**HOME/HTF Rental Development**

**2020 Funding Application**

**Submit completed application and supporting documents**

**by 4:30 P.M., Friday February 7, 2020 to:**

**Barry McMurphy, Housing Development Manager:** [**bmcmurphy@kshousingcorp.org**](mailto:bmcmurphy@kshousingcorp.org)

***This application is for***  ***HOME***  ***Housing Trust Fund***  ***Both HOME and HTF***

**Applications for HTF are open to any qualified developer (for-profit or nonprofit). Applications for HOME Rental Development funds are restricted to nonprofit organizations that are qualified for certification as a Community Housing Development Organization (CHDO). Awards are subject to 2020 HOME and HTF funding availability from the U.S. Department of Housing and Urban Development.**

***Applicant Data***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant: | | | |  | | | | Contact: | |  | | |  |
| Address: | | |  | | | | | | | | | |  |
| City: |  | | | | | State: |  | | Zip: | | |  |  |
| Phone: | |  | | |  | E-mail: | | | | |  | |  |
| DUNS #: | | |  | |  | EIN: | | | | |  | |  |
| Are the principal entities (developer and members or partners of the ownership entity) registered with the System for Award Management at [www.sam.gov](http://www.sam.gov) (required)? Y       N | | | | | | | | | | | | |  |

***Proposal Summary***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Development Name: | | |  | | |
| Address: | |  | | | |
| City: |  | | | County: |  |
| Zip: |  | | | Census Tract: |  |

# Will the project include LIHTC? Yes No

**Is the owner/sponsor a CHDO requesting HOME Set Aside funds?** YesNo

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Type | | Unit Type | Unit Data | |  | |
| New Construction | | Single Family | Total Units | | |  |
| Rehabilitation Only | | Duplex | Proposed HOME Units | | |  |
| Acquisition/Rehab | | Triplex | Proposed HTF Units | | |  |
| Acquisition Only | | Multifamily (4 +) |  | | |  |
| Occupancy Targeting | | | |
| No Special Targeting | Disabilities/Special Needs | | |
| Elderly – over 62  55+ (at least 80%) | Other (describe)  Homeless units (number?) | | |

# Funding Summary

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total Development Cost: | $ |  |  |  | |  |  |
| **HOME Funds Requested:** | $ |  |  |  |  |  | |
|  | | |  | | | | |
| **HTF Funds Requested** $ \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | | |

***Development Team***

Each member of the development team must submit a resume that lists qualifications, address, and telephone number. ***If applying for HOME CHDO set-aside funds for a development in partnership, CHDO is the ‘Sponsor’, must be sole general partner of an LP or sole managing member of an LLC, and must have effective project control.***

|  |  |  |  |
| --- | --- | --- | --- |
| Developer: |  | | |
| Owner– (LLC/LP if applicable): |  | | |
| General Partner/Managing Member: |  | % of GP/MM |  |
| General Partner/Member: |  | % of GP/MM |  |
| Contractor: |  | | |
| Management Company: |  | | |
| Consultant: |  | | |
| Architect: |  | | |

|  |
| --- |
| List any direct or indirect, financial, or other interests a member of the development team may have with another member of the team. List "none" if there are no identities of interests. Use a separate sheet if needed. |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PREVIOUS PARTICIPATION OF APPLICANT**: List other recent developments by owner or principal members of the ownership entity. Use additional sheets if necessary. | | | | | | |
|  | | | | | | |
| Name of Project/Location |  | Type of Project  (rental, homeowner, etc.) |  | Funding Sources |  | Date/Status of Project |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Site Information***

|  |  |  |
| --- | --- | --- |
| 1. Will real estate be acquired for this development (purchase or donation)? | Yes | No |
| If no, skip to question 5. |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. Name(s) of Current Owner(s): | | |  | | | | Phone: | |  | |
| Address: | |  | | | | | | | | |
| City: |  | | | State: |  | Zip: | |  | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 3. What form of control does the applicant have over the proposed site/existing building(s)? | | | | | | |
| Deed | Option | | Purchase Contract | Other | | None |
| Expiration date of contract or option: | |  | | | *Attach documentation* | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. Is the acquisition a: | Purchase   *(answer a)* | Donation  *(answer b & c)* | | |
| a. Has the applicant provided a letter of interest including estimated market value and notice of no eminent domain authority to the Seller? *(required - attach copy)* | | | Yes | No |
| b. Has the applicant provided a letter of interest including estimated market value and notice of no eminent domain authority to the Donator? *(required - attach copy)* | | | Yes | No |
| c. Has the Donator required the applicant to obtain a formal appraisal of the property? *(attach copy)* | | | Yes | No |

|  |  |  |
| --- | --- | --- |
| 5. Is site properly zoned for the proposed development? | Yes  No | *Attach documentation* |

|  |  |  |
| --- | --- | --- |
| 6. Are all utilities available to the site? | Yes  No | *Attach documentation* |

|  |  |  |
| --- | --- | --- |
| 7. Total acres in the site: |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 8. Total number of buildings (existing or to be constructed): | | |  | |  | |
| Gross Floor Area of All Buildings: |  | | |  | | |
| Residential Floor Area: |  | Non-residential Floor Area: | | | |  |

|  |  |
| --- | --- |
| 9. Attach the following documents: | |
| Site Location Map | A detailed map indicating where the proposed development is to take place |
| Site Plan | *For new construction, a detailed map indicating exactly where the proposed development sits on the site.* |

***Environmental Review***

**Any ‘choice limiting actions’ taken prior to completion of the Environmental Review may result in the project being ineligible to receive HOME or HTF funds.**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Is any part of the site in a floodplain, or close to an airport?Yes | | No |  |
| 2. Have all of the factors in Part I of the HUD Part 58 Environmental Assessment checklist been reviewed for potential impact on the project site? (HTF has a different ER process, but most factors will apply) | Yes | No |  |
| 3. Have any environmental concerns been identified that may require mitigation or additional investigation? (*attach explanation)* | Yes | No |  |
|  |  |  |  |

***In-Place Tenants & Relocation***

|  |  |  |
| --- | --- | --- |
| 1. Does the project involve property that is currently occupied? | | Yes  No |
| If yes, continue with a, b and c. If no, skip to question 2. | | |
| a. Attach a rent roll that includes the names and ages, household size and current rent of in place tenants. | | |
| b. Attach copies of notice of URA rights provided to in place tenants. | | |
| c. Will this activity cause the need to relocate tenants (temporarily or permanently)? | | Yes  No |
| If yes, attach a proposed relocation plan including a description of anticipated relocation costs.  **Failure to comply with the Uniform Relocation Act (HOME and HTF), Section 104(d) (HOME) and related requirements will result in ineligibility for HTF/HOME funds, and may lead to other sanctions.** | | |
|  | | |
| 1. When was the property last occupied? |  | |

***Lead-Based Paint Hazards***

|  |  |  |  |
| --- | --- | --- | --- |
| Were any existing buildings constructed prior to Jan. 1, 1978? | Yes | No | N/A |
| If yes, attach a narrative addressing Lead-Based Paint Hazards, including who will conduct the required risk assessments and inspections, and any necessary mitigation. Include an estimate of the cost for lead hazard activities. | | | |

***Davis Bacon Review (HOME funds only – does not apply to HTF)***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Number of HOME-assisted units identified in the HOME Unit Summary section   If the answer is 12 or more, continue with the remaining question(s) in this section. | |  | |
| 2. Has the applicant obtained wage determinations from the Department of Labor? | | Yes | No |
| 3. Has the applicant factored these into the development budget? |  | Yes | No |
| 4. Provide a narrative on the applicant’s experience with Davis Bacon and how compliance will be achieved on this proposal. | | | |

***Equipment Included with Unit***

|  |  |  |  |
| --- | --- | --- | --- |
| Range | | Refrigerator | Disposal |
| Dishwasher | | Air Conditioner | Kitchen Exhaust Fan |
| On-Site Laundry | | Washer/Dryer Hook-up | Security System in Unit |
| Other: |  | | |
| **Amenities or Additional Services Provided:**  **What energy efficiency standard (Energy Star, 2012 IECC, LEED, etc.)?**  **Number of units to be accessible to persons with mobility impairments (UFAS standard)?**  **Does the project include any units for homeless families or individuals?** **How many?**  **Will the project include individual or community safe rooms build to FEMA specifications?**  **Will the project include basements or other reinforced shelter areas *not* to FEMA specs?** | | | |

***Unit Summary***

List *all* units, indicating which are proposed to be HTF/HOME assisted.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Number BR/Unit Type | -BR | -BR | -BR | -BR | -BR | Totals |
| Sq, Ft./Unit |  |  |  |  |  |  |
| Number of Units |  |  |  |  |  |  |
| Net Monthly Rent/Unit |  |  |  |  |  |  |
| Plus: Utility Allowance |  |  |  |  |  |  |
| Gross Monthly Rent/Unit |  |  |  |  |  |  |
| Annual Rental Income (All Units) |  |  |  |  |  |  |
| Income Restriction (% of AMI): |  |  |  |  |  |  |
| HOME-Assisted (Yes/No) |  |  |  |  |  |  |
| HTF Assisted (Yes/No) |  |  |  |  |  |  |

***Monthly Utility Allowance Calculations***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Utilities (Type) | | -BR | -BR | -BR | -BR | -BR | Paid By |
| Heating |  |  |  |  |  |  |  |
| A/C | |  |  |  |  |  |  |
| Cooking |  |  |  |  |  |  |  |
| Lighting | |  |  |  |  |  |  |
| Hot Water |  |  |  |  |  |  |  |
| Water | |  |  |  |  |  |  |
| Sewer | |  |  |  |  |  |  |
| Trash | |  |  |  |  |  |  |
| Total Utility Allowance for Units | |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **NOTE:** Documentation of utility calculations must be attached. For HOME-assisted developments, PHA schedules may only be used for initial estimates. The HUD Utility Schedule Model or another method based on property characteristics or actual usage is required at lease-up and annually thereafter. | | | | HUD Utility Model | RD | | | | Energy Auditor | Name |  | | | Other | Specify |  | | | |
|  |  | |

***Rental Assistance***

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Will any of the units receive *project based* rental assistance? | | Yes | No |
| Section 8 Project Based Assistance | RD 515 Rental Assistance | | |
| Other Project Based Rental Assistance |  | | |
| 1. Number of units receiving assistance |  | | |
| 1. Number of years in the rental assistance contract |  | | |
| **NOTE**: **If rental assistance is to be received, documentation from the appropriate agency must be included with the application. (*Do not include Section 8 vouchers, TBRA or other tenant based assistance)*.** | | | |

***Proposal Funding Detail***

List funds to be supplied by other sources. The Permanent sources must equal the Total Development Cost on Pages 7 & 8. **Attach letters of commitment from funding sources**.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Permanent Financing** | **Type**  (e.g. Loan  Grant or  Equity) | **Amount** |  | **Rate** | **Term/ Amortization**  in months | **Status**  ( Approved,  Requested) | **Date**  (Approval,  Expected  Approval) | **Monthly**  **Debt**  **Service** | **Annual**  **Debt Service** | **Contact Person**  **Name/Telephone No.** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Subtotal Sources** | All Non-HOME/HTF |  |  |  |  |  |  |  |  |  |
| HOME Request | Deferred Loan |  |  |  |  |  |  |  |  |  |
| HTF Request | Deferred Loan |  |  |  |  |  |  |  |  |  |
| **Total Sources** | Including HOME/HTF |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Construction Financing** | **Type**  (e.g. Loan  Grant or  Equity) | **Amount** | **Rate** | **Term**  in months | **Status**  ( Approved,  Requested) | **Contact Person**  **Name/Telephone No.** |
|
|
|
| HOME/HTF | Def. Loan |  | 0.00% | 0 | n/a | n/a |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Sources** |  |  |  |  |  |  |

***Development Cost Detail***

The Development Cost Detail should be completed **in full detail**. If, in the opinion of KHRC, costs are omitted which could change the number of points allowed in the overall rating system, **the application will be considered incomplete.** Incomplete applications **may be rejected.** Applicants requesting both HOME and HTC may substitute the Project Cost Detail sheets from the HTC application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Itemized Cost** |  | **Development Cost** |  | **Do Not Use This Space** |
| **To Purchase Land & Buildings** |  |  |  |  |
| Land |  |  |  |  |
| Existing Structures |  |  |  |  |
| Demolition |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| **For Site Work** |  |  |  |  |
| Site Work |  |  |  |  |
| Off-Site Work |  |  |  |  |
|  |  |  |  |  |
| **For Rehabilitation & New Construction** |  |  |  |  |
| New Building |  |  |  |  |
| Rehabilitation |  |  |  |  |
| Accessory Building |  |  |  |  |
| General Requirements |  |  |  |  |
| Contractor Overhead |  |  |  |  |
| Contractor Profit |  |  |  |  |
| Building Permit Fee |  |  |  |  |
|  |  |  |  |  |
| **For Contingency** |  |  |  |  |
| Construction Contingency |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| **For Architectural & Engineering Fees** |  |  |  |  |
| \*\*Architect Fee – Design |  |  |  |  |
| \*\*Architect Fee – Supervision |  |  |  |  |
| \*\*Real Estate Attorney |  |  |  |  |
| \*\*Consultant or Processing Agent |  |  |  |  |
| \*\*Property/Survey Fee |  |  |  |  |
| \*\*Engineering Fee |  |  |  |  |
| \*\*Other |  |  |  |  |
|  |  |  |  |  |
| **For Interim Costs** |  |  |  |  |
| Construction Insurance |  |  |  |  |
| Construction Interest |  |  |  |  |
| Construction Loan Origination Fee |  |  |  |  |
| Construction Loan Credit Enhancement |  |  |  |  |
| Taxes |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL** |  |  |  |  |

\*\* Intermediary costs.

***Development Cost Detail Continued***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Itemized Cost** |  | **Total**  **Development Cost** |  | **Do Not Use**  **This Space** |
| **For Financing Fees & Expenses** |  |  |  |  |
| Bond Premium |  |  |  |  |
| Credit Report |  |  |  |  |
| Permanent Loan Origination Fee |  |  |  |  |
| Permanent Loan Credit Enhancement |  |  |  |  |
| Cost of Issuing Underwriters Discount |  |  |  |  |
| \*\*Title and Recording |  |  |  |  |
| \*\*Counsel’s Fees |  |  |  |  |
| \*\*Cost Certification Fee |  |  |  |  |
| \*\*Other |  |  |  |  |
|  |  |  |  |  |
| **For Soft Cost** |  |  |  |  |
| \*\*Property Appraisal (Feasibility) |  |  |  |  |
| \*\*Market Study |  |  |  |  |
| \*\*Environmental Report |  |  |  |  |
| \*\*Tax Credit Fees |  |  |  |  |
| \*\*Rent-Up |  |  |  |  |
| \*\*Consultants |  |  |  |  |
| \*\*Other |  |  |  |  |
|  |  |  |  |  |
| **For Syndication Costs** |  |  |  |  |
| Organizational (Partnership) |  |  |  |  |
| Bridge Loan Fees and Expenses |  |  |  |  |
| Tax Opinion |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| **For Developer’s Fees** |  |  |  |  |
| Developer’s Overhead |  |  |  |  |
| Developer’s Fees |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| **For Project Reserves** |  |  |  |  |
| Rent-Up Reserve |  |  |  |  |
| Operating Reserve |  |  |  |  |
| Other |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| SUBTOTAL |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL FROM PREVIOUS PAGE** |  |  |  |  |
|  |  |  |  |  |
| **TOTAL** |  |  |  |  |

\*\* Intermediary costs.

***Operating Revenues & Annual Expenses***

**RESIDENTIAL RENTS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Unit Type** | **# Units** | **Mo. Rent** | **Ann. Rent** |  | **RESIDENTIAL** | |  |
| \_-BR |  |  |  |  | **ASSUMPTIONS** | | **Percent** |
| \_-BR |  |  |  |  | Rent Increase/Year | |  |
| \_-BR |  |  |  |  | Op Cost Increase/Year | |  |
| \_-BR |  |  |  |  | Reserves Increase/Year | |  |
| \_-BR |  |  |  |  | Vacancy Rate (Stabilized) | |  |
| TOTAL |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TOTAL INCOME** |  |  |
| Residential Income |  |  |
| Other Income |  |  |
| Less Stabilized Vacancy | |  |
| NET INCOME |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **OPERATING EXPENSES** |  |  |  |
|  |  | **TOTAL** | **Per Unit** |
| Management Fee |  |  |  |
| Advertise/Market |  |  |  |
| Legal |  |  |  |
| Accounting/Audit |  |  |  |
| Gas (Heating/Hot Water) | |  |  |
| Electric |  |  |  |
| Water & Sewer |  |  |  |
| Trash Removal |  |  |  |
| Insurance |  |  |  |
| Maintenance/Repairs |  |  |  |
| Exterminating |  |  |  |
| Ground Expense |  |  |  |
| Payroll, including taxes | |  |  |
| Real Estate Property Tax | |  |  |
| Local Assessments |  |  |  |
| Monitoring fee ($40/assisted unit) | |  |  |
| Total Operating Expenses | |  |  |
| Replacement Reserves (min. $400/unit) | |  |  |
| Other | |  |  |
| Total Operating Exp. and Reserves | |  |  |

|  |
| --- |
| What is the basis for the residential assumptions and operating expenses? |
|  |

***Projected Schedule***

|  |  |  |
| --- | --- | --- |
|  |  | **Month/Year** |
| Site Option/Contract |  |  |
| HOME Environmental Review |  |  |
| Site Acquisition |  |  |
| Zoning Approval |  |  |
| Site Analysis |  |  |
|  |  |  |
| Construction Loan Application |  |  |
| Conditional Commitment |  |  |
| Firm Commitment |  |  |
|  |  |  |
| Permanent Loan Application |  |  |
| Condition Commitment |  |  |
| Firm Commitment |  |  |
|  |  |  |
| Other Loans & Grants |  |  |
| Type and Source |  |  |
| Application |  |  |
| Award |  |  |
|  |  |  |
| Other Loans & Grants |  |  |
| Type and Source |  |  |
| Application |  |  |
| Award |  |  |
|  |  |  |
| Other Loans & Grants |  |  |
| Type and Source |  |  |
| Application |  |  |
| Award |  |  |
|  |  |  |
| Plans and Specifications |  |  |
|  |  |  |
| Working Drawing |  |  |
|  |  |  |
| Closing and Transfers of Property |  |  |
|  |  |  |
| Construction Start |  |  |
|  |  |  |
| Completion of Construction |  |  |
|  |  |  |
| Lease-up |  |  |
|  |  |  |
| Full Occupancy and Completion |  |  |

***Proposal Narrative Statements***

Please address the following topics with *brief* narrative statements. Attach the narratives to the application, in order and numbered.

#### Project Location and Housing Needs

1. Describe the proposed development and the need for affordable rental housing where the proposed development is to take place. Also describe the neighborhood where the development is to be located, how the project will relate to its surroundings. If a site specific market study or community housing plan has been completed, applicant must address it and attach to application. Provide U.S. Census data for all scoring items identified (\*) in the Application Guidelines. <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>
2. Describe required efforts to solicit input from the neighborhood and low income residents for this specific proposal. Include copies and dates of notices, publications, meetings, etc., as well as the names and addresses of local board members, advisory committee members, etc. Describe meeting locations, attendees, etc.
3. How does the proposed development address the priorities and strategies identified in the Kansas Consolidated Plan?
4. How does the proposed development address local community redevelopment, revitalization, housing, or historic preservation plans? (Document with statements from local officials, etc.).

#### Applicant Information

1. If application is for HOME funds, describe the role of the CHDO in the project. To be eligible for ‘CHDO Set-Aside’ funds, the CHDO must Own, Develop, or Sponsor the project. In a development owned in partnership (e.g., LIHTC projects) the CHDO, as Sponsor, must be the sole General Partner or sole Managing Member of an LP or LLC and have effective project control throughout development.
2. Describe housing-related experience of key staff members and development team members. Provide a brief resume for each person who contributes to the organization’s capacity to do the proposed work.
3. Describe your organization’s long term housing goals and objectives, as well as specific activities and strategies designed to achieve the stated goals and objectives. Include how the proposed development will complement your organization’s service to the community.
4. For HOME proposals located within the boundaries of a local Participating Jurisdiction (Lawrence, Kansas City, Johnson County, Topeka and Wichita), describe the local community’s commitment to your organization and any financial, technical or other assistance the PJ will provide to the project.

#### Match (HOME only)

1. Describe how the organization will provide HOME eligible match and any other financial participation anticipated by the community. Match is required in the amount of 25% of the HOME funds awarded. Match does not include owner cash, equity or investment; other Federal funds; or Federal tax credits. See 24 CFR 92.220 for more detail on eligible sources of match. No match is required for HTF funds.

# Attachments

The following attachments are mandatory unless otherwise indicated. Failure to submit required attachments may result in rejection of the application. Attachments *may be submitted electronically*, clearly labeled and numbered with an accompanying list of documents or table of contents.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Letters of financial commitments |  |  | Davis Bacon Narrative (if applicable) |
|  | Site control documentation |  |  | Lead-Based Paint Narrative (pre-1978 rehabs) |
|  | Notices to Sellers/Donators |  |  | Draft Section 3 Plan |
|  | Proper zoning documentation |  |  | Relocation Documents (if applicable) |
|  | Detailed site location map |  |  | Proposal narratives |
|  | Site Plan (New Construction only) |  |  | 20 yr. pro forma |
|  | Preliminary specifications/drawings |  |  | Development Team Qualifications |
|  | Rehab Scope of Work \* |  |  | LP Agreement/LLC Documents (if applicable) |
|  | Market analysis \*\* |  |  | Resolution from Board, if non-profit |
|  | Community housing plan (if available) |  |  | Financial statement of the organization |
|  | Evidence of utility availability |  |  | Environmental documentation (below) |
|  | Documentation of utility calculations |  |  | SAM registration for all principal entities |

\*If funded, a Capital Needs Assessment will be required for rehab projects with 12 or more units. A preliminary scope of work will be accepted at the application stage, but it is the applicant’s responsibility to ensure thorough and accurate cost estimates.

\*\* If a formal market study is not provided with the application, applicant must provide other evidence of a viable market for the proposed activity, at the targeted income and rent levels.

Environmental documentation to include:

* FEMA Flood Map with site identified
* Map locating any above ground storage tanks (AST’s) within 1 mile of site
* Map identifying major streets, highways or railways within 3000’
* Map showing location of all airports or airfields within 5 miles
* Identification of any nearby sites on the National Historic Register. For rehab or conversion of buildings over 50 years old, documentation of communication with the SHPO regarding potential eligibility for listing.

***Statement of Assurances***

The applicant hereby assures and certifies with respect to the application that:

1. It possesses legal authority to make application and to execute a housing program.
2. Its governing body has duly adopted or passed as an official act, a resolution, motion or similar action authorizing the person identified as the official representative of the applicant to submit the final statement, all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the submission of the final statement, and to provide such additional information as may be required.
3. It has developed its final statement (application) of projected use of funds so as to give maximum feasible priority to activities that benefit low-income families.
4. Its chief executive officer or other officer of the applicant approved by the KHRC certifies that no action will occur that could be choice limited with regard to an Environmental Review and that all activity with respect to the proposed development will cease until the Environmental Review process has been completed and a Release of Funds has been issued by the U.S. Department of Housing & Urban Development.
5. The loan will be conducted and administered in compliance with:
6. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), and implementing regulations issued at 24 CFR Part I;
7. Fair Housing Amendments Act of 1988, as amended, administering all programs and activities relating to housing and community development in a manner to affirmatively further fair housing; and will take action to affirmatively further fair housing in the sale or rental of housing, the financing of housing, and the provisions of brokerage service. Title VII and Executive Order 11063 requirements apply to all recipients, regardless of community size and/or racial/ethnic characteristics. The fair housing provisions apply to the community as a whole and pertain to the sale or rent of housing, the financing of housing, and the provision of brokerage services. *MEANINGFUL STEPS TO FURTHER FAIR HOUSING MUST BE TAKEN.* Such steps must be documented and will be monitored by the Kansas Housing Resources Corporation;
8. Section 109 of the Housing and Community Development Act of 1974, as amended, and the regulations issued pursuant thereto (24 CFR Section 570.602);
9. Section 3 of the Housing and Urban Development Act of 1968, as amended, and implementing regulations at 24 CFR Part 135;
10. Executive Order 11246, as amended by Executive Orders 11375 and 12086, and implementing regulations issued at 41 CFR Chapter 60;
11. Executive Order 11063, as amended by Executive Order 12259, and implementing regulations at 24 CFR Part 107;
12. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended and implementing regulations when published for effect;
13. The Age Discrimination Act of 1975, as amended, (Pub. L. 94-135), and implementing regulations when published for effect;
14. The relocation requirements of Title II and the acquisition requirements of Title III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended and the implementing regulations at 24 CFR 570.488;
15. Anti-displacement and relocations plan requirement of Section 104(d) of Title I, Housing and Community Development Act of 1974, as amended (HOME only);
16. Relocation payment requirements of Section 105(a)(11) of Title I, Housing and Community Development Act of 1974, as amended;
17. For HOME funds, the labor standards requirements as set forth in 24 CFR 92.354 and HUD regulations issued to implement such requirements;
18. Executive Order 11988 relating to the evaluation of flood hazards and Executive Order 11288 relating to the prevention, control, and abatement of water pollution;
19. The regulations, policies, guidelines, and requirements of OMB Circular Nos. A-128 and A-133 as they relate to the acceptance and use of federal funds under this federally assisted program; and
20. The American Disabilities Act (ADA) (P.L. 101-336: 42 U.S.C. 12101) provides disabled people access to employment, public accommodations, public services, transportation and telecommunications.
21. All requirements of the HOME Final Rule at 24 CFR Part 92 and/or the HTF Interim Rule at 24 CFR Part 93, as appropriate to the funding request.
22. The conflict of interest provisions of 24 CFR 92.356 (HOME) and or 24 CFR 93.353 (HTF) apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the state, or of a unit of general local government, or of any designated public agencies, or sub recipients which are receiving funds. None of these persons may obtain a financial interest or benefit from the activity, or have an interest or benefit from the activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter, and that it shall incorporate or cause to be incorporated, in all such contracts or subcontracts a provision prohibiting such interest pursuant to the purpose of this certification.
23. It will comply with the provisions of the Hatch Act that limits the political activity of employees.
24. It will give the state, HUD, and the Comptroller General or any authorized representative access to and the right to examine all records, books, papers, or documents related to the grant.
25. It will comply with the lead paint requirements of 24 CFR Part 35 Subpart B.
26. It accepts the terms, conditions, selection criteria, and procedures established by this program description and that it waives any right it may have to challenge the legitimacy and the propriety of these terms, conditions, criteria, and procedures in the event that its application is not selected for HTF or HOME funding.
27. It will comply with the regulations, policies, guidelines, and requirements with respect to the acceptance and use of federal funds for this federally-assisted program.
28. It will comply with all parts of Title I of the Housing and Community Development Act of 1974, as amended, which have not been cited previously, as well as with other applicable laws.

***Certification***

The undersigned certifies that all of the information contained in this application and all information provided in support of this application is true and accurate to the best of my knowledge. Representations made in the application will be the basis of the written HTF or HOME agreement if funding is awarded and, as such, will be used to monitor performance.

The Applicant understands and agrees that if false information is provided, or the applicant fails to provide any of the documentation necessary to support the information in this application, Kansas Housing Resources Corporation (KHRC) will disqualify the application from consideration. Activities, commitments, and representations offered in the application that are not subsequently made a part of the project as funded, shall be considered a material contract failure, and may result in a repayment of all HTF or HOME funds and/or suspension from Program participation. The applicant further understands and agrees that said application is subject to, and must conform with, all laws, rules and regulations pertaining to the HTF and HOME Programs. Failure to comply with all HTF/HOME requirements will result in the repayment of all HTF or HOME funds and/or suspension from Program participation.

The Applicant certifies that neither it nor any of its principal participants is currently debarred, suspended or otherwise ineligible from receiving Federal funds, nor has knowledge of any pending or potential action that could result in such ineligibility, and that the Applicant will immediately notify KHRC of any such action or event.

The applicant shall not, in the provision of services, or in any other matter discriminate against any person on the basis of sex, race, religion, sexual orientation, color, national origin, ancestry, disability, age, or political affiliation.

The applicant will at all times indemnify and hold KHRC harmless against all losses, costs, damages, expenses, and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the Corporation’s acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of HTF or HOME funds herewith.

This certification must be signed by the individual authorized to execute the KHRC HTF/HOME agreement:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Signature: |  | Date: |  |

(SEAL)

State of Kansas

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attest:

Subscribed and sworn to before me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

My commission expires \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_.

Notary Public