

METROPOLITAN DEVELOPMENT AND HOUSING AGENCY



ATTACHMENT C

2016 APPLICATION

FOR

NONPROFIT AND CHDO HOUSING DEVELOPERS

FOR

HOME INVESTMENT PARTNERSHIPS PROGRAM

FUNDING AND PROPERTIES

FOR

RENTAL PROJECTS

2016 Rental Housing Development Application

Date of Application: [Click here to enter a date.](#)

Activity: [Choose an item.](#)

SECTION 1: Applicant Information

Developer Name: [Click here to enter text.](#)

Type of Developer: [Choose an item.](#)

Contact Person: [Click here to enter text.](#)

Tax ID Number: [Click here to enter text.](#)

Address : [Click here to enter text.](#)

Date Formed: [Click here to enter a date.](#)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#)

Zip Code: [Click here to enter text.](#)

Telephone Number: [Click here to enter text.](#)

Fax Number: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Are you seeking CHDO designation to apply for CHDO set-aside funds: Yes No

SECTION II: Project Information

Project Name [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#)

Zip Code: [Click here to enter text.](#)

Census Tract: [Click here to enter text.](#)

Describe your role in the project: [Choose an item.](#)

Type of project: [Choose an item.](#)

Do you have site control or already own the property? Yes No

If yes, site control is in the form of: Deed Option

Sales Contract Other

Are you requesting MDHA lots (CHDO Applicants only)? Yes No

Is the site zoned for the proposed activity? Yes No

If no, attach a brief description of the zone change efforts and the anticipated date of the change. Include any letters of support for the zone change.

Is the proposed site in a floodway? Yes No

Is the property a foreclosure? Yes No

Type of Development (Check all that apply): SRO Apartments

Town House Single Family Duplex Triplex Condo

Fourplex High Rise (4 stories or more)

Other [Click here to enter text.](#)

Is there a waiting list or other documents to support demand for the proposed units?
 Yes No

Are support services being provided to residents? Yes No

If yes, are the costs of the services included in the rent? Yes No

If yes, what types of services are included in the project? [Click here to enter text.](#)

SECTION III: Building Information

Number of floors in tallest building: [Click here to enter text.](#)

Number of elevators: [Click here to enter text.](#)

Are energy efficient measure and/or green building activities proposed? Yes No

Will you use Visitability/Universal Design principles in your development? Yes No

	Total Buildings	Total Units	Efficiency or SRO Units	1 Bedroom Units	2 Bedroom Units	3 Bedroom Units	4 or More Bedroom Units
Rental Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Handicapped Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Square Feet	Click here to enter text.		Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Combined HOME/Other Combined Subsidy Units, i.e., LIHTC, Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

SECTION IV: Acquisition, Demolition and New Construction Projects Only

The building(s) are? Occupied Vacant Both

If the buildings are occupied is relocation proposed? Yes No
If yes include cost and source in budget.

Were any of the buildings built before 1978? Yes No

If yes, has a lead based paint test been performed? Yes No

Are any other environmental concerns present? Yes No

If yes, what are the concerns? [Click here to enter text.](#)

Are any of the buildings a Historic Building? Yes No

Is the project located in a Historic District? Yes No

SECTION V: New Construction Only

Do you have architectural plans for the project? Yes No

Do you have construction specifications for the project? Yes No

Do you have a proposed site plan for the project? Yes No

Are all of the ground floor units visitable (as defined by HUD)? Yes No

Are utilities available at the proposed site? Yes No

If no, which utilities are **not** available? Sewer Water Gas
 Electric

Describe the surrounding neighborhood including the types and style of architecture, height of buildings, size of comparable units and neighborhood characteristics. Limit response to the space provided.

SECTION VI: Resident Information

Briefly describe your project and the client(s) it is designed to serve. Include information on the need and demand for the project, including any amenities and design elements that are not generally available to the proposed client base. Describe your primary market area and provide information including vacancy rates of comparable units in any competing properties. Describe the projects competitive advantages and/or disadvantages for attracting renters to the proposed project. Describe the project's impact in the community and any efforts to obtain community input. Limit your description to the space provided.

Total number of units for households with incomes:

- [Click here to enter text.](#)Below 30% of median family income
- [Click here to enter text.](#)30% to 50% of median family income
- [Click here to enter text.](#)50% to 60% of median family income
- [Click here to enter text.](#)60% to 80% of median family income
- [Click here to enter text.](#)Over 80% of median family income

Number of HOME Fund units for households with incomes:

- [Click here to enter text.](#)Below 30% of median family income
- [Click here to enter text.](#)30% to 50% of median family income
- [Click here to enter text.](#)50% to 60% of median family income

Number of HOME/other subsidy units, i.e., Barnes, LIHTC, etc., combined units for households with incomes:

- [Click here to enter text.](#)Below 30% of median family income
- [Click here to enter text.](#)30% to 50% of median family income
- [Click here to enter text.](#)50% to 60% of median family income

SECTION VII: Funding Sources Information

Total Project Cost: [Click here to enter text.](#)

Total HOME CHDO Request (as applicable): [Click here to enter text.](#)

Total HOME non-CHDO Request): [Click here to enter text.](#)

Total HOME Request (both sources as applicable): [Click here to enter text.](#)

Total Loans (Conventional Financing) Amount: [Click here to enter text.](#)

Total Other Funds (Non HOME, Barnes, LIHTC, etc.) Amounts: [Click here to enter text.](#)

The funding sources listed must equal the total project cost. If they do not equal the total project cost then a written explanation detailing how the gap in funding will be resolved must be attached to the application.

In the Chart(s) below enter detailed information on the Sources and Uses of all funds needed to complete the proposed project. Include proposed HOME funds as a Source. **NOTE: Developer must have firm financial commitments for all funding sources before MDHA will enter into a Developer Agreement.**

SOURCES OF FUNDS FOR CONSTRUCTION FINANCING					
Source/Name	Loan Amount	Interest Rate	Term	Type	Funding Status
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.

Total Sources Construction Financing: [Click here to enter text..](#)

PERMANENT DEBT/EQUITY SOURCES OF FUNDING							
Source/Name	Amount	Interest Rate	Term (Years)	Annual Debt Service	Lien Position	Type of Funds	Funding Status
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.

Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.	Choose an item.
Total Funds							

Total Permanent Debt/Equity Funding Sources: [Click here to enter text.](#)

Uses of Funding

ACQUISITION COST

Land
Building

TOTAL AMOUNT

[Click here to enter text.](#)
[Click here to enter text.](#)

HOME FUNDS

[Click here to enter text.](#)
[Click here to enter text.](#)

OTHER FUNDS

[Click here to enter text.](#)
[Click here to enter text.](#)

Total

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

HARD COSTS

New Construction
Rehabilitation
Demolition
Appliances
Lead Based Paint
Site Work
Site Utilities
Roads/Walks
Landscaping
Builders Risk Ins.
Liability Ins.
Environmental
Other 1
Other 2
Other 3

[Click here to enter text.](#)
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Subtotal

Total Hard Costs

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Const. Contingency
list \$ amount & % of
total Hard Costs

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Total Hard Costs

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

SOFT COSTS

Loan Fees
Legal Fees
Construction Interest
Accounting Fees
Architect Fees
Engineering Fees
Relocation Costs
Appraisal

[Click here to enter text.](#)
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**LBP Assessment
Survey**

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Property Taxes

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Developer Fee

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[Click here to enter text.](#)

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Resident Services

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[Click here to enter text.](#)

[Click here to enter text.](#)

Capital Needs Asst.

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Market Study

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[Click here to enter text.](#)

[Click here to enter text.](#)

Insurance

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Other 4

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Other 5

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Total Soft Costs

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

**Total Land, Hard & Soft
Costs**

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)

Type of Activity for Other Category

HARD COSTS

Other 1

[Click here to enter text.](#)

Other 2

[Click here to enter text.](#)

Other 3

[Click here to enter text.](#)

SOFT COSTS

Other 4

[Click here to enter text.](#)

Other 5

[Click here to enter text.](#)

If you feel any cost needs explanation, please explain below.

SECTION VIII: Rental Units

Will tenants pay their own utilities? Yes No Other [Click here to enter text.](#)

Will the project use Section 8 vouchers or certificates? Yes No

Will the project use Project Based Section 8 Subsidies? Yes No

Does any part of the development include commercial space? Yes No

If yes, will the commercial space generate rent? Yes No

If yes, the annual rental income for the commercial space is projected to be [Click here to enter text.](#)

Unit information

Please check all that apply:

Amenities included in units:

- Stove
- Refrigerator
- Dishwasher
- Microwave
- Garbage Disposal
- Washer/Dryer
- Washer/Dryer Hookups
- Security System

Amenities in common area:

- Washer/Dryer in laundry room
- Meeting room
- Kitchen or Kitchenette

Heating and Cooling System

- Heating - Gas
- Heating - Electric
- Heating - Propane
- Cooling - Central Air
- Cooling - Wall Unit
- Cooling - Window Unit

Water/Sewer and Trash

- Paid by Tenant
- Included in Rent

Please enter the appropriate monthly utility allowances by type and bedroom size if the utility is paid by tenant.

Utility Type	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Heating	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Air Conditioning	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Cooking	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Lighting	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Water	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Sewer	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Trash	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Total Allowance	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

The source for the utility allowance is [Choose an item.](#)

Please enter the proposed rents for the project.

Rent Type	0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Barnes Fund	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME/ other combined subsidy units, i.e., LIHTC Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-low Income	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Note: Maximum allowable rents for HOME units minus any tenant paid utilities is determined based on the number of units and type of project – instructions and rent limits are provided in Section 2.9 of the application instructions.

SECTION IX: Development Team Information

Executive Director: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Project Administrator: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Finance Director: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Management Company: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

Telephone Number of Contact Person: [Click here to enter text.](#)

SECTION X: Certifications

The undersigned hereby certifies to the following:

1. That all the information provided on this form and any attachments is true, correct and complete. That he/she is fully informed respecting the preparation and contents of this application and of all pertinent circumstances respecting such application. The applicant has an affirmative duty to notify the MDHA of any changes to the information contained in the Application or to the CHDO, if designated.
2. That no member, officer, or employee of the Metropolitan Development and Housing Agency (MDHA); no member of the governing body of the locality in which the project is situated; and no other public official of such locality or localities who exercise any functions or responsibilities with respect to the project, shall, during his/her tenure, or for one year thereafter, have any interest, direct or indirect, in any contract or agreement resulting from an award made in conjunction with this application.
3. That the applicant's staff or board members do not now have, and have not had, during the previous 12 months, any interest, direct or indirect, in MDHA or any of its members or officials, including a family relationship with any Agency member or official and employment by or service as a member or official of MDHA.
4. That the applicant shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, handicapping conditions or national origin. The applicant shall take affirmative action to ensure that applicants are employed, and employees are treated during employment, without regard to race, color, religion, sex, age, handicapping conditions or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensations; and selection for training, including apprenticeship.
5. That the applicant shall not assign or transfer any interest in any contract or agreement resulting from an award made in conjunction with this application without the written approval of the MDHA Board of Commissioners, which authorization would be communicated only over the signature of the Executive Director.

6. That the applicant has not retained any person or entered into any agreement or understanding for a contingent commission, percentage, or brokerage fee, except for retention of bona fide employees or bona fide established commercial selling agencies for the purpose of securing business.
7. That no Federal appropriated funds have been paid or will be paid, by or on behalf of the applicant, to any persons, for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.
8. That no funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
9. That the applicant shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
10. The applicant agrees to indemnify and hold harmless the MDHA and its representatives, from and against, any and all claims, suits, damages, costs and expenses arising out of the MDHA's review of and decisions with regard to the application.

The applicant further agrees that verification may be obtained from any source MDHA entity deems necessary. The undersigned understands that MDHA as the administering entity for the HOME Funds reserves the right to request additional information or materials needed and may require changes in information submitted by the applicant. The undersigned further attests that he/she is authorized to sign and to submit said funding application.

Number of HOME Units: [Click here to enter text.](#)

HOME Request Amount: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Date: [Click here to enter a date.](#)

Title: [Click here to enter text.](#)

Signature: _____

**Supporting Documentation Checklist – Attachment C
(Including Forms Provided)**

Unless otherwise noted all required documents must be submitted with the application in the order listed below. The information requested must be submitted on the application forms provided. Failure to submit the required documents may result in rejection of the application.

SECTION I:

- Copy of 501(c) letter from the Internal Revenue Service
- Copy of Certificate of Existence/Good Standing – State of Tennessee
- Copy of Articles of Incorporation or Charter/Organization
- Copy of By Laws
- List of Board Members and Officers with their professional affiliations & employment
- Most recent audit
- Last 24 month financials if audit has not been done in the past year
- Year to date financials
- Most recent IRS 990 form
- Narrative outline of the applicant's experience in providing contracting opportunities to Minority, Women Owned and Small Business Enterprises and plans to recruit such for the use in the proposed project. (1 page limit)
- Narrative outline of the applicant's plan to use businesses that have been certified through MDHA as a Section 3 Business in order of priority ranking as described in 24 CFR 135. Include methods of contact, date of contact and other outreach methods. (1 page limit)
- Narrative outline of the applicant's plan to comply with the Section 3 Training and Employment Preference as described in 24 CFR 135. (1 page limit)

SECTION II:

- Copy of method of site control (deed, signed & dated option, signed & dated sales contract, other)
- MDHA lot request list (**form provided attachment D – CHDO Applicants Only**)
- If the property is not zoned for the activity proposed, please attach a one page description of the zone change efforts, including the dates of the activities (reading(s), anticipated approval, etc.). Include any letters of support from community members and Metro Council members.
- Copy of map with the proposed project location
- Table of proximity/distance to services (**form provided in this attachment**)
- Copy of a list of services to be provided (if applicable)
- Narrative outline of the project's readiness to proceed to include a project time line showing anticipated dates of project mile stones (including but not limited to) real estate closing, completed site plan and architectural design, start of construction, construction completion, lease-up, etc. (1 page limit) Please note project cannot start until Environmental Review is complete, so timeline should include the estimated time needed based on information in Exhibit 1 for completion of the Environmental Review.

SECTION III:

- Copy of list of proposed Universal Design elements (if applicable)
- Copy of list of proposed energy efficiency measures/green building items (if applicable) (**form provided in this attachment**)

SECTION IV:

- Photographs of proposed acquisition properties for demo new construction:
 - a. Front and rear of the building(s)
 - b. Streetscape
 - c. Interior (living area, bathrooms, sleeping area)
- If acquiring an occupied housing unit(s) attach a list of existing tenants with address and contact information. Information on relocation requirements is located at the following link:

- If acquiring an occupied housing unit(s) provide a relocation plan and include the relocation cost estimates in the Development Pro Forma and the Sources and Uses of Funds.

SECTION V:

- Architectural plans (if applicable)
- Provide a cost per square foot by unit size (**form provided in this attachment**)
- Construction specifications – to including materials and finishes and
- Site plan (if applicable)
- A narrative statement of how the project will meet the Site and Neighborhood requirements of 23 CFR 983.6(b) See Exhibit 2 of the Application Instructions (1page limit)

SECTION VI: None

SECTION VII:

- Copies of funding commitment letters that list the funding terms, conditions and amount.
- Proof of match/leverage (letter from service provider, commitment of donation of goods or materials, etc.)
- Sources and Uses (**form provided in this attachment**)

SECTION VIII:

- Detailed rent/income and operating expenses information (**form provided in this attachment**)
- Rental pro-forma (**from provided in this attachment**)

SECTION IX

- Resumes of development team members.
- Responsibilities and duties of development team members
- List of services to be contracted out and list of services performed by employees of developer
- A narrative statement that outlines developers experience in developing and administering the type of project proposed. Include the developer's experience in construction/development, marketing, renting and managing similar projects. (1 page limit)
- A list of projects completed by the developer and the development team in the last 5 years. Include property address, start date, completion date, type of funding used, type of project, clients served, initial budget and final budget. Explain any significant (greater than 20%) cost over runs.
- A list of all HOME projects for the past 10 years (regardless of type) funded through MDHA or another entity. Include the date the funds were awarded, number and type of units, completion date and the status of any open projects.

Proximity to Services (complete for each site address)

***Please note the information being requested on this form is for informational purposes only as there are no minimum threshold requirements for proximity/distance that a project must meet to be considered for funding.**

Address of Proposed Project: [Click here to enter text.](#)

Census Tract Number: [Click here to enter text.](#)

Distance to nearest public transportation: [Click here to enter text.](#)

Closest intersection to nearest public transportation: [Click here to enter text.](#)

Distance to nearest elementary school: [Click here to enter text.](#)

Name of nearest elementary school: [Click here to enter text.](#)

Distance to nearest grocery store: [Click here to enter text.](#)

Name of nearest grocery store: [Click here to enter text.](#)

Distance to nearest shopping/retail area: [Click here to enter text.](#)

Types of shops/services available at nearest shopping/retail area: [Click here to enter text.](#)

Distance to nearest bank/credit union: [Click here to enter text.](#)

Name of nearest bank/credit union: [Click here to enter text.](#)

Distance to nearest medical facility: [Click here to enter text.](#)

Name of nearest medical office or hospital: [Click here to enter text.](#)

Distance to nearest post office: [Click here to enter text.](#)

Name of nearest post office: [Click here to enter text.](#)

Distance to nearest library: [Click here to enter text.](#)

Name of nearest library: [Click here to enter text.](#)

Distance to nearest park or recreational facility: [Click here to enter text.](#)

Name of nearest park or recreational facility: [Click here to enter text.](#)

Environmental/Green Checklist

All new construction projects are required to meet the International Energy Conservation Code and receive Energy Star (or equivalent) certification Standards to be considered for funding. Developers are encouraged to exceed these Energy Star Standards in order to reduce environmental impact.

In addition to meeting the International Energy Conservation Code and receiving Energy Star (or equivalent) certification, check each additional item that will be utilized in the project.

- Energy Star rated heating and cooling products with programmable thermostats.
- All windows Energy Star rated.
- 3 or more qualified energy-star appliances or products – refrigerator, dishwasher, range hood, washing machine, ceiling fans, light fixtures, ventilation fans or water heaters.
- Energy Star clothes washers in project with on site-laundry facilities.
- Project is within one-quarter mile of a public transportation stop.
- Install compact florescent or LED light bulbs throughout the project.
- Install tankless water heaters in each unit.
- Provide vegetated open space equal to either 20% of the project site area or equal to the building foot print. Vegetate open space is defined as lawns, gardens, plant beds, fish ponds with plants, shrubs and trees.
- Place a minimum of 50% of the resident parking spaces under cover.
- All lavatory faucets must have flow of less than or equal to 2.0 gallons per minute (gpm).
- All showers must have a flow rate of less than or equal to 2.0 gallons per minute (gpm).
- The average flow rate for all toilets must be less than or equal to 1.3 gallons per flush (gpf).
- Toilets must be dual-flush and meet the requirements of ASME A112.19.14.
- Toilets must meet the U.S. EPA WaterSense specification and be certified and labeled accordingly.
- All domestic hot water piping shall have R-4 insulation.
- Central hot water manifold trunk no more than 6 feet, insulated to R-4, with no branch line exceeding 20 feet.
- Compact hot water supply line design with no run over 20 feet from the water heater.
- All carpet used must meet the product testing requirements of the Carpet and Rug Institute's Green Label Plus program.
- All adhesives, sealants and primers used on the interior of the building and applied on site will comply With South Coast Air Quality Management District Rule #1168.
- Provide an accessible area for the recycling of non-hazardous materials. The property management is responsible for ensuring the proper disposal and removal of recyclables.

Unit Cost Information

New Construction Only (Structure Only)

Unit Type	Square Feet/Unit	Cost per square foot
Single Room Occupancy (SRO)		
Efficiency		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
Common Space		

Rental Income Calculations

Total number of units: [Click here to enter text.](#)

Proposed Vacancy Rate: [Click here to enter text.](#)

Total units by bedroom size:

[Click here to enter text.](#) SRO

[Click here to enter text.](#) Efficiency

[Click here to enter text.](#) One Bedroom

[Click here to enter text.](#) Two Bedroom

[Click here to enter text.](#) Three Bedroom

[Click here to enter text.](#) Four Bedroom

SRO Units

	# of Units by Funding Source	Proposed Rent	Monthly Income	Annual Income
HOME	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME/ other combined subsidy units, i.e., LIHTC Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Total Annual Income for SRO Units: [Click here to enter text.](#)

Efficiency Units

	# of Units by Funding Source	Proposed Rent	Monthly Income	Annual Income
HOME	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME/ other combined subsidy units, i.e., LIHTC Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Total Annual Income for Efficiency Units: [Click here to enter text.](#)

One Bedroom Units

	# of Units by Funding Source	Proposed Rent	Monthly Income	Annual Income
HOME	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME/ other combined subsidy units, i.e., LIHTC Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Total Annual Income for One Bedroom Units: [Click here to enter text.](#)

Two Bedroom Units

	# of Units by Funding Source	Proposed Rent	Monthly Income	Annual Income
HOME	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME/ other combined subsidy units, i.e., LIHTC Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Total Annual Income for Two Bedroom Units: [Click here to enter text.](#)

Three Bedroom Units

	# of Units by Funding Source	Proposed Rent	Monthly Income	Annual Income
HOME	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME/ other combined subsidy units, i.e., LIHTC Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Total Annual Income for Three Bedroom Units: [Click here to enter text.](#)

Four Bedroom Units

	# of Units by Funding Source	Proposed Rent	Monthly Income	Annual Income
HOME	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HOME/ other combined subsidy units, i.e., LIHTC Barnes, etc.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Non-Low Income Units	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Total Annual Income for Four Bedroom Units: [Click here to enter text.](#)

Annual Income (Rental)

Annual Income from Apartments	Click here to enter text.
Rent from Commercial Space	Click here to enter text.
Laundry	Click here to enter text.
Tenant Charges (late fees, ISF fees, etc.)	Click here to enter text.
Other Click here to enter text.	Click here to enter text.
Total Annual Income	Click here to enter text.

Annual Expenses (Rental)

Salaries	Click here to enter text.
Accounting Services	Click here to enter text.
Legal	Click here to enter text.
Advertising	Click here to enter text.
Utilities (Common Area)	Click here to enter text.
Trash Removal	Click here to enter text.
Supplies	Click here to enter text.
Exterminating	Click here to enter text.
Maintenance	Click here to enter text.
Mowing/Grounds	Click here to enter text.
Utilities Included in Tenant Rent	Click here to enter text.
Property Insurance	Click here to enter text.
Real Estate Taxes	Click here to enter text.
Debt Service	Click here to enter text.
Total Annual Expenses	Click here to enter text.

Rental Operating Pro Forma

	Annual Inflation Rate	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
REVENUE											
Gross Rent											
Vacancy Rate											
Adjusted Gross Income											
Other Income											
Operational Subsidies											
Gross Income											
Operating Expenses											
Administrative											
Maintenance/Upkeep											
Utilities/Trash											
Taxes											
Insurance											
Legal											
Advertising											
Supplies											
Exterminating											
Other											
Total Operating Expense											
Reserve for Replacement											
Net Operating Income											
DEBT SERVICE - Sources											
Total Debt Service											
Debt Coverage Ratio											
Operating Reserve											

TOTAL CASH FLOW

	Annual Inflation Rate	Year 11	Year 12	Year 13	Year 14	Year 15	Year 16	Year 17	Year 18	Year 19	Year 20
REVENUE											
Gross Rent											
Vacancy Rate											
Adjusted Gross Income											
Other Income											
Operational Subsidies											
Gross Income											
Operating Expenses											
Administrative											
Maintenance/Upkeep											
Utilities/Trash											
Taxes											
Insurance											
Legal											
Advertising											
Supplies											
Exterminating											
Other											
Total Operating Expense											
Reserve for Replacement											
Net Operating Income											
DEBT SERVICE - Sources											
Total Debt Service											
Debt Coverage Ratio											

Operating Reserve												
TOTAL CASH FLOW												