**COMBINED FUNDERS APPLICATION**

**2018**

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
* Snohomish County Office of Housing and Community Development
* A Regional Coalition for Housing (ARCH)
* Washington State Housing Finance Commission for Low-Income Housing Tax Credits
* Alliance for Housing Affordability (AHA)
* City of Bellingham
* City of Spokane

Please be certain to check with your intended funder to ensure that you are using the correct edition and version of the Combined Funders Application when responding to individual Notices of Funding Availability (“NOFAs”).

# Section 1: Project Summary

## Overall Summary

|  |  |  |
| --- | --- | --- |
| 1. Please provide a concise summary description of the proposed project. Briefly touch on target population, tenant services (if applicable), project scale and any other significant project, program or design features. Explain why your organization has chosen to pursue this particular project in this location. What are the primary public benefits or opportunities provided by this project?  (Note: this is intended to be a comprehensive *summary* of your project. More details on particular aspects of your project can be provided below.) | | |
|  |  | |
|  | | Click to type. |

## Tab 1 Form

|  |
| --- |
| Please complete the following Excel Form: |
| * Form 1: Project Summary |

# Section 2: Project Narrative

## Project Physical Characteristics

|  |  |
| --- | --- |
| 1. Provide a detailed description of the physical characteristics of the proposed project. Discuss planned construction, rehabilitation, and/or other improvements. | |
|  |  |
|  | Click to type |

|  |  |
| --- | --- |
| 1. Describe how the design of the project will meet the particular needs of the project’s target population(s). Include descriptions of any on-site amenities, and relate how these contribute to the project’s ability to serve the target population(s): | |
|  | |
|  | Click to type |

## Green Building Standards

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The Evergreen Sustainable Development Standard (ESDS) is required by most public funders in the State of Washington. Please indicate any Green Building Standards beyond ESDS for which you plan to pursue certification: | | | | | | |
|  | | | | | | |
|  |  | Green Communities | |  | | |
|  | | | | |  | |
|  |  | Built Green – State the Level: | | Click to type | |  |
|  | | | | |  | |
|  |  | LEED – State the Type and Level: | | Click to type | |  |
|  | | | | |  | |
|  |  | Energy Star – State the Type: | | Click to type | |  |
|  | | | | |  | |
|  |  | Other – please name which Standard, and the extent to which you are pursuing it: | | | | |
|  |  |  | Click to type | | | |

|  |  |
| --- | --- |
| 1. If you are pursuing a standard beyond ESDS, please state why and indicate if it is required by another funder. | |
|  | |
|  | Click to type |

|  |  |
| --- | --- |
| 1. Please describe any uncommon design components or characteristics of the Project that contribute to improved energy performance, thermal comfort, a healthier indoor environment, increased durability and/or simplified maintenance requirements. | |
|  |  |
|  | Click to type |

## Non-Residential Space

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | Yes | | No |
| 1. Does the project contain any non-residential space not dedicated for the sole use of the project’s residents (e.g. social service office space, commercial space or anything else included in the non-residential budget)? | | |  |  | |
|  |  | |
|  | 1. If so, will this space generate any income for the project? | |  | |  |
|  | 1. Please provide a description of the non-residential space, including whether the space is to be used for commercial or social service purposes, whom the intended tenant is, and how the space will be used. | |  | |  |
|  |  |  |  | | |
|  |  | Click to type |  | | |
|  | 1. If the non-residential space is to be treated as a condominium separate from the residential project, or if it is long-term master leased, please explain the ownership structure. | |  | |  |
|  |  |  |  | | |
|  |  | Click to type |  | | |

## Neighborhood/Off-Site Amenities

|  |  |
| --- | --- |
| 1. 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. | |
|  |  |
|  | Click to type |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Please list nearest stores for daily necessities (food, household items, personal care items, *etc*.): | | | | | |
|  | |  |  | |  |
| Store Name | | Type | Address | Distance from Project | |
| 1. | Click to type | Click to type | Click to type | Click to type | |
| 2. | Click to type | Click to type | Click to type | Click to type | |
| 3. | Click to type | Click to type | Click to type | Click to type | |
| 4. | Click to type | Click to type | Click to type | Click to type | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. For family and youth projects, please list nearest schools: | | | | |
|  | | | | |
| School Name | | Type | Address | Distance from Project |
| 1. | Click to type | Click to type | Click to type | Click to type |
| 2. | Click to type | Click to type | Click to type | Click to type |
| 3. | Click to type | Click to type | Click to type | Click to type |
| 4. | Click to type | Click to type | Click to type | Click to type |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Please list nearest parks and other recreational amenities (*e.g.* parks, sports fields, swimming pools): | | | | |
|  | | | | |
| Amenity Name | | Type | Address | Distance from Project |
| 1. | Click to type | Click to type | Click to type | Click to type |
| 2. | Click to type | Click to type | Click to type | Click to type |
| 3. | Click to type | Click to type | Click to type | Click to type |
| 4. | Click to type | Click to type | Click to type | Click to type |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Please list nearest public transit stops and routes to the proposed development.   *Urban:* a 0.5-mile distance of combined transit services (bus, rail, & ferry).  *Rural / Tribal:* a 5-mile distance of the following transit options: 1) vehicle share program; 2) dial-a-ride program; 3) employer vanpool; and 4) public–private regional transportation | | | | | | |
|  | | | | | | |
| Transit Stop Address | | Routes | Frequency of Service | In a High Capacity Transit Corridor Area? | | Distance from Project |
| 1. | Click to type | Click to type | Click to type | Yes | No | Click to type |
| 2. | Click to type | Click to type | Click to type | Yes | No | Click to type |
| 3. | Click to type | Click to type | Click to type | Yes | No | Click to type |
| 4. | Click to type | Click or tap here to enter text. | Click to type | Yes | No | Click to type |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Please list nearest service providers not directly connected to the project (including neighborhood health clinics, behavioral health centers, food banks, social service offices, etc.): | | | | |
|  | | | | |
| Provider Name | | Type | Address | Distance from Project |
| 1. | Click to type | Click to type | Click to type | Click to type |
| 2. | Click to type | Click to type | Click to type | Click to type |
| 3. | Click to type | Click to type | Click to type | Click to type |
| 4. | Click to type | Click to type | Click to type | Click to type |

## Neighborhood Notification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Is neighborhood notification required? | | | |  |  |
|  | 1. If yes, by which jurisdiction or jurisdictions? | | |  |  |
|  |  | | Click to type |  |  |
|  | | | | | |
|  |  | Has neighborhood notification taken place? | |  |  |

|  |  |
| --- | --- |
| 1. List the actions the project sponsor has taken or will undertake to garner community support for the project and communicate with the neighbors regarding project characteristics and progress: | |
|  | |
|  | Click to type |

## Zoning

|  |  |
| --- | --- |
| 1. What is the current zoning of the project site(s)? | Click to type |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Is the proposed project consistent with the zoning status of the site(s)? | | |  |  |
|  | 1. If current zoning is not consistent, explain: | |  |  |
|  |  | Click to type |  |  |
|  | | | | |
|  | 1. Outline the steps that will be taken to address zoning issues (e.g. administrative, conditional use, hearing examiner, council approval), what approvals are required , and the time frame needed to resolve these issues: | |  |  |
|  |  | Click to type |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. How many parking stalls are required for your project by current zoning? | | | |
|  | Number of residential parking stalls: | Click to type |  |
|  |  |  |
|  | Number of commercial parking stalls: | Click to type |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. How many parking stalls are proposed in your project design? | | | |
|  | Number of residential parking stalls: | Click to type |  |
|  |  |  |
|  | Number of commercial parking stalls: | Click to type |

|  |  |
| --- | --- |
| 1. Explain any differences between the required number of parking stalls and what is proposed in your project. | |
|  | |
|  | Click to type |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Do you plan to charge for residential parking separately from rent? |  |  |

## Existing Structures

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | Yes | No |
| 1. Does the site contain existing structures? | | | | | | | |  |  |
|  | 1. If yes, how many? | | | | | Click to type |  | | |
|  | | | | | | | | | |
|  | 1. What is to be done with them? | | | | | | |  |  |
|  |  |  |  | Nothing (does not apply/not part of this project | | | | |  |
|  |  |  |  | Demolish | | | | |  |
|  |  |  |  | Rehabilitation | | | | |  |
|  |  |  |  | i. Give a brief description of the condition of any buildings to be rehabilitated: | | | | | |
|  |  |  |  | | Click to type | | |  | |

|  |  |
| --- | --- |
| 1. If your project involves rehabilitation, describe how you determined the proposed scope of work. Consult funders you are applying to regarding HOME Rehabilitation Standards. | |
|  | |
|  | Click to type |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Does the site have any existing tenants including commercial tenants? |  |  |

*If yes, please complete Section 4, Relocation*

## Historical Elements

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | Yes | No |
| 1. Are any on-site structures subject to historical preservation requirements? | | | | | | | | |  |  |
|  | 1. If yes, how many? | | | | | | Click to type |  | | |
|  | | | | | | | | | | |
|  | 1. Governing Body/Code: | | | | | | | |  |  |
|  |  |  | |  | National Historic Register | | | | |  |
|  |  |  | |  | State Department of Archaeology and Historic Preservation | | | | |  |
|  |  |  | |  | Other. Specify: | | | | |  |
|  |  |  | |  | | Click to type | | |  | |
|  | | | | | | | | | | |
|  | 1. Briefly state how you plan to comply with applicable historic preservation requirements: | | | | | | | | | |
|  | | | | | | | | |  | |
|  |  | | Click to type | | | | | |  | |

## Phase I Environmental Site Assessment (ESA)/Limited Survey

For information regarding the required Phase I ESA and Limited Survey, see Sections [205.4.1](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx) and [205.5](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx), respectively, of the Housing Trust Fund [Handbook](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/Handbook.aspx).

|  |  |
| --- | --- |
| 1. Phase I ESA Completed (date, mm/dd/yyyy): | Click to type |

|  |  |
| --- | --- |
| 1. Limited Survey Completed (date, mm/dd/yyyy): | Click to type |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Provide the page number from the Phase 1 ESA/Limited Survey that confirms the presence or absence of the following: | | | | | | |
|  | | | | | | |
|  |  | Present | Absent | Page Number | Not Determined |  |
|  | | | | | | |
|  | Asbestos |  |  | Click to type |  |  |
|  | | | | | | |
|  | Lead-based paint |  |  | Click to type |  |  |
|  | | | | | | |
|  | Mold |  |  | Click to type |  |  |
|  | | | | | | |
|  | Wetlands |  |  | Click to type |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Did the Phase I ESA recommend a Phase II be completed? | | |  |  |
|  | 1. If yes, explain the issues that triggered this requirement. | |  |  |
|  |  | Click to type |  |  |

|  |  |
| --- | --- |
| 1. If you have environmental issues identified in your Phase 1 or Phase II, including identified or potential asbestos, lead-based paint, mold, wetlands or Underground Storage Tanks (USTs), describe how each will be abated or managed, and provide an estimate of cost (note: this cost estimate should be included in your development budget). If applicable, please describe any conversations with the Washington State Department of Ecology to date, whether you plan to pursue a No Further Action (NFA) letter and if applicable, a timeline for the hazardous material remediation and receipt of the NFA. | |
|  | |
|  | Click to type |

## Site/Parcel Characteristics

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Has Site Control been established? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Will the proposed project be sited on leased land? |  |  |

*If yes, you must provide the Lessor’s information on Form 9A*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What is the form of site control? (*check only one*) | | | | | |
|  |  | Deed | |  | Lease |
|  |  |  | |  |  |
|  |  | Purchase Contract | |  | Lease Option |
|  |  |  | |  | |
|  |  | Purchase Option | |
|  |  |  | |
|  |  | Other. Describe: | |
|  |  |  | Click to type | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Are there any anticipated changes to the project’s legal description? | | |  |  |
|  | 1. If yes, describe: | |  |  |
|  |  | Click to type |  |  |

|  |  |  |
| --- | --- | --- |
| 1. What is the square footage of the proposed project parcel? | | Click to type |
| *Be sure to include all Sites in your calculation* |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | Yes | | No |
| 1. Is the proposed project site subject to any existing encumbrances, such as encroachments, restrictive covenants, use restrictions, or regulatory agreements? | | | | |  |  | |
|  |  | |
|  | 1. If yes, do these encumbrances impair the ability to provide clear title? | | | |  |  | |
|  |  | i. | If yes, describe how clear title can be obtained: | |  | | |
|  |  |  |  | Click to type |  | | |
|  |  |  |  |  |  | | |
|  | 1. Will any existing use covenants or regulatory agreements remain in place with the refinancing? | | | |  |  | |
|  |  | i. | Describe their status post-refinancing. | |  | | |
|  |  |  |  | Click to type |  | | |

## Potential Development or Timing Obstacles

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Are there any known issues or circumstances that may delay the project? | | |  |  |
|  | 1. If yes, list issues below, including an outline of steps that will be taken and the time frame needed to resolve these issues: | |  | |
|  |  | Click to type |  | |

## Tab 2 Forms

|  |
| --- |
| Please complete the following Excel Forms and insert them behind Tab 2: |
| * Form 2A: Building Information |
| * Form 2B: Square Footage Details |
| * Form 2C: Evergreen Sustainable Development Standard Checklist |
| **NOTES Regarding the Evergreen Sustainable Development Standard**:   1. For multiple-site projects, a separate Evergreen Checklist must be submitted for each site. For your convenience, additional copies of the Form can be downloaded from the HTF [Evergreen Sustainable Development Standard webpage](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/EvergreenSustainableDevelopment.aspx) 2. All projects in King County should be considered Urban, regardless of the specific community in which they are located. |

# Section 3: Need & Populations Served

## Population Narrative

|  |  |
| --- | --- |
| 1. Describe the target population(s) to be served. Include the expected AMI range, household sizes, housing challenges, *etc*. | |
|  | |
|  | Click to type |

|  |  |
| --- | --- |
| 1. If the proposed project is intended, in part or in full, to serve specific Special Needs populations, describe the outreach that will be undertaken to ensure the projected occupancy will be achieved *for each identified Special Needs population*. | |
|  | |
|  | Click to type |

|  |  |
| --- | --- |
| 1. Describe existing partnerships or specific activities that will be undertaken to improve health, education, and employment outcomes for project tenants. | |
|  | |
|  | Click to type |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Will this project provide general or community services (e.g. child care, case management, transportation) to residents? | | |  |  |
|  | 1. If yes, describe: | | | |
|  |  | Click to type |  | |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Will this project provide *supportive* services which, in whole or in part, are intended to be supportive of residents with special needs (e.g. who have a developmental disability or require mental health counselling ), and/or who were formerly homeless? |  |  |

*If you answered “yes” to Question 4, you must complete Form 8C, Personnel (Service and Operating) and Non-Personnel Expenses. If you answered “Yes” to Question 5, you must complete both Form 8C* and *Section 10, Services.*

## Community Priorities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Does this project meet the objectives of any of the local, state or federal plans listed below?   (check all that apply) | | | | | | |
|  | |  | | Consolidated Plan | | |
|  | |  | |  | | |
|  | |  | | Local plan to end homelessness | | |
|  | |  | |  | | |
|  | |  | | Regional Support Network (RSN) | | |
|  | |  | |  | | |
|  | |  | | Comprehensive Plan/Housing Element | | |
|  | |  | |  | | |
|  | |  | | Community Revitalization Plan or Area Targeted by a Local Jurisdiction (as defined by WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2018application/c.Policies.pdf) 6.13 and 6.14). Describe: | | |
|  |  | |  | | Click to type |  |
|  | |  | |  | | |
|  | |  | | Other. Describe: | | |
|  |  | |  | | Click to type |  |

|  |  |
| --- | --- |
| 1. 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. | |
|  | |
|  | Click to type |

## Market Study

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | Yes | No |
| 1. Is a market study required for this project? | | | | | | | | |  |  |
|  | 1. If a market study is required, provide the information requested below: | | | | | | | | | |
|  |  | Date of market study (mm/dd/yyyy) | | Click to type | | |  | | | |
|  | | | | | | | | | | |
|  |  | Absorption Rate | Click to type | | Page Number: | Click to type | |  | | |
|  |  |  |  | |  |  | |
|  |  | Capture Rate | Click to type | | Page Number: | Click to type | |
|  |  |  |  | |  |  | |
|  |  | Vacancy Rate | Click to type | | Page Number: | Click to type | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Complete the following table using data provided in your market study: | | | | | | |
|  | | | | | | |
| **Bedrooms** (*indicate number of bedrooms and square footage in each unit size*) | | **Income Level** (*indicate income level for each unit size*) | **Proposed** **Rents in Project by Unit Size** | **Maximum Allowable Restricted Rents** | **Unrestricted Market Rents** | **Achievable Restricted Rents** |
| **#Bedrooms** | **Square Feet** |
| Click to type | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |
| Click to type | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |
| Click to type | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |

|  |  |
| --- | --- |
| 1. Please explain how the project rents have been determined. | |
|  | |
|  | Click to type |

|  |  |
| --- | --- |
| 1. If your project contains units **NOT** restricted to homeless individuals and/or homeless families please describe the market demand for the proposed units referencing specific data from the Market Study, current or changing neighborhood characteristics, similar projects or other relevant data | |
|  | |
|  | Click to type |

## Tab 3 Form

|  |
| --- |
| Please complete the following Excel Form and insert it behind Tab 3: |
| * Form 3: Populations to be Served |

# 

# Section 4: Relocation

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Does this project involve the acquisition, demolition, or rehabilitation of any existing structures? |  |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Does the project site have any current tenants, residential or commercial, even if it is vacant land? | | |  |  |
|  | 1. If yes, Describe: | |  |  |
|  |  | Click to type |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Yes | No |
| 1. Did the project site have any tenants in the period from 90 days prior to the execution of the Site Control Agreement up to the date this Application was submitted? | |  |  |
|  | 1. Has anyone moved *since* the Purchase and Sale agreement was executed? |  |  |

*If you answered No to both Questions 2* and *3, skip to Section 5. If you answered “Yes” to either or both, please continue.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Is there a local government entity that has jurisdiction over tenant relocation issues? | | |  |  |
|  |  | If yes, has the entity approved the plan? |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What requirements or guidelines govern your relocation plan? (check all applicable) | | | | | |
|  |  | | Uniform Relocation Act | | |
|  | | | | |  |
|  |  | | Section104 [d] (if HOME or CDBG funded) | | |
|  | | | | |  |
|  |  | | Washington State Department of Transportation | | |
|  | | | | |  |
|  |  | | Other. Specify: | | |
|  |  |  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Who will handle relocation matters for this project? | | | |
|  |  | Agency staff. State Lead individual’s name: | Click to type |
|  |  |  | |
|  |  | 3rd-party relocation consultant. | |

|  |  |
| --- | --- |
| 1. Describe your agency’s experience relocating residential and/or commercial occupants under any applicable codes (*e.g.*, the Uniform Relocation Act, Section 104(d) of the Housing and Community Development Act of 1974, Chapter 20.84 of the Seattle Municipal Code). If you plan to use a relocation consultant, describe their relevant experience. | |
|  | |
|  | Click to type |

## Type of Relocation

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Enter the number of tenants to be relocated | | | | | | | |
|  | Residential | None | Permanent | Click to type | Temporary | Click to type |  |
|  | | | | | | | |
|  | Commercial | None | Permanent | Click to type | Temporary | Click to type |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Have you included provisions in your site control agreement that enable you to obtain tenant income and rent information, and to give notices to existing and incoming tenants prior to closing? | | | |  |  |
|  |  |
|  |  |
|  | | | |  |  |
| 1. Have you collected information on all current occupants of the property, including both residential and commercial tenants, and occupants with or without leases? | | | |  |  |
|  |  |
|  | | | |  |  |
|  | 1. If this information has been collected, does it include a tenant survey for each unit or commercial space? | | |  |  |
|  | | | |  |  |
|  | 1. If this information has not yet been collected, when would it be available? | | |  |  |
|  |  | | Click to type |  |  |
|  | | | | | |
| 1. Explain the income verification process and the strategy for addressing any current residents who are not eligible to remain in the building. | | | | | |
|  | | Click to type | | | |

## Relocation Notices

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Have you provided General Information Notices to all occupants using the sample notices in HUD’s Handbook on relocation (including both residential and commercial tenants, and occupants with or without leases) or another approved format? |  |  |
|  |  |
|  |  |
|  |  |  |
| 1. Have you prepared subsequent notices to be provided to tenants immediately upon notification of award of funding? (i.e., Notice of Eligibility or Notice of Non-Displacement) |  |  |
|  |  |
|  |  |  |
| 1. Is the applicant or property owner prepared to issue move-in notices to all new tenants that sign leases subsequent to this funding application? |  |  |

## Tab 4 Form

|  |
| --- |
| Please complete the following Excel Form: |
| * Form 4: Relocation Budget |

# Section 5: Project Schedule

## Tab 5 Form

|  |
| --- |
| Please complete the following Excel Form: |
| * Form 5: Project Schedule |

# 

# Section 6: Development Budget Narrative

## Value of Project Site

|  |  |
| --- | --- |
| 1. Date of Appraisal (mm/dd/yyyy): | Click to type |

|  |  |
| --- | --- |
| 1. Project Site current appraised value: | Click to type |

|  |  |
| --- | --- |
| 1. Project Site purchase price: | Click to type |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Is the purchase price at or below fair market value, supported by an appraisal? | | |  |  |
|  | 1. If no, explain: | |  |  |
|  |  | Click to type |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Does the purchase and sale agreement include any provisions for cost escalation that could cause the purchase price to exceed the current appraised value? | | |  |  |
|  |  |
|  | 1. If yes, explain: | |  |  |
|  |  | Click to type |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Applicants to public funders should presume that Federal funds will be included in any Award made. Does the purchase agreement demonstrate compliance with voluntary acquisition procedures under the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA)?[[1]](#footnote-1) |  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe any extension fees or earnest money deposits provided for in the purchase agreement. (Such fees and deposits should be applicable toward the purchase price.) | | | |
|  |  | |
|  | | Click to type | |

|  |  |
| --- | --- |
| 1. If the property poses specific physical development challenges (ex., steep slopes, easements, Recognized Environmental Conditions) that were not reflected in the appraisal, describe how these were factored into the property negotiation. | |
|  | |
|  | Click to type |

## Capitalized Reserves

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Explain the reasons for, and amounts of, any proposed capitalized reserves in excess of 6 months of operating expenses or one year of replacement reserve deposits. | | | |
|  |  | |
|  | | Click to type | |

## Contracting

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Yes | No |
| 1. Do the submitted budgets take into account Prevailing Wage? | | | | |  |  |
|  | 1. If so, what wage rates were used? (*check only one*) | | | |  |  |
|  | |  | | Prevailing Wage – Non-Residential |  |  |
|  | | | | | | |
|  | |  | | Prevailing Wage – Residential |  |  |
|  | | | | | | |
|  | |  | | Davis-Bacon – Non-Residential |  |  |
|  | | | | | | |
|  | |  | | Davis-Bacon – Residential |  |  |
|  | | | | | | |
|  | 1. Discuss how you determined whether state or federal prevailing wage rates applied or did not apply. If you have received a determination from the Washington State Department of Labor & Industries regarding Prevailing Wage, include documentation of the determination as an attachment. Be explicit about what assumptions you were making in determining what wage rates apply | | | |  |  |
|  |  | | Click to type | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe the process used by your agency for soliciting bids from and selecting construction contractors (general and subcontractors), consultants, and other professional services to secure competitive fees. Make sure that your proposal complies with the requirements of the funding proposed in your application | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. What is the project’s proposed WMBE utilization goal? Describe how you plan to address WMBE and Section 3 goals in your procurement process for construction and non-construction contractors. Please include specifics regarding bid structure, advertising, outreach, etc. If you have already selected members of the development team prior to application (e.g., development consultants, architects, etc.), describe how WMBE and Section 3 considerations were factored into the contracting process. | | | |
|  |  | |
|  | | Click to type | |

## Capital Needs Assessment

Applications for most Rehabilitation projects are required to submit a third party Capital Needs Assessment (CNA) as an attachment. New Construction projects and Substantial (“Gut”) Rehab projects must provide an as-built CNA after certificate of occupancy – consult individual funders’ policies for specifics. If you are applying for Low Income Housing Tax Credits (LIHTC), you must comply with the CNA requirements in the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2018application/c.Policies.pdf) (Chapter 4, Section 4.17.5). If you are applying for other public funding, or are combining other public funding with LIHTC’s, consult the definition in the State Housing Trust Fund [Handbook](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/Handbook.aspx) (Chapter 2, [Section 205.10](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx#205.10)).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Recommended capitalization of replacement reserves: | $Click to type |  | Page Number | Click to type |
|  | | | | |
| 1. Recommended annual contribution to replacement reserves: | $Click to type |  | Page Number | Click to type |
|  |  |  |  |

## Construction Cost Estimate

For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder you are seeking funding from. If an identified public funder has not yet adopted a formal Cost Policy, refer to the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2018application/c.Policies.pdf) (Chapter 3, Section 3.2, *et seq*.) and to the State Housing Trust Fund Handbook (Chapter 2, [Section 205.9](http://www.commerce.wa.gov/Programs/housing/TrustFund/Pages/HTF_Handbook_Chapter_2.aspx)).

|  |  |
| --- | --- |
| 1. 3rd party Total Construction Cost estimate: | Click to type |

|  |  |
| --- | --- |
| 1. Base construction contract identified in Form 6A: | Click to type |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Detail how your construction cost estimate aligns with the Development Budget. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied, or any other factor in your budget that deviates from the Construction Cost Estimate. Where an alternate escalation factor is applied, state the rationale for its use. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe any notable cost drivers that significantly affect your cost per unit. Note: you may be asked to provide additional information if your costs significantly exceed those of comparable projects. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe specific measures taken to reduce the development cost of the project. To the extent possible, quantify savings achieved by the adoption of each measure. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe what design choices have been or will be made to promote efficient use of space, and long-term physical and operational efficiency. Note where the project builds upon previous design work, if applicable. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If the proposed project does not maximize the development capacity of the site, please explain the necessity or advantage of under-building | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If parking is required by zoning or included in the project for other reasons, please describe any efforts to design parking with minimal cost impact to the project. If a tax credit project, are the parking construction costs included in eligible basis, and are parking rents charged in addition to rent and included in the maximum tax credit rent calculations? | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If non-residential space is included in the proposed design, describe the method used to allocate development costs to non-residential financing. | | | |
|  |  | |
|  | | Click to type | |

*\*\* Note that all public funders will review development budgets in relation to the Washington State Housing Finance Commission’s (WSHFC) Total Development Cost per Unit Limits, but may consider other factors to evaluate whether development costs are reasonable. WSHFC’s 2019 limits (Approved September 2018) are as follows:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| TDC per Unit Limit Schedule | Studio | One Bedroom | Two Bedroom | Three Bedroom | Four+ Bedroom |
| King County/Seattle | $259,533 | $300,380 | $319,196 | $357,978 | $394,343 |
| Pierce and Snohomish Counties | $249,769 | $291,367 | $308,560 | $347,238 | $382,514 |
| Metro Counties | $241,635 | $272,613 | $298,315 | $344,210 | $379,176 |
| Balance of State | $175,251 | $197,320 | $223,661 | $290,517 | $319,689 |

\*Total Development Cost as defined by WSHFC excludes the cost of land, offsite infrastructure and capitalized reserves. Please see the WSHFC [policies](http://www.wshfc.org/mhcf/9percent/2018application/c.Policies.pdf) for further clarification.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If your project’s Total Development Costs (TDC) exceed the maximum TDC Limits established by the Washington State Housing Finance Commission, please explain. | | | |
|  |  | |
|  | | Click to type | |

## Tab 6 Forms

|  |
| --- |
| Please complete the following Excel forms: |
| * Form 6A: Development Budgets |
| * Form 6B: Development Budget Details |
| * Form 6C: LIHTC Budget (Basis Calculation) – *if applicable* |
| * Form 6D: LIHTC Calculation – *if applicable* |
| * Form 6E: Fee schedule |

# 

# Section 7: Project Financing

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please describe any unique financing details or structures as they pertain to this application, including any variances from a funder’s standard financing terms. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If your project includes bridge, construction or permanent financing from a private lender, please state the basis for your assumptions included in Form 7A. What lenders have you spoken to about this project or current loan terms? | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If your project includes ***tax credit equity***, please state your pricing assumptions and the reasoning for those assumptions included in Form 6D. What investors have you spoken to about this project and its projected tax credit pricing? | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe your “holding” and “exit strategy” should this project not receive necessary funding: | | | |
|  |  | |
|  | | Click to type | |

## Capital Campaigns

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If the project is proposing a capital campaign as a source of funds, please explain the capital campaign strategy for this project.  What is the status of the fundraising?  What is the contingency plan for funding should the capital campaign fall short?  What is the sponsor organization’s track record with past capital campaigns? | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Will there be a capital campaign consultant? | | |  |  |
|  | | | | |
|  | 1. If yes, please provide the consultant’s name, company and a brief explanation of their experience with similar capital campaigns | |  |  |
|  |  | Click to type |  | |
|  | | | | |
|  | 1. If no, who at your organization is responsible for the campaign, and what is their experience with similar capital campaigns. | |  |  |
|  |  | Click to type |  | |

## Tab 7 Forms

|  |
| --- |
| Please complete the following Excel forms: |
| * Form 7A Financing Sources |
| * Form 7B Estimate of Cash Flow During Development |

# Section 8: Project Operations

## Rental Assistance

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Are any existing low income housing units currently receiving rental assistance? |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Do you have a commitment for rental assistance to housing units in the project? |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. If yes to either of the above, indicate the type of rental assistance: | | | | | |  | |
|  |  | | Section 8 New Construction / Substantial Rehabilitation | | | | |
|  | | | | |  | | |
|  |  | | Section 8 Project-Based Assistance | | | | |
|  | | | | |  | | |
|  |  | | Rural Development (RD) 515 Rental Assistance | | | | |
|  | | | | |  | | |
|  |  | | Other (Specify): | | | | |
|  | |  | | Click to type | | |  |

|  |  |
| --- | --- |
| 1. Number of housing units receiving rental assistance: | Click to type |

|  |  |
| --- | --- |
| 1. Number of years remaining on rental assistance contract: | Click to type |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Is the project currently required to restrict rents? | | | |  |  |
|  | 1. If yes, date restriction is set to expire (mm/dd/yyyy): | Click to type |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Should the project fail to secure the expected rental assistance subsidies, what is your plan for maintaining the project as viable affordable housing? | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. What annual utility allowance schedule or methodology are you proposing to use? | | | |
|  |  | |
|  | | Click to type | |

## Tab 8 Forms

|  |
| --- |
| Please complete the following Excel Forms: |
| * Form 8A Proposed Rents and AMIs Served |
| * Form 8B Operating, Service, and Rent Subsidy Sources |
| * Form 8C Operating Expenses |
| * Form 8D Service Expenses |
| * Form 8E Operating Pro Forma |
| * Form 8F Operating Pro Forma Details |

# Section 9: Development Team

## Development Personnel

|  |  |  |
| --- | --- | --- |
| 1. 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**  (*e.g., executive director, project manager.*) | **Years’ Experience in Affordable Housing** |
| Click to type | Click to type | Click to type |
| Click to type | Click to type | Click to type |
| Click to type | Click to type | Click to type |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Please explain the roles and responsibilities of each individual project development team member, including consultants, and their experience with those specific tasks or roles. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe how project functions will be delineated across the development team to avoid redundancy and duplication of fees. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If your organization is new to development, has experienced staff turnover or you have chosen to take on more direct development responsibility since your last completed project, please describe how you are supporting and training development team staff in their new roles. | | | |
|  |  | |
|  | | Click to type | |

## Organizational History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Sponsor Organization Type (*check only one*): | | | | | |
|  |  | | Local Government | | |
|  | | | | |  |
|  |  | | Local Housing Authority | | |
|  | | | | |  |
|  |  | | Nonprofit Organization | | |
|  | | | | |  |
|  |  | | Federally-Recognized Indian Tribe | | |
|  | | | | |  |
|  |  | | Regional Support Network (per RCW 77.24) | | |
|  | | | | |  |
|  |  | | For-Profit Entity | | |
|  | | | | |  |
|  |  | | Other. Specify: | | |
|  |  |  | | Click to type | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Has the sponsor organization developed affordable housing projects previously? | | | |  |  |
|  | 1. Years of Experience | Click to type |  | | |
|  | | | | | |
|  | 1. Number of Projects | Click to type |  | | |
|  | | | | | |
|  | 1. Number of Units Placed In Service | Click to type |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe the last three development projects completed by your organization, including whether the projects were completed within the planned timeframe and budget, any challenges experienced, hurdles overcome, lessons learned, and any subsequent process improvements initiated. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If the operation of the project depends on operating subsidy and /or rental subsidy, describe your organization’s track record in securing such subsidies. Any subsidy should be documented on Form 8B. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Is the sponsor organization currently engaged in any project workouts? | | | |  |  |
|  | 1. If yes, please list any projects in workout, and provide a brief summary of the reason for the workout status. | | |  |  |
|  | | | | | |
|  | Project Name | | Reason for Workout |  | |
|  | 1. | Click to type | Click to type |
|  | 2. | Click to type | Click to type |
|  | 3. | Click to type | Click to type |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If your organization has been party to a foreclosure, deed in lieu of foreclosure, or an active pending foreclosure in the last 10 years, identify the project and explain both the circumstances and how it was resolved with the lender. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe how your organization’s by-laws and articles of incorporation (or other governing documents) ensure an effective role for the board of directors. In addition, describe how board members’ biographies illustrate the diversity of skills needed for the board to effectively oversee the success of the project. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe the experience and cultural competencies of your development team, management team and Executive Director. Where organizational leadership is not representative of the diversity of populations being served, please describe efforts to increase this capacity, whether through intentional outreach, meaningful partnerships or professional internship opportunities. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. How does this project help fulfill the goals and objectives of your mission and/or align with current and historical operations and activities? | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If partnering with another organization on this Project, how does this project help fulfill the goals and objectives of your mission project Partner? | | | |
|  |  | |
|  | | Click to type | |

|  |  |
| --- | --- |
| 1. When was the Sponsor organization last audited? (mm/dd/yyyy) | Click to type |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. In the Sponsor’s last audit, were there any findings? | | | |  |  |
|  | 1. If yes, describe the nature of the findings: | | |  |  |
|  |  | Click to type | |  |  |
|  | | | | | |
|  |  | Have these findings been resolved? | |  |  |
|  |  | i. If not, what is your plan for resolution? | |  |  |
|  |  |  | Click to type |  | |

*Note: If applicants are proposing to develop or operate housing through partnerships, please respond to questions pertaining to capacity on behalf of the partner assuming primary ownership responsibility and financial risk for the project.*

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe the trends illustrated by the last **three** years of organizational financial audits. Include any additional narrative to explain financial ratios that may appear to be cause for concern. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |
| --- | --- | --- |
| 1. 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 for Priority |
| 1. | Click to type | Click to type |
| 2. | Click to type | Click to type |
| 3. | Click to type | Click to type |

## Project Ownership

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Proposed Ownership Structure (check all that apply) | | | | | | | | |
|  |  | Nonprofit | | |  |  | Local Unit of Government | |
|  | | | | | | | | |
|  |  | Limited Liability Corporation (LLC) | | |  |  | Nonprofit Single Asset Entity | |
|  | | | | | | | | |
|  |  | Limited Partnership | | |  |  | Other Corporation | |
|  | | | | | | | | |
|  |  | Limited Liability Partnership (LLP) | | |  |  | Joint Venture | |
|  | | | | | | | | |
|  |  | Other (Describe): | |  | | | | |
|  |  |  | Click to type | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No |
| 1. Is the Applicant a CHDO, or are you seeking CHDO status? | | | |  |  |
|  | 1. If yes, date of certification | Click to type |  | | |
|  | *(if in process, state estimated date of certification)* | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. What is the legal status of the ownership entity for the project? | | | | | |
|  |  | Currently Exists |  | | |
|  |  | To Be Formed |  | | |
|  |  | 1. If to be formed, estimated formation date (mm/dd/yyyy): | | Click to type |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Current Ownership - Existing Housing Only (*check all that apply*): | | | | | |
|  |  | Privately Owned (see RCW 43.185.070 [2]) | | | |
|  | | | |  | |
|  |  | Publicly Owned | | | |
|  | | | |  | |
|  |  | Owned by Sponsor | | | |
|  | | | |  | |
|  |  | Other. Specify: | | | |
|  |  | | Click to type | |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Ownership Entity for completed project | | | | | | | | |
|  | Name: | Click to type | | | | | | |
|  | | | | | | | | |
|  | Address: | Click to type | | | | | | |
|  | | | | | | | | |
|  | City: | Click to type | | | State: | Click to type | ZIP Code: | Click to type |
|  | | | | | | | | |
|  | Phone: | Click to type | Email: | Click to type | | | | |
|  | | | | | | | | |
|  | Fax: | Click to type | Federal Identification Number: | | | | Click to type | |

|  |  |
| --- | --- |
| 1. State where Ownership Entity was/will be Incorporated/Formed: | Click to type |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Fiscal Year (start month to end month): | Click to type | to | Click to type |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Accounting Method of ownership entity: (*check only one*) | | | |
|  |  | Cash | |
|  | | |  |
|  |  | Accrual | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Individuals/Organizations that comprise the ownership entity (if known at time of application): | | | | | | |
|  | | | | | | |
| Name | | Address | Phone | Entity Type | Federal ID # | % Ownership |
| 1. | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |
| 2. | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |
| 3. | Click to type | Click to type | Click to type | Click to type | Click to type | Click to type |

|  |  |
| --- | --- |
| 1. Describe the initial relationship between the ownership entity and the sponsor for the project. | |
|  |  |
|  | Click to type |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Is the relationship between the ownership entity and sponsor expected to change over time? | | |  |  |
|  |  |
|  | 1. If yes, describe how : | |  |  |
|  |  | Click to type |  |  |

## Property Management

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe the working relationship between property operations staff and services staff, if any. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Briefly summarize the management plan for this project. Be sure to address facility maintenance, on-site management, and services provided: | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Explain your marketing strategy and the tenant selection process, including the establishment and management of any waiting lists. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe the operations staffing plan for the project. What and how many staff positions will you have? What hours will operations staff be on site? If you are contracting for any operational services, what services and who will supervise those contracts? | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe the project team’s experience with income verification including information collected, required documentation, and third party verifications. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Yes | No |
| 1. Will management staff be located on site? | | | | |  |  |
|  | 1. If yes, form of management: | | | |  |  |
|  | |  | | Resident Manager(s) - Number of units: |  |  |
|  | | | | | | |
|  | |  | | Management office (Business Hours Only) |  |  |
|  | | | | | | |
|  | |  | | Management office (24 hr) |  |  |
|  | | | | | | |
|  | |  | | Other, Describe: |  |  |
|  | | | | | | |
|  | 1. If no, describe your service area and how this project fits within your organization’s capacity. | | | |  | |
|  |  | | Click to type | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If the completed project will be managed by the sponsor organization, list the names of key property management staff, their titles and their years of experience in affordable housing. | | | |
|  | | | |
| Name | | **Title**  (*e.g., project manager, intake staff*) | **Years’ Experience in Affordable Housing** |
| 1. | Click to type | Click to type | Click to type |
| 2. | Click to type | Click to type | Click to type |
| 3. | Click to type | Click to type | Click to type |
| 4. | Click to type | Click to type | Click to type |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe your property management experience, or that of your proposed property manager entity, as it relates to working with the proposed population. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Describe your organization’s approach to asset management and long-term portfolio planning. Include details on your methods of the following. Be certain to include the name(s) of staff responsible:  * **tracking** operational/dashboard performance * **assessment** and projections of your properties using Capital Needs Assessments and reserve analyses; and * **portfolio** preservation planning. i.e., your priorities and financial plan to achieve those goals. Include examples of successful recapitalization strategies you’ve utilized and major improvements to buildings in your portfolio that you’ve accomplished. | | | |
|  |  | |
|  | | Click to type | |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. If you have conducted a portfolio analysis, provide a summary of projected capital needs for the next ten years and indicate anticipated sources (e.g., replacement reserves, refinancing strategies, capital campaigns, public funder requests). If you have not conducted such an analysis, please describe any plans you may have for developing one. | | | |
|  |  | |
|  | | Click to type | |

## Tab 9 Forms

|  |
| --- |
| Please complete the following Excel forms: |
| * Form 9A Project Team |
| * Form 9B Identity of Interest Matrix |
| * Form 9C Project Sponsor Experience |
| * Form 9D Project Development Consultant Experience |
| * Form 9E Project Property Management Firm Experience |

**Section 10: Services**

|  |  |
| --- | --- |
| 1. Describe the services to be provided on-site, and who will provide them. | |
|  | Click to type |

|  |  |  |
| --- | --- | --- |
|  | 1. Name and describe any service model you are utilizing and why/how it helps to promote housing stability for your target population(s). | |
|  |  | Click to type |

*If you are partnering with another agency or agencies to provide services, attach MOU’s detailing roles and responsibilities.*

|  |  |
| --- | --- |
| 1. How will the service needs of tenants be assessed? Describe the form or tool, if any, used to assess and determine service needs. | |
|  | Click to type |

|  |  |
| --- | --- |
| 1. If your case management or services model pursues outcomes other than or in addition to housing stability and self-sufficiency, describe them. | |
|  | Click to type |

**Referral and Enrollment**

|  |  |
| --- | --- |
| 1. If you are providing housing for homeless households, participation in your local Coordinated Entry system is required by most capital and service funders (Check with your funding source.). If Coordinated Entry is *not* being used or only being used for a portion of your homeless units, please explain how individuals and families will find out about or be referred to your program. | |
|  | Click to type |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Indicate all eligibility criteria for people to enter your program. Please note that selecting “yes” for any criteria beyond “Homeless” or “Chronically Homeless” would exclude your project from being considered “low barrier” housing. | | | | | |
|  | Y | N | |  | |
|  |  |  | | Homeless | |
|  |  | | | |  |
|  |  |  | | Chronically Homeless (HUD definition) | |
|  |  | | | |  |
|  |  |  | | Drug & Alcohol Free | |
|  |  |  | |  | |
|  |  |  | | Must agree to participate in treatment (e.g., mental health, drug and alcohol) | |
|  |  | | | |  |
|  |  |  | | Must agree to participate in services (e.g. , financial literacy, job readiness) | |
|  |  | | | |  |
|  |  |  | | Must enroll or be enrolled in school or training program | |
|  |  | | | |  |
|  |  |  | | Must agree to a work or volunteer requirement | |
|  |  | | | |  |
|  |  |  | | Other | |
|  | | | | | |
|  | 1. Describe why the selected eligibility criteria are important to the success of your program. | | | | |
|  |  |  | Click to type | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Indicate all program screening criteria. Please note that selecting “yes” for any criteria would exclude your project from being considered “low barrier” housing. | | | | | | | |
|  | Y | N | |  | | | |
|  |  |  | | Minimum Income Requirement | | | |
|  |  | | | | | |  |
|  |  |  | | Identification (i.e., photo ID, passport) | | | |
|  |  | | | | | |  |
|  |  |  | | Proof of U.S. Residency Status | | | |
|  |  |  | |  | | | |
|  |  |  | | Credit check required – must pass a threshold | | | |
|  |  |  | |  | If yes, identify threshold: | Click to type | | |
|  |  |  | |  | | | |
|  |  |  | | Criminal Record screening – must pass a threshold | | | |
|  |  |  | |  | If yes, identify threshold: | Click to type | | |
|  |  |  | |  | | | |
|  |  |  | | Other | | | |
|  |  |  | |  | If yes, identify criterion: | Click to type | | |
|  | | | | | | | |
|  | 1. Describe why the selected screening criteria are important to the success of your program. | | | | | | |
|  |  |  | Click to type | | | | | | |

**Maintaining Housing – Program Participation Requirements**

|  |  |
| --- | --- |
| 1. What house rules do residents have to follow to keep their housing (e.g., curfews, visitors, overnight guests)? Describe why these rules are necessary for the success of this program. | |
|  | Click to type |

|  |  |  |
| --- | --- | --- |
| Service/Activity | | Reason for Mandatory Status |
| 1. | Click to type | Click to type |
| 2. | Click to type | Click to type |
| 3. | Click to type | Click to type |

**Leveraging of Service Resources**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | Yes | No |
| 1. Will this project leverage service resources? | | |  |  |
|  | | | | |
|  | 1. If yes, describe the resources. Indicate clearly if each is financial or non-financial. | |  | |
|  |  | Click to type |  | |

***Note: all leveraged financial resources should be reflected in Forms 8B, 8C and 8D (as applicable)***

|  |  |
| --- | --- |
| 1. Describe your organization’s approach to sustaining and funding services over time. How will you respond to increasing service costs or the loss of a service or operating funding source? | |
|  | Click to type |

**Time-Limited Housing**

|  |  |
| --- | --- |
| 1. If housing provided through your program is not permanent, describe exit planning. Specifically, describe what you will do to assist households in time-limited housing to transition to permanent housing [Please note that some funders will only fund permanent housing, please check with your funding source]. | |
|  | Click to type |

|  |  |
| --- | --- |
| 1. Specify any imposed time limit on tenancy, if applicable (number of months) | Click to type |

**Performance Measures**

|  |  |
| --- | --- |
| 1. Describe your anticipated service outcomes and how you plan to measure them. | |
|  | Click to type |

|  |  |
| --- | --- |
| 1. How will you use the service data you collect to inform your program? Include how you will incorporate resident feedback. | |
|  | Click to type |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | Yes | No | n/a |
| 1. If you are serving homeless residents, does your organization and/or your partnering service provider currently participate in your local Homeless Management Information System (HMIS)? | | | |  |  |  |
|  |  |  |
|  |  |  | |  | |  |
|  | 1. If not, when do you expect to begin? (mm/dd/yyyy) | | Click to type |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | Yes | | No |
| 1. Does your agency have procedures in place to monitor data quality on at least a quarterly basis? | | |  |  | |
|  |  | |
|  | | | | | |
|  | 1. If yes, describe | |  | | |
|  |  | Click to type |  | | |
|  | 1. If no, describe what procedure you have in place to ensure data quality. Be sure to include any timelines. | |  | | |
|  |  | Click to type |  | | |

|  |  |
| --- | --- |
| 1. If you are serving homeless residents, describe how your proposal is aligned with the Federal HEARTH Act performance outcomes, as adopted by your local Continuum of Care (CoC)? | |
|  | Click to type |

**Services for Special Needs Populations**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | Yes | No |
| 1. If Special Needs populations including homeless households will be served, will the project require licensing (e.g. for an Adult Family Home)? | | | | | | | | | |  |  |
|  | 1. If yes, state which license: | | | | | | Click to type | | |  | |
|  |  | i. current status of license: | | | | | | | |  |  |
|  |  |  |  | | Approved | | | | |  |  |
|  |  |  |  | | Pending approval, date expected (mm/dd/yyyy): | | | Click to type |  | | |
|  |  |  |  | | Other, describe: | | | | |  |  |
|  |  |  |  |  | | Click to type | | | |  | |

**Cultural Competency**

|  |  |
| --- | --- |
| 1. Describe how the project’s engagement and service delivery model assures access for the target population(s), including efforts related to language, location, outreach, style of interaction, and service design. Include the process used to identify specific culturally based needs and how information gathered is or has been used to modify engagement and services delivered to meet those needs. | |
|  | Click to type |

**Other Service Providers**

|  |
| --- |
| 1. If services will be provided by another agency or agencies, provide the following information for each agency. Add additional tables if necessary. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Firm Name: | Click to type | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Address: | Click to type | | | | | | | | | | |
|  |  | | |  |  | |  | |  | | |
| City: | Click to type | | | | | State: | | Click to type | | Zip Code: | Click to type |
|  |  | | |  |  | | | | | | |
| Phone: | Click to type | | | Email: | Click to type | | | | | | |
|  | |  | | | | | | | | | |
| Contact Person and Title: | | | Click to type | | | | | | | | |
|  | |  | | | | | | | | | |
| Provider Role/Responsibility | | | Click to type | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Firm Name: | Click to type | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
| Address: | Click to type | | | | | | | | | | | | |
|  |  | | | |  | | |  |  | |  | | |
| City: | Click to type | | | | | | State: | | | Click to type | | Zip Code: | Click to type |
|  |  | | | |  | | |  | | | | | |
| Phone: | Click to type | | | Email: | | Click to type | | | | | | | |
|  | |  | | | | | | | | | | | |
| Contact Person and Title: | | | Click to type | | | | | | | | | | |
|  | |  | | | | | | | | | | | |
| Provider Role/Responsibility | | | Click to type | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Firm Name: | Click to type | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Address: | Click to type | | | | | | | | | | |
|  |  | | |  |  | |  | |  | | |
| City: | Click to type | | | | | State: | | Click to type | | Zip Code: | Click to type |
|  |  | | |  |  | | | | | | |
| Phone: | Click to type | | | Email: | Click to type | | | | | | |
|  | |  | | | | | | | | | |
| Contact Person and Title: | | | Click to type | | | | | | | | |
|  | |  | | | | | | | | | |
| Provider Role/Responsibility | | | Click to type | | | | | | | | |

# Section 11: LIHTC Scoring

## Tab 11 Form

|  |
| --- |
| If applicable, please complete the following Excel Forms: |
| * Form 11A 9% LIHTC Scoring Synopsis |
| * Form 11B 4% LIHTC and Bond Scoring Synopsis |

1. This includes the issuance of Notices of Disclosure to Seller with Purchase Offer, Disclosure to Seller After Purchase has been Executed, and Disclosure to Seller of Fair Market Value [↑](#footnote-ref-1)