"/> Project Financing
Form 7	<input type="checkbox"/> Financing Sources
Attachments	<input type="checkbox"/> Funding commitment letters <input type="checkbox"/> LIHTC Projects: Discussion of status of investor negotiations

Tab 8: Project Operations	
Form 8A	<input type="checkbox"/> Proposed Rents
Form 8B	<input type="checkbox"/> Operating and Service Sources
Form 8C	<input type="checkbox"/> Operating Pro Forma
Form 8D	<input type="checkbox"/> Operating Budget Details
Attachments	<input type="checkbox"/> Documentation of utility allowance calculations and schedule

Tab 9: Development Team	
Section 9	<input type="checkbox"/> Project Team
Form 9A	<input type="checkbox"/> Contact List
Form 9B	<input type="checkbox"/> Sponsor Experience
Form 9C	<input type="checkbox"/> Development Consultant Experience
Form 9D	<input type="checkbox"/> Property Manager Experience
Attachments	<input type="checkbox"/> Development consultant agreement <input type="checkbox"/> Signed board resolution authorizing application submittal (if applicable) <input type="checkbox"/> Secretary of State certification of existence (RCW 24.03) The following are required only if your organization did not receive a public funding award in the preceding year or if there have been changes in staffing/status: <input type="checkbox"/> Board Composition list (if applicable) <input type="checkbox"/> Resumes of development team members <input type="checkbox"/> Resumes of property management team members <input type="checkbox"/> 501(c)3 letter of determination from IRS (if applicable)

Tab 10: Services	
Note: WSHFC does not require the items under this tab to be completed unless the Project has committed to providing homeless units.	
Section 10	<input type="checkbox"/> Services
Form 10A	<input type="checkbox"/> Service Personnel Budget
Form 10	<input type="checkbox"/> Total Services Budget
Attachments	<input type="checkbox"/> Memorandum of Understanding <input type="checkbox"/> Services funding commitment letters

Tab 11: LIHTC Scoring	
Form 11	<input type="checkbox"/> LIHTC Scoring Synopsis (required only if project includes Tax Credit financing)

If any item listed above is not checked or is not applicable to your project, please reference the specific document and provide an explanation here:

Overwrite this text with your answer

Self-Certification of Threshold Requirements

I, Name, Title (Authorized Official) of Sponsor Organization acknowledge that I have completed the self-certified threshold checklist and that all the required documentation necessary to review this application has been included.

ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL

Signature: _____	Title: _____
Name: _____	Date: _____
Organization: _____	Project: _____

**INSERT THE PUBLIC FUNDER
ADDENDUM CHECKLIST AFTER
THIS PAGE**

SECTION 1
Project Summary

1. Project Sponsor Information

Sponsor Organization: _____

Organization Address: _____

City and Zip Code: _____ County: _____

Federal Tax ID Number: _____

Unified Business Identifier: _____

Executive Director
/President/CEO: _____

Phone: _____ Fax: _____

Email: _____

Project Contact Person: _____

Phone: _____ Fax: _____

Email: _____

2. Development Consultant (if applicable)

Organization Name: _____

Consultant Name: _____

Phone: _____ Fax: _____

Email: _____

3. Will the Development Consultant serve as the primary project contact? Yes No

4. Sponsor Organization Type (check only one):

- Local Government
- Local Housing Authority
- Nonprofit Community, Neighborhood, State or Regional Organization
- Federally-recognized Indian Tribe in the State of Washington
- Regional Support Network (established under RCW 77.24)
- Other (please specify)

5. Project Name and Location

Project Name: _____

Project Address: _____

City and Zip Code: _____ County: _____

Project Tax Parcel: _____

Legislative District (State): _____

Congressional District (Federal): _____

Census Tract: _____

Name of Ownership Entity: _____

6. Rental Project Activity Type (check all that apply):

- Acquisition
- Rehabilitation
- Rehab or Adaptive Reuse of an Existing Building (not currently residential)
- Redevelopment
- Mobile Home Park Preservation
- New Construction
- HUD/USDA Preservation
- Expiring Tax Credit Property
- Mixed Use (please explain)
- Other (please specify)

7. Proposed Ownership Structure (check all that apply)

- Nonprofit
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Limited Partnership
- Local Unit of Government
- CHDO
- Nonprofit Single Asset Entity
- Other Corporation
- Joint Venture
- Other, Describe:

8. For Existing Housing Only (check one):

- Privately Owned (see RCW 43.185.070 [2])
- Publicly Owned
- Owned by Sponsor
- Other (please specify)

Rental Assistance

9. Are any existing low income housing units currently receiving rental assistance? Yes No

10. Do you have a commitment for rental assistance to housing units in the project? Yes No

11. If yes to either, indicate the type of rental assistance:

- Section 8 New Construction / Substantial Rehabilitation
- Section 8 Certificates
- Section 8 Project-Based Assistance
- Rural Development (RD) 515 Rental Assistance
- Other (please specify)

12. Number of housing units receiving rental assistance:

13. Number of years remaining on rental assistance contract:

14. Is the project currently required to restrict rents? Yes No

a. If yes, what is the expiration date?

Low Income Housing Tax Credits (LIHTC)

15. Does this project propose to use Low Income Housing Tax Credits? Yes No

a. If yes, please select the LIHTC type below:

- 4% tax credit/bond project
- 9% competitive project

b. State the Tax Credit Factor you selected:

c. Approximate annual credit allocation: \$

d. Total points from Form 11 – LIHTC Scoring Synopsis:

Please complete the following Excel forms and insert them behind Tab 1:

- ▶ Form 1A, Population
- ▶ Form 1B, Special Needs
- ▶ Form 1C, Units
- ▶ Form 1D, Square Footage Summary

SECTION 2 PROJECT DESCRIPTION

PROJECT CHARACTERISTICS

Project Narrative

1. Please provide a brief narrative summary of the proposed project. Please include location in the community, project type (new v. rehab), target population, and any unique project characteristics.

Overwrite this text with your answer

Project Design

2. Provide a detailed description of the proposed design, construction, rehabilitation, and/or other improvements.

Overwrite this text with your answer

On-Site Amenities

3. Please describe any on-site amenities, including any project characteristics that address special needs of the population you intend to serve:

Overwrite this text with your answer

Neighborhood/Off-Site Amenities

4. Briefly describe the property location, neighborhood, transportation options, local services and amenities adjacent to the property. In the case of scattered site rentals, if a site has not been identified, describe the characteristics of the location being sought and document the availability of applicable sites and the timeline for obtaining site control.

Overwrite this text with your answer

Potential Development Obstacles

5. Are there any known issues or circumstances that may delay the project? Yes No
 - a. If yes, list issues below, including an outline of steps that will be taken and the time frame needed to resolve these issues:

Overwrite this text with your answer

Neighborhood Notification

6. Is neighborhood notification required? Yes No

a. If yes, by which jurisdiction?

7. Has neighborhood notification taken place? Yes No

SITE/PARCEL CHARACTERISTICS

Site Control

8. Has Site Control been established?¹ Yes No

9. Expiration date of option or purchase contract:

10. What is the form of Site Control?

- Deed
- Purchase Contract
- Purchase Option
- Lease
- Lease Option
- Other:

11. Are there any anticipated changes to the project's legal description? If yes, please describe.

Overwrite this text with your answer

12. What is the square footage of the proposed project parcel?

13. Is the seller/lessor of the property a Related Party to the Sponsor or Ownership Entity? Yes No

a. If yes, please describe the relationship:

Overwrite this text with your answer

14. Has the Sponsor or a Related Party previously owned any building in the Project? Yes No

a. If so, please describe:

Overwrite this text with your answer

¹ LIHTC projects must have established site control.

15. Is the proposed project site subject to any existing encumbrances such as a restrictive covenant, use restriction, or regulatory agreement? Yes No

a. If so, how do you plan to mitigate the encumbrance?

- Quit-Claim Deed
- Subdivision of the Property
- Other:

Zoning

16. What is the current zoning of the project site?

17. Is the proposed project consistent with the zoning status of the site? Yes No

a. If current zoning is not consistent, please explain:

Overwrite this text with your answer

b. Please outline the steps that will be taken to address zoning issues and include the time frame needed to resolve these issues:

Overwrite this text with your answer

Existing Structures

18. Does the site contain existing structures? Yes No

a. If yes, how many?

19. What is to be done with on-site existing structures?

- Demolish
- Rehab
- Nothing (does not apply/not part of this project)

20. Please provide the following information for any on-site structures to be retained as part of this project:

Approx. total Sq Footage	<input type="text"/>
Number of Building(s)	<input type="text"/>
Date building built	<input type="text"/>
Number of Stories	<input type="text"/>

21. Please give a brief description of the condition of the buildings to be rehabilitated:

Overwrite this text with your answer

Historical Elements

22. Are any on-site structures subject to historical preservation requirements? Yes No

a. Governing body/code:

- National Historic Register
- State Dept of Archaeology and Historic Preservation
- Other:

b. Briefly state how you plan to comply with applicable historic preservation requirements:

Overwrite this text with your answer

Please complete the following Excel form and insert it behind Tab 2:
▶ Form 2, Evergreen Sustainable Development Standard Checklist

Attachments

- Documentation of Site Control
- Title Report

SECTION 3
NEED & POPULATIONS SERVED

Population Narrative

1. Describe the target population to be served.

Overwrite this text with your answer

Special Needs

2. Will this project serve Special Needs populations? Yes No

3. Special Needs Populations to be served (Check all that apply).

- Developmentally Disabled
- HIV/AIDS
- Domestic Violence
- Substance Abuse
- Chronically Mentally Ill
- Physically Disabled
- Youth Under 18
- Youth 18-24
- Frail Elderly
- Veteran
- Other Special Needs (please explain)

4. If Special Needs Populations will be served, will the project require licensing? Yes No

- a. Current status of license

- Approved
- Pending approval. Date license approval expected: 1/1/2001
- Other (please explain)

5. Is your organization working with a referral service entity on this project? Yes No

6. State the name of the referral entity:

7. If a working arrangement with a referral service entity has not been established, briefly state why not.

Overwrite this text with your answer

Homeless

8. Will this project serve homeless individuals and/or families? Yes No

9. Does your organization and/or your partnering service provider currently participate in your local Homeless Management Information System? Yes No

- a. If not, when do you expect to begin?

Services

10. Will this project provide services (e.g. Child Care, Case Management, Transportation)? Yes No

If yes, you must complete the Services portion of this Application (Tab 10: Section 10 and Forms 10A & 10B)

Form of Housing

11. Describe how the proposed housing units will meet the needs of the targeted population(s) (individual/family apartments, shared housing, etc.):

Overwrite this text with your answer

Community Priorities

12. Does this project meet the objectives of any of the local, state or federal plans listed below? (check all that apply)

- Consolidated Plan
- 10 Year Plan to End Homelessness
- Regional Support Network (RSN)
- Comprehensive plan/Housing element
- Other:

13. Please list the ways in which your project will meet the plan(s) checked. If none of the plans apply, describe how your project will fulfill a perceived need for affordable housing in the community. Be specific.

Overwrite this text with your answer

Market Study

14. Is a market study required for this project?² Yes No

15. If a market study is required, provide the information requested below:

- a. Date of Market Study
- b. Absorption Rate Page Number in Market Study:
- c. Capture Rate Page Number in Market Study:
- d. Vacancy Rate Page Number in Market Study:

² A market study is required for all LIHTC projects

16. Complete the following table using data provided in your market study:

Bedrooms <i>(indicate number of bedrooms and square footage in each unit size)</i>	Income Level <i>(indicate income level for each unit size)</i>	Proposed Rents in Project by Unit Size	Maximum Allowable Restricted Rents	Unrestricted Market Rents	Achievable Restricted Rents

17. Please explain how the project rents have been determined.

Overwrite this text with your answer

Attachments

<input type="checkbox"/> Market Study
<input type="checkbox"/> Consistency with Consolidated Plan Letter
<input type="checkbox"/> Consistency with local 10-Year Plan to End Homelessness letter

SECTION 4 RELOCATION

1. Does this project involve the acquisition of existing multi-family housing? Yes No
(If no, skip to Section 5)
2. Have existing tenant incomes been verified? Yes No
3. Explain the income verification process and the strategy for addressing any current residents who are not eligible to remain in the building.

Overwrite this text with your answer

Type of Relocation

4. Will this project involve: Residential tenant relocation? Permanent Temporary None
 Commercial tenant relocation? Permanent Temporary None

5. What requirements or guidelines govern your relocation plan? *(check all applicable)*

- Uniform Relocation Act
- Section 104 [d] (if HOME or CDBG funded)
- Washington State Department of Transportation
- Other (please specify):

6. Is there a local government entity that has jurisdiction over tenant relocation issues? Yes No
7. Has the entity approved the plan? Yes No
8. Have you provided notices to the tenants indicating the type of displacement and benefits provided to tenants? Yes No
9. Have you identified replacement or temporary units for those who will be displaced? Yes No
10. Have you determined the tenants' relocation benefits? Yes No
11. How many tenants will need to be relocated in this project? Residential Commercial

Please complete the following Excel form and insert it behind Tab 4:

▶ Form 4, Relocation Budget

Attachments

<input type="checkbox"/> Tenant Relocation Plan
<input type="checkbox"/> Samples of notices re: displacement and benefits
<input type="checkbox"/> Approval letter from local government agency with jurisdiction over tenant relocation

SECTION 5
PROJECT SCHEDULE

Please complete the following Excel form and insert it behind Tab 5:
▶ Form 5, Project Schedule

SECTION 6 DEVELOPMENT BUDGET

Please complete the following Excel forms and insert them behind Tab 6:

- ▶ Form 6A, Residential Development Budget
- ▶ Form 6B, Non-Residential Development Budget
- ▶ Form 6C, Development Budget Narrative
- ▶ Form 6D, LIHTC Budget
- ▶ Form 6E, LIHTC Calculation

SECTION 7 PROJECT FINANCING

UNIQUE FINANCING CIRCUMSTANCES

1. Please describe any unique financing details or structures as they pertain to this project.

Overwrite this text with your answer

Please complete the following Excel form and insert it behind Tab 7:

▶ Form 7, Financing Sources

Attachments

<input type="checkbox"/>	Funding commitment letters
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<input type="checkbox"/>	Discussion of status of investor negotiations
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SECTION 8 PROJECT OPERATIONS

Please complete the following Excel forms and insert them behind Tab 8:

- ▶ Form 8A, Proposed Rents
- ▶ Form 8B, Operating and Service Sources
- ▶ Form 8C, Operating Pro Forma
- ▶ Form 8D, Operating Budget Detail

Attachment

Documentation of utility allowance calculations and schedule

SECTION 9 PROJECT TEAM

GENERAL

1. Indicate the role of the Sponsor in the project. (*check all that apply*)

- Ownership Entity
- Managing Partner or Managing Member
- Social Service Provider
- Property Management
- Sponsoring Organization
- Developer
- Other, Describe:

2. List by name all projects your organization is submitting an application for in this Round, in order of priority (highest to lowest). State your rationale for this order (e.g., committed funding, local priority population).

Project Name	Rationale
1.	
2.	
3.	
4.	

PERSONNEL

3. List the names of key members of the Sponsor organization's development team, their titles and their years of experience in affordable housing below.

Name	Title <small>(e.g., executive director, project manager.)</small>	Years Experience in Affordable Housing

ORGANIZATIONAL HISTORY

4. Has the Sponsor organization developed affordable housing projects previously? Yes No

5. Years Experience Years

6. Number of Projects Projects

7. Number Units Placed in Service Units

8. When was the Sponsor organization last audited?

a. Were there any findings? Yes No

b. Have these findings been resolved? Yes No

c. If not, what is your plan for resolution?

Overwrite this text with your answer

9. Is the Sponsor organization currently engaged in any project workouts? Yes No

a. If yes, please list any projects in workout, and provide a brief summary of the reason for the workout status.³

	Project Name	Reason for Workout
1.		
2.		
3.		

OWNERSHIP ENTITY

10. What is the legal status of the Ownership Entity for the project?

Currently Exists

To Be Formed. Estimated formation date 1/1/2001

11. Ownership Entity

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Fax: _____ Federal Identification Number: _____

12. State of Incorporation/Formation:

13. Fiscal Year: Month to Month

14. Accounting Method of Partnership

Cash

Accrual

15. Individuals/Organizations that Comprise the Ownership Entity (if known at time of application):

Name	Address	Phone	Entity Type	Federal ID #	% Ownership

³ If under contract with HTF, please provide the contract number.

16. If the ownership entity and project Sponsor are or will be different entities, describe the relationship and role of each during and following project development

Overwrite this text with your answer

17. Is the relationship between the ownership entity and Sponsor expected to change over time? Yes No

a. How will the relationship change?

Overwrite this text with your answer

PROPERTY MANAGEMENT

18. Briefly summarize the management plan for this project. Be sure to address facility maintenance, on-site management, and services provided:

Overwrite this text with your answer

19. Explain your marketing strategy and the tenant selection process, including the establishment and management of any waiting lists.

Overwrite this text with your answer

20. Describe your organization's experience with income verification including information collected, required documentation, and third party verifications.

Overwrite this text with your answer

21. Will management be provided on site? Yes No

a. If yes, form of management:

- Resident Manager(s) - Number of units:
- Management office (Business Hours Only)
- Management office (24 hr)
- Other, Describe:

b. If no, describe your service area and how this project fits within your organization's capacity.

Overwrite this text with your answer

22. List the names of key property management staff, their titles and their years of experience in affordable housing.

Name	Title <i>(e.g., project manager, intake staff)</i>	Years Experience in Affordable Housing

Please complete the following Excel forms and insert them behind Tab 9:

- ▶ Form 9A, Contact List
- ▶ Form 9B, Sponsor Experience
- ▶ Form 9C, Dev Consultant Exp
- ▶ Form 9D, Property Manager Experience

Attachments

<input type="checkbox"/> Development consultant agreement
<input type="checkbox"/> Signed board resolution authorizing application submittal (if applicable)
<input type="checkbox"/> Secretary of State certification of existence (RCW 24.03)
The following are required if your organization did not receive a public funding award in the preceding year or there have been changes in staffing/status
<input type="checkbox"/> Board Composition list (if applicable)
<input type="checkbox"/> Resumes of development team members
<input type="checkbox"/> 501(c)3 letter of determination from IRS (if applicable)

SECTION 10 SERVICES

NOTE: WSHFC DOES NOT REQUIRE SECTION 10 TO BE COMPLETED UNLESS THE PROJECT HAS COMMITTED TO PROVIDING HOMELESS UNITS.

INTAKE AND TRANSITION

1. If in Section 3, Question 5 you indicated that your organization is working with a referral agency, describe their focus and service areas:

Overwrite this text with your answer

2. If in Section 3, Question 5 you indicated that your organization is **NOT** working with a referral agency, describe how individuals and families will find out about your program:

Overwrite this text with your answer

- a. If your organization intends to serve homeless individuals and families, indicate your expected client source (check all that apply):

Streets

Shelters

Hospitals

Jails

Other (please explain)

3. Specify any imposed time limit on tenancy (i.e. up to 24 months for transitional housing). Months

4. Explain how time-limited households will transition into permanent housing.

Overwrite this text with your answer

CASE MANAGEMENT & OTHER SERVICES

5. Describe your case management or services model and how it leads to housing stability and self-sufficiency for the client.

Overwrite this text with your answer

6. What are the proposed staffing levels (case manager to household ratio)? Your answer should match the staffing levels proposed in Form 10A.

case managers to households

7. If services will be provided by another agency, provide the name of the organization that will provide the services, the roles and responsibilities of the agency, and who will be the lead.

Service Provider	Role/ Responsibility	Lead at Service Provider

8. Describe how coordination of services will be handled.

Overwrite this text with your answer

PROJECT FIT WITH AGENCY MISSION

9. Briefly describe how this project fits the Sponsor’s mission and that of any project partner’s mission.

Overwrite this text with your answer

10. Describe your property management experience, or that of your proposed property manager entity, as it relates to working with the proposed population.

Overwrite this text with your answer

CULTURAL COMPETENCY

11. Explain how your organization will provide culturally competent services that meet the needs of the proposed population.

Overwrite this text with your answer

12. Describe how your organization’s staff and board reflect the population that will be served, and how your organization is working to broaden staff and board diversity and knowledge around cultural competency.

Overwrite this text with your answer

Please complete the following Excel forms, and insert them behind Tab 10:

- ▶ Form 10A, Service Personnel Budget
- ▶ Form 10B, Total Service Budget

Attachments

<input type="checkbox"/> Memorandum of Understanding
<input type="checkbox"/> Services funding commitment letters

SECTION 11
LIHTC SCORING SYNOPSIS

If this project includes Tax Credit Financing, please complete the following Excel form and insert it behind Tab 11:

▶ Form 11, LIHTC Scoring Synopsis