HOME Rental Housing Development Application



Revised April, 2017

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NOTE: All Attachments referenced in the Application are included in the Guide.

APPLICATION INSTRUCTIONS

A. SUBMISSION REQUIREMENTS

- HOME Rental Housing Development (RHD) Applications will be accepted on the first Monday in June of each year. Another funding round will be held annually October 15th for non-project developers, CHDO's, and supportive housing projects.
- Applications will be accepted for projects of two or more rental units.
- Developers will be limited to two awards per year, with a maximum award amount of \$500,000 per application.
- Send the completed original signed application to:

HOME RHD Program Department of Administration Division of Housing, Energy and Community Resources (DEHCR) P.O. Box 7970 Madison, WI 53707-7970

 If you require additional information in completing this application, please send inquiries via email to <u>DOAAffordableHousing@wisconsin.gov</u>.

B. PREPARATION

- Assemble the application in the order listed in the application instructions. Please label the tabs and sub-tabs according to the <u>underlined</u> headers used below. All RHD forms should be sub-tabbed with the form's number (<u>1-13</u>).
- Include a Table of Contents showing the tab and sub-tab label names.
- Keep only the requested information in the body of the application.
- Large supporting documents should be placed as Tabs following the body of the Application.
- The application should be placed in an End Tab Classification Folder (for example: <u>http://www.officedepot.com/a/products/107343/Smead-60percent-Recycled-End-Tab-Classification/</u>) with the appropriately labeled tabs and sub-tabs.

C. MEETING THRESHOLD

- In order for applications to be considered, they must demonstrate that they meet **threshold items** as itemized below.
- Long term financial viability must be demonstrated (Form 9). Subsidy Layering Review will be conducted by DEHCR to determine applicant financial and development experience capacity (Form 6).

- Applications must establish that the project will be financially sound, with a 1.05 minimum DCR for a minimum of the HOME affordability period **. The proforma must demonstrate appropriate assumptions including revenues with a maximum 2% annual escalator; expenses with a minimum 3.0% annual escalator; reasonable vacancy rates; 4-6 months of operating reserve and lease-up reserves (if applicable) in the development budget, and annual per-unit replacement reserves.
 - <u>**we will evaluate projects on a case by case basis that go below 1.05 DCR</u> in years >12, IF the applicant can make a case as to why the project will return to a >1.05 DCR within 5 years.
- Development Budget document construction costs for new construction, or acquisition/rehab.
- Acquisition/rehab projects must submit a capital needs assessment (CNA) to document needed rehab to bring all systems up to reasonable useful life and meet HUD Uniform Physical Condition Standards (http://doa.wi.gov/category.asp?linkcatid=1079&linkid=212&locid=17).
- Project costs must be within WHEDA cost per unit guidelines.
- Complete relevant Experience Forms (Developer/Co-Developer, Management Agent, Supportive Services Provider).
- Developer and Co-developer must submit the most current year's audited financials.
- CHDO applicants must submit all documentation to support CHDO certification (Form 3).
- Certification must be provided for all development team member entities, not individuals, showing that they have not been debarred or suspended from working on Federal contracts. Include screen shot from www.sam.gov (Tab 3), see the Guide for an example.
- Market Studies or data on comparable units must show appropriate market demand (Tab 6).
- Organization must be able to demonstrate good standing with the Wisconsin Department of Financial Institutions (Tab 1).
- Readiness to proceed (Form 4).
 - Documentation of executed option or accepted offer to purchase; zoning appropriate to proposed development; Letter of Intent (LOI) or commitment documentation for all financing/equity, including interest rate, term, and amortization period, and documentation of match funds.
- A minimum of one 30% CMI HOME unit and 20% of the HOME units at 50% CMI is required. The balance of units must be at 60% CMI or less. (Form 5).

APPLICATION SECTIONS

A. Tab 1: <u>APPLICANT</u>

Please include the following forms:

- RHD Form <u>1</u> SUBMITTAL SHEET
- RHD Form <u>2</u> APPLICATION CERTIFICATION
 - Evidence of corporation registration and current status from Wisconsin Department of Financial Institutions.
- RHD Form <u>3</u> CHDO CERTIFICATION DOCUMENTATION (if applicable)
 Documentation to support CHDO designation (if applicable).

B. Tab 2: <u>PROJECT</u>

- <u>Narrative</u> Briefly describe the scope and vision of the project, including the population to be served (whether they fall into a defined target population as defined in the Guide) and if any services will be provided (1/2 to 1 page maximum).
- <u>EE/Green</u> Briefly outline aspects designed to insure maximum indoor environmental quality, overall energy efficiency, sustainability and long-term utility affordability. Items addressed should include:
 - proposed specifications for building shell construction and ventilation systems;
 - o space heating/air conditioning and water heating systems;
 - o exterior;
 - o common areas and in-unit lighting;
 - supplied appliances
- <u>Arch. Cert</u>. Architect certifications of the scoring items (visitable units, green building standards, Energy Star items, resource conservation)
- RHD Form <u>4</u> SITE DATA
- RHD Form <u>5</u> UNIT DATA (also available electronically on the DEHCR RHD Website)
 - o Include documentation of utility allowances used.
- <u>Plans</u> Copy of Floor Plans and Elevations

C. Tab 3: TEAM

- <u>Payouts</u> and Inspections: Address each of the following in a brief bullet point:
 - o payout procedures for construction work completed;
 - o the timing of construction inspections;
 - the entities inspecting the construction work; and
 - the process for certifying completion

- RHD Form <u>6</u> DEVELOPMENT TEAM Complete the applicable Experience Forms (DEVELOPER, MANAGEMENT AGENT, GENERAL CONTRACTOR AND SUPPORTIVE SERVICE PROVIDER). Include information only from the last five years.
 - Include resumes of key development team members
 - Include audited financials from the most current year for the developer and co-developer.
- RHD Form <u>7</u> PROJECT TIMELINE
- <u>Debar</u> Include verification that no development team entity is debarred or suspended from working on federal contracts (<u>https://www.sam.gov/</u>).

D. Tab 4: FINANCIAL

Please include the following forms and information:

- RHD Form <u>8</u> FINANCE DATA
- RHD Form <u>9</u> RENTAL HOUSING SPREADSHEETS (use electronic spreadsheets available on DOH website, proforma must be for <u>20 years</u>)
 - Form 9a If applicable, include CHDO Operating line-item budget detailing uses.
- RHD Form <u>10</u> MATCH IDENTIFICATION
- LOI Funding commitment letters or letters of interest.
- <u>CNA</u> Capital Needs Assessment (for rehab projects with > 12 units)

E. Tab 5: PROPERTY MANAGEMENT

In a brief narrative address each of the following (supplemental forms, etc. may be put at the back of this tab):

- <u>Marketing</u> Plan
- Supportive <u>Services</u> Describe the supportive services (when applicable) that will be provided in the project, what agency will be providing them, and how they will be paid for.
 - Include any written commitments from supportive service providers (when applicable).
- <u>Tenant</u> Include a copy of the tenant selection policy.

F. Tab 6: MARKET STUDY

- Market Demand:
 - A market study provided by a WHEDA approved market analyst is required for all HOMEfunded rental projects. To demonstrate the demand for the project and all units indluding

not just those unts that are designated HOME-assisted. The scope of the assessment should be relative to the project scope.

- At a minimum the assessment should contain:
 - an analysis of local market trends
 - a clear definition of the market area from whom the buyers or renters can reasonably be expected to be drawn
 - analysis of the demand, supply, and competition
 - the assessment should have been performed less than 12 months prior to the commitment of HOME funds

G. Tab 7: ENVIRONMENTAL REVIEW - ER

- RHD Form <u>12</u> ENVIRONMENTAL REVIEW
 - A site map identifying railroad lines, airport flight paths, major arterial streets, highways, oil pipelines, grain elevators, and other major noise producing operations.
 - Copy of a Federal Emergency Management Agency (FEMA) floodplain map with the site highlighted and a copy of the map's front panel showing the map identification number (available from FEMA, at 312-408-5546 or from an applicable Regional Planning Commission).
 - Photographs of the site/building(s) and of all surrounding sites and buildings indicating addresses and orientation to the site of each photograph.

Note that most projects will require a public comment period of 28 to 32 days prior to work beginning and release of funds. The Environmental Review packet may be submitted separately to the DOH Environmental Desk at the time of application if all significant financing has been secured and an early review is required.

REFERENCES

The following references provide guidance on the HOME Program and should be reviewed prior to application submission.

- DIVISION OF ENERGY, HOUSING AND COMMUNITY RESOURCES (DEHCR) WEBSITE (INCLUDES APPLICATION, PROGRAM GUIDE AND ELECTRONIC FORMS) <u>http://housing.wi.gov</u>
- FEDERAL REGISTER/HOME REGULATIONS FINAL RULE http://www.hud.gov/offices/cpd/affordablehousing/lawsandregs/regs/home/index
- HOME INCOME LIMITS
 <u>https://www.hudexchange.info/programs/home/home-income-limits/</u>
- HOME PROGRAM RENTS
 https://www.hudexchange.info/programs/home/home-rent-limits/
- PROTECT YOUR FAMILY FROM LEAD IN YOUR HOME <u>http://www.epa.gov/lead/pubs/leadpdfe.pdf</u>
- USING HOME FUNDS FOR SRO AND GROUP HOUSING http://www.hud.gov/offices/cpd/lawsregs/notices/priorto95/cpd9401.pdf
- SECTION 3 ECONOMIC OPPORTUNITY http://www.hud.gov/offices/fheo/section3/Sect3-brochure.pdf

http://www.hud.gov/offices/fheo/section3/section3.cfm

- WHEDA Multifamily Third-Party Market Study Standards <u>https://www.wheda.com/Developers/Development-Guidelines/</u>
- HUD HOME Program Match Guidance http://www.hud.gov/offices/cpd/lawsregs/notices/1997/97-3.pdf
- HUD "Procurement of consulting services" Guidelines http://www.hud.gov/offices/cpd/lawsregs/notices/1996/96-5.pdf
- HUD "Administrative costs, project related soft costs and CHDO operating expenses under the HOME Program" Guidelines
 http://www.hud.gov/offices/cpd/lawsregs/notices/1996/96-9.pdf

• HOME Per Unit Subsidy Limits http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/subsidylimits.cfm

• False Claims Act http://www.justice.gov/civil/docs_forms/C-FRAUDS_FCA_Primer.pdf

APPLICATION SUBMISSION CHECKLIST

FORM REQUIREMENTS

TAB 1

- _____ RHD Form 1 Submittal Sheet
- _____ RHD Form 2 Application Certification
- _____ RHD Form 3 CHDO Certification Documentation

TAB 2

- _____ RHD Form 4 Site Data
- _____ RHD Form 5 Unit Data

TAB 3

- _____ RHD Form 6 Project Development Team
- _____ RHD Form 7 Project Timeline

TAB 4

- _____ RHD Form 8 Finance Data
- _____ RHD Form 9 Rental Housing Spreadsheet
 - _____ RHD Form 10 Match Identification

TAB 5 Property Management Information

TAB 6

_____ RHD Form 11 - Comparable Data

TAB 7

_____ RHD Form 12 - Environmental Review

ADDITIONAL INFORMATION NEEDED PRIOR TO CONTRACTING

The following information will be requested prior to the execution of final contracts for approved projects.

- 1. **The first page of the Title Commitment Policy** that has the legal description of the project site and the Title Commitment Number.
- 2. **Proposed Fund Draw Schedule** for the project.
- 3. **Final plans and specs** for project.
- 4. **Project timetable**
- 5. **Unit mix information:** Including unit address (or number), unit size and population to be served (% of CMI).
- 6. **Expected closing date** on the First Mortgage for this project.
- 7. **Tax Key Number** for the property.
- 8. Federal Employment Identification Number (FEIN) of the Applicant.
- 9. Federal Employment Identification Number of the LLC.
- 10. **General Contractor** for the project.
- 11. **Inspecting Architect** for the project.
- 12. **Escrow fee** for each draw.
- 13. **Title Insurance Company** (for projects receiving over \$100,000 of HOME funds).
- 14. **Match:** Provide documentation of all HOME eligible match funds being brought to the project.
- 15. **Additional funding sources:** Provide documentation of all other funding for this project. Please include copies of final commitment letters or letters of intent.
- 16. **Project management:** Name of company and contact information.
- 17. **Compliance contact** (if different than above).
- 18. **Exceptions to Mortgage** (deed restrictions, etc.): provide a list for use on loan documents; may be obtained from Title Insurance agent.
- 19. List of other Mortgages: Including copies of all final commitment letters or letters of intent.
- 20. Updated Operating Budget, Sources/Uses, Development Budget and 20 year Proforma
- 21. LIHTC Projects: A copy of the operating agreement.

RHD FORM 1 SUBMITTAL SHEET

Grantee Information

Grantee Name: Click here to enter text. Grantee Phone: Click here to enter text. Grantee Email: Click here to enter text.

Contact Person Information

Contact Person Name: Click here to enter text. Contact Person Phone: Click here to enter text. Contact Person Email: Click here to enter text.

Grantee Address (Street, PO Box, City, ZIP): Click here to enter text.

Project Information

Development Timeframe: Click here to enter text. through Click here to enter text. Project Name: Click here to enter text. Project County: Click here to enter text. Project Address: Click here to enter text.

Project City/ZIP: Click here to enter text.

Type of Development

□New Construction Rehabilitation □Acquisition

Total Units:

□LIHTC

Financing

□ Mixed Income □ Mixed Use

□ Senior Housing □Veterans Housing □ Special Needs

Click here

Primary Lender: Click here to enter text.

Partnership

Click here

HOME Unit Information			
Total Number of Project Units: Click	here	Total Number of HOME Units: CI	ick here
-			
<u>Category</u>	<u># of Units</u>	\$\$ Requested per Unit	Total Dollars
HIGH Units (80% CMI)	Click here	Click here	Click here
LOW Units (50% CMI)	Click here	Click here	Click here
SUB Units (30% CMI)	Click here	Click here	Click here
SRO Units	Click here	Click here	Click here

□WHEDA

Click here

CHDO Role	□N/A	□Owner	□Co-Owner	Developer	□Sponsor
CHDO Activity Reques	sted Amount: Clic	< here	CHDO Operating Req	uested Amount: Click here	

Division of Housing Use Only		
File Locator ID: Click here	Contract ID: Click here	
Project Amount: Click here	Operating Amount: Click here	Match Amount: Click here

As the applicant for HOME funds under this program, I have reviewed the Program Guide, 24 CFR 92, and all References, which were provided as part of this application and accept the provisions set forth therein. I certify that the above information is accurate and true.

Signed: _____

Title: ____

Date: _____

RHD FORM 2 APPLICATION CERTIFICATION

Grantee/Applicant Name: _____

Please check and initial each box indicating you have read and certify each item.

□ The grantee/applicant hereby certifies that all information contained in the application is true and correct. The undersigned further acknowledges and agrees that verification of any information contained in the application may be made at any time by Division of Energy, Housing and Community Resources (DEHCR). The grantee/applicant acknowledges and agrees that any representation or information contained in this application and in any subsequent documentation provided to DEHCR that is misleading or incorrect may result in termination of: 1) DEHCR review of this application, 2) any reservation of funds, and 3) any commitment of funds. The grantee/applicant acknowledges and agrees that it is obligated to notify DEHCR of any changes to the application.

□ The grantee/applicant acknowledges and agrees that all information contained in support thereof is true and correct; that the applicant will furnish promptly such other supporting information and documents as are required; and that in carrying out the devel9opment and operation of the project it will abide by all applicable federal, state and local regulations, codes, and statutes. The grantee/applicant certifies that it knows of no facts or circumstances, nor of any pending, contemplated or threatened events, that would adversely affect the project.

The grantee/applicant acknowledges and agrees that DEHCR is not responsible for action taken by the grantee/applicant in reliance on a prospective financial commitment of HOME funds from DEHCR and that DEHCR is not liable for damages resulting directly or indirectly from such actions.

The grantee/applicant recognizes and agrees that the acceptance of this application, and/or issuance of a conditional reservation of funds letter, and any additional information as required by DEHCR does not constitute a commitment by DEHCR to provide funds to the project.

□ The grantee/applicant understands that no liability or obligation for costs incurred to prepare this application, cost overruns, operating deficits, deficiencies in the proposed development or other matters relating to the development and operation of the proposed project shall be imposed on DEHCR by reason of any adjustments or changes requested or required by DEHCR or by reason of any approval or disapproval by DEHCR of any part of this application (including attachments and exhibits) or of any other documentation or materials now or hereafter submitted in connection with this application.

□ The grantee/applicant understands that no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, 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.

□ The grantee/applicant understands that if any 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 Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

□ This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The grantee/applicant understands that the undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

□ The grantee/applicant understands that the undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

□ The grantee/applicant understands that use of Federal funds includes a commitment to make positive efforts to utilize small business, local business, woman-owned, and minority-owned business, as well as Section 3 businesses according to 24 CFR part 135 sources of supplies and services. Such efforts should allow these sources the maximum feasible opportunity to compete for Agreements or subcontracts to be performed utilizing these funds.

□ The grantee/applicant understands that the undersigned will not invest any more HOME funds in combination with other federal assistance than is necessary and will use HOME funds pursuant to Wisconsin's approved CONSOLIDATED PLAN and any applicable local CONSOLIDATED PLAN and in compliance with all requirements of 24 CFR Part 92.

□ The developments owned or operated by any member of the development team in the State of Wisconsin, or any other state, are in compliance with the Code and are operating in a manner acceptable to WHEDA, with no occurrences of HOME/RHD properties in foreclosure, bankruptcy, failing to cure default, or placement in receivership within five years prior to the submission of the application. This provision includes partnerships, limited partnerships, LLCs, C-corporations, controlled groups or any entities associated with a the formation or operation of a HOME /RHD project.

The applicant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any Federal department or agency.

The	The Applicant agrees to maintain documentation of compliance with the above certifications.							
BY:								
	Signature	Date						
	Print Name	Title						

RHD FORM 3 CHDO CERTIFICATION DOCUMENTATION CHDO Applicants Only

CHDO acting as: Owner			Sponsor	
CHDO operating under state or local law,	evidenced by:	□Charter	□Articles of Incorporation	
CHDO net earnings do not inure to the be member, founder, contributor, or individu by:		□Charter	□ Articles of Incorporation	
CHDO has a tax exemption ruling from Service (IRS) under Section 501 (c) (3) or (4 Code of 1986, as evidenced by: OR CHDO is classified as a subordinate of a organization non-profit under section 905 Revenue code, as evidenced by:	□501 (c) (3) or Certificate from □A group exemption I IRS that includes the C	the IRS etter from the		
CHDO has among its purposes the provision of decent housing that is affordable to low- and moderate income people, as evidenced by a statement in the organization's:	Charter	□By-Laws or Resolutions	□Articles of Incorporation	
CHDO conforms to the financial accountability standards of 24 CFR 84.21 "Standards for Financial Management Systems", as evidenced by:	□Notarized Statement by President or Chief Financial Officer	Certification from Certified Public Accountant	□HUD Audit	
CHDO demonstrates capacity for carrying HOME assisted activities, as evidenced by		taff Resumes	□Consultant Contracts	
CHDO has history of serving in the community where HOME assisted activity is to be located:	☐ Statement that documents at least one year of experience	organiz docum	ement of parent zation enting at least ar of experience	
CHDO maintains at least one-third of its neighborhoods, other low-income comr neighborhood organizations as evidenced	nunity residents, or elected			

Charter

 \Box Articles of Incorporation

□By-Laws

CHDO provides a formal proce all of its decisions regarding th			
projects, as evidenced by:	ie abeigii, ennig, aereiopi		ent of an of autor autor froughly
□By-Laws	Resolutions		Statement of Operating Procedures approved by Governing Body.
CHDO certifies that all of the f	-		
State or local government may Membership appointed by stat membership.	• •		•
No more than 1/3 of governing	board members are publi	c officials.	
As evidenced by:			
□By-Laws	□Charter		□Articles of Incorporation
			•
than 1/3 of the membership of for-profit entity may not, in turn	n, appoint the remaining 2		nbers, as evidenced by:
□By-Laws	Charter		□Articles of Incorporation
the organization, as evidenced			
CHDO may be sponsored or c	reated by a for-profit entity	y, however:	
The for-profit entity's primary µ evidenced by:	ourpose does not include t	the development or	management of housing, as
□By-Laws			
The CHDO is free to contract to by:	for goods and services fro	om vendor(s) of its o	own choosing, as evidenced
□By-Laws	□Charter		□Articles of Incorporation
The Applicant agrees to maintain docu	umentation of compliance with t	he certification and to u	update the State as changes occu
3Y:			
Signature		D	ate

Title

Print Name

RHD FORM 4 SITE DATA

PROJECT NAME: Click here to	o enter text.		
ADDRESS: Click here to enter	text.		
CITY/ZIP: Click here to enter te	xt.		
COUNTY: Click here to enter te	xt.		
PROJECT	□City	□Village	□Town
LOCATION:			
SITE CONTROL:	Deed	□Purchase Contract	□Option to Purchase
			· · · ·
SELLER'S	Seller's Name: Click here t	o enter text.	
INFORMATION: Seller's Address: CI	ick here to enter text		
Seller's Phone: Click		Seller's Email: Clic	k here to enter text.
CONFLICT OF INTEREST:			elopment, or staff of the applicant?
	Will they receive a benefit	other than sale proce	eds? □No
RELOCATION:			
Are there currently tenants living ons	site?	□Yes	□No
If yes, will the project displace current		□Yes	□No
	ow you will assist displaced	persons and provide	example of displacement notices to be
sent to tenants.			
LEGISLATIVE DISTRICTS:			
Please provide the following informa	tion for the project site at th	e time of application:	
Congressional District: Click here to e		e: Click here to enter t	ext.
State Senate District: Click here to er		e: Click here to enter t	
State Assembly District: Click here to		e: Click here to enter t	
Municipal Mayor or Village Presiden	t Nam	e: Click here to enter t	text.
Tax Parcel Identification Nu			
Tax Parcel Identification Nu	mber: Click here to en	ter text.	
Zoning Information:			
Is the site zoned for development?		□Yes	□No
If no, is the site in process of rezon	ina?	□Yes	
Anticipated date of zoning resolution		e to enter text.	□Not Applicable
Utilities:			
Are all utilities presently available to		□Ye	es 🗆 No
If no, which utilities need to be broug	-		
	Water	er 🗆 🛛 🖓	as 🗌 Internet/Telephone

Provide site official legal description here: Legal description must be acceptable to the Register of Deeds with jurisdiction over project site.

RHD FORM 5 UNIT DATA

INSTRUCTIONS FOR COMPLETING UNIT DATA INFORMATION

HOME Program requests are subject to the following calculations:

- 1. Determine the Rent Category for each unit size being considered for HOME funds.
- 2. Multiply the Rent Category Sq. Ft. rate by the proposed unit's square footage.
- 3. Make a comparison of the maximum unit amount against the project calculation to determine the maximum request.
- 4. Add the amounts for all proposed HOME units to be considered in the application.

	RENT Bedrooms in CATEGORY Unit		0	1	2	3	4
		MAX. SQ. FT.	400	700	900	1200	1350
		SQ. FT. RATE					
HIC	GH (60%)	\$30.00	\$12,000	\$21,000	\$27,000	\$36,000	\$40,500
LO	W (50%)	\$43.00	\$17,200	\$30,100	\$38,700	\$51,600	\$58,050
SU	IB (30%)	\$60.00	\$24,000	\$42,000	\$54,000	\$72,000	\$81,000
SR	2 O (20%)	\$70.00	\$28,000	NA	NA	NA	NA

RHD TABLE 1

RHD TABLE 2

CHDOs ONLY

•••••••••••••••••••••••••••••••••••••••						
RENT CATEGORY	Bedrooms in Unit	0	1	2	3	4
	MAX. SQ. FT.	400	700	900	1200	1350
	SQ. FT. RATE					
HIGH (60%)	\$35.00	\$14,000	\$24,500	\$31,500	\$42,000	\$47,250
LOW (50%)	\$50.00	\$20.000	\$35,000	\$45,000	\$60,000	\$67,500
SUB (30%)	\$70.00	\$28,000	\$49,000	\$63,000	\$84,000	\$94,500
SRO (20%)	\$80.00	\$32,000	NA	NA	NA	NA

The following forms are available in electronic version on the DEHCR RHD website.

UNIT DATA

HIGH Ren	t Units	60% CMI									
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Utility Allowance	HOME published rent	LIHTC or Sec.8	Unit Sq. Ft.	Sq. Ft. Rate	Sq. Ft. Calculation	HOME Request	% of Unit Cost
0											
1											
2											
3											
4											
TOTALS											

LOW Rent	t Units	50% CMI									
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Utility Allowance	HOME published rent	LIHTC or Sec.8	Unit Sq. Ft.	Sq. Ft. Rate	Sq. Ft. Calculation	HOME Request	% of Unit Cost
0											
1											
2											
3											
4											
TOTALS											

SUB Rent	Units	30% CMI					_		_		
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Utility Allowance	HOME published rent	LIHTC or Sec.8	Unit Sq. Ft.	Sq. Ft. Rate	Sq. Ft. Calculation	HOME Request	% of Unit Cost
0											
1											
2											
3											
4											
TOTALS											

UNIT DATA

SRO Rent	Units	20% CMI									
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Utility Allowance	HOME published rent	LIHTC or Sec.8	Unit Sq. Ft.	Sq. Ft. Rate	Sq. Ft. Calculation	HOME Request	% of Unit Cost
0											
1											
2											
3											
4											
TOTALS											

Other Rest	ricted Re	ent Units				
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Utility Allowance	LIHTC or Sec.8	Actual Sq. Ft.
0						
1						
2						
3						
4						
TOTALS						

Market Rat	e Rent Ur			
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Actual Sq. Ft.
0				
1				
2				
3				
4				
TOTALS				

Utilities	Included in Rent? (Yes or No)
Electricity	
Heat	
Air Conditioning	
Water	
Sewer	
Trash	
Other	

Proposed Uses	Number of Units
HIGH Rent Units	
LOW Rent Units	
SUB Rent Units	
SRO Rent Units	
Other Restricted Rent	
Units	
Market Rate Rent Units	
TOTAL Units	

UNIT DATA

SPECIAL POPULATIONS TO BE SERVED (if applicable)

IDENTIFIED POPULATIONS	NUMBER OF UNITS	BRIEF DESCRIPTION OF SERVICES TO BE PROVIDED (IF ANY)			
Frail Elderly					
Persons with a Disability (specify)					
Veterans					
Homeless					
Large Families (4+ Persons)					
Other (specify)					
EQUIPMENT TO BE INCLUDED IN EACH UNIT Stove/frig Attached Garage Disposal Air Conditioning Microwave Dishwasher Window Treatments Washer/Dryer Laundry Facilities Patio/Balcony Separate Entrances Other COMMERCIAL SPACE Will there be commercial facilities/space? Yes No					
Identify source of fund	ds used to pay for t	his space:			
PARKING ON SITE Yes No Included or Optional Garages or Spaces # of spaces:					
RECREATIONAL/COMMON FACILITIES ON SITE Yes No Describe:					

DESCRIBE COMMUNITY LINKAGES (e.g., proximity to public transportation, shopping, etc.)

RHD FORM 6 PROJECT DEVELOPMENT TEAM

Please identify the following individuals as they relate to this application, and fill out the corresponding experience forms:

APPLICANT (complete Developer Experience Form) – please attach most current year audited financials

Name:	
Title:	
Address:	
Email:	
Phone:	Fax:
PROJECT CONTACT	
Name:	
Title:	
Address:	
Email:	
Phone:	Fax:
CONTRACT SIGNER	
Name:	
Title:	
Address:	
Email:	
Phone:	Fax:
FISCAL/BUDGET CON	ТАСТ
Name:	
Title:	
Address:	
Email:	
Phone:	Fax:

If this project will be a co-venture and/or will be syndicated, please list the co-partner and/or the owner organization.

CO-DEVELOPER (Complete Developer Experience Form) – please attach most current year audited financials

Name:	
Title:	
Address:	
Email:	
Phone:	Fax:

List all Owners (add additional spaces if needed) Include the name and title of person authorized to sign documents.

OWNER ONE

Name:	
Title:	
Address:	
Email:	
Phone:	Fax:
OWNER TWO	
Name:	
Title:	
Address:	
Email:	
Phone:	Fax:
ATTORNEY	
Name of Firm:	
Name:	
Title:	
Address:	
Email:	
Phone:	Fax:

Name:		Company Name	
Address:			
Email:		Title:	
Phone:		Address:	
Phone:			
ARCHITECT Company Name: Name: Title: Address: Email: Phone: Fax: MANAGEMENT AGENCY (Complete Management Agent Experience Form) Company Name: Name: Title: Address: Email: Phone: Fax: Title: Address: Email: Phone: Fax: Company Name: Name: Title: Address: Email: Phone: Fax: Company Name: Name: Title: Address: Email: Mame: Title: Address: Email: Email:		Email:	
Company Name:		Phone:	Fax:
Name:	ARCI	HITECT	
Title:		Company Name	
Address:		Name:	
Email:		Title:	
Phone:		Address:	
Phone:		Email	
MANAGEMENT AGENCY (Complete Management Agent Experience Form) Company Name: Name: Title: Address: Email: Phone: Fax: TITLE INSURANCE COMPANY (if applicable) Company Name: Name: Title: Address: Email: Email:			
Company Name:			
Name:	MAN	AGEMENT AGEN	(Complete Management Agent Experience Form)
Title:		Company Name	
Address:		Name:	
Email:		Title:	
Phone:		Address:	
Phone:		Email [.]	
TITLE INSURANCE COMPANY (if applicable) Company Name: Name: Title: Address: Email:			
Company Name:		Thone.	
Name:	TITLE	E INSURANCE CO	PANY (if applicable)
Title:Address:		Company Name	
Address:		Name:	
Email:		Title:	
		Address:	
		Email:	
			Fax:

BUILDER OR GENERAL CONTRACTOR (Complete GC Experience Form)

SERVICE PROVIDER (Complete Service Provider Experience Form)

Company Name:	
Name:	
Title:	
Address:	
Email:	
Phone:	Fax:

DEVELOPER EXPERIENCE

Complete the information below for each development your organization has carried out within the last <u>five</u> years. Attach additional copies of this form as needed.

Development Name:	Developer Contact Name:			
Address:	Email:	Phone:		
Development Types: □ New Construction □ Rehabilitation □Acquisition/Rehabilitation	Type of Subsidy (check all that app □ LIHTC □ HOME □ AHP □ USD	oly): DA-RD □ NONE □ OTHER:		
Development Lender:	Contact (name and phone):			
Equity Provider:	Contact (name and phone):			
Is Permanent Financing in Place? Yes No	Have you had to make capital cont	ributions? 🗆 Yes 🗆 No		
Total Number of Units: Number of Low-Income Units:	DCR:			
Placed-in-Service Date:	Physical and Economic Occupancy Years: Year Physical	-		
Number of Months in Lease-Up:				
Has the development ever had a financial audit performed? Yes No In what year?	If an audit has been performed, has the development's ability to remain	s the audit been qualified based on a going concern? □ Yes □ No		

GENERAL CONTRACTOR EXPERIENCE

Complete the information below for each development your organization has served as General Contractor for within the last five years. Attach additional copies of this form as needed.

Development Name:	General Contractor Contact Name:			
Address:	Email:	Phone:		
Development Types:	Type of Subsidy (check all that apply):			
Developer:	Contact (name and phone):			
Total Number of Units: Number of Low-Income Units:	MBE/WBE businesses used: Ye Section 3 businesses used: Yes			
Placed-in-Service Date: Time to complete:	Physical and Economic Occupanc Years: Year Physical	-		
Has your firm ever had a financial audit performed? Yes No In what year?	If an audit has been performed, ha the development's ability to remain	as the audit been qualified based on n a going concern? □ Yes □ No		

MANAGEMENT EXPERIENCE

Complete the information below for each development your organization has managed within the last five years. Attach additional copies of this form as needed.

Development Name:	Manager Contact Name:			
Address:	Email:	Phone:		
Development Types: □ New Construction □ Rehabilitation □Acquisition/Rehabilitation	Type of Subsidy (check all that apply):			
Developer:	Contact (name and phone):			
Total Number of Units: Number of Low-Income Units:	Number of Years of Management:			
Placed-in-Service Date:	Physical and Economic Occupanc Years:	y Percentages for the Last Two		
Number of Months in Lease-Up:	Year Physica	<u>Economic</u>		
Has the development ever had a financial audit performed?	If an audit has been performed, has the audit been qualified based on the development's ability to remain a going concern? \Box Yes \Box No			
In what year?				

SERVICE PROVIDER EXPERIENCE

Complete the information below for each development your organization has provided services for within the last five years. Attach additional copies of this form as needed.

Development Name:	Provider Contact Name:				
Address:	Email:	Phone:			
Development Types:	Type of Subsidy (check all that apply): □ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER:				
Developer:	Contact (name and phone):				
Types of Services Provided (list all):					
Total Number of Units: Number of Low-Income Units:	Total Number of Units/Household Receiving Services:				
Years of Experience:	Years/months of Experience at this Site:				

RHD FORM 7 PROJECT TIMELINE

Fill in completed or anticipated dates or N/A for all development tasks listed below.

START-UP DATES

PROJECT START-UP	Date completed or anticipated
Purchase Contract/Option	
Site Acquisition	
Zoning/Permits	
Site Analysis	
Initial Drawings	
Complete Plans/ Specifications	

DEVELOPMENT DATES

DEVELOPMENT	Start Date	Completion Date
Closing		
Construction		
Marketing		
Occupancy/Rent Up		

RHD FORM 8 FINANCIAL DATA

Complete all the following that is available and applicable. Provide documentation of commitment or letter of interest for both construction and permanent sources:

CONSTRUCTION FINANCING

Source					Amount	\$	
Contact					Email		
Amortizati	ion Period		Yrs.	Interest R	ate		%
Firm Com	mitment	🗌 Yes 🗌 No	OR	Letter of	Interest	🗌 Yes 🗌 No	

Source					Amount	\$	
Contact					Email		
Amortizati	on Period		Yrs.	Interest	Rate		%
Firm Com	mitment	🗌 Yes 🗌 No	OR	Letter o	of Interest	🗌 Yes 🗌 No	

TOTAL CONSTRUCTION SOURCES	\$

PERMANENT FINANCING

Source					Amount	\$	
Contact					Email		
Amortizati	ion Period		Yrs.	Interest	Rate		%
Firm Com	mitment	🗌 Yes 🗌 No	OR	Letter o	of Interest	🗌 Yes 🗌 No	

Source					Amount	\$	
Contact					Email		
Amortizati	ion Period		Yrs.	Interest	t Rate		%
Firm Com	mitment	🗌 Yes 🗌 No	OR	Letter o	of Interest	🗌 Yes 🗌 No	

FINANCIAL DATA

LIHTC INFORMATION				Actual Expected				
Reservation	n					Allocation	\$	
Date								
Investor/Sy	ndicator	Name						
Contact		·				Email		
Commitment Received?								
Equity Prici	ing	\$			Total	Equity		\$

HISTORIC TAX	CREDIT INFORMATION		spected
Reservation		Allocation	\$
Date			
Investor/Syndica	tor Name		
Contact		Email	
Commitment Rec	ceived? 🗌 Yes 🗌 No		
Equity Pricing	\$	Total Equity	\$

OWNER EQUITY

List all grants (public and private), historic tax credits, deferred developer fee, etc.(add lines if needed)

Source	Amount \$	
Source	Amount \$	

TOTAL PERMANENT SOURCES \$	\$

RHD FORM 9 RENTAL HOUSING SPREAD SHEETS

The Rental Housing Spread sheets are available on the DEHCR RHD website in electronic form. You will be asked to submit both a paper and an electronic set of forms for reviews. The forms cover:

- Rental Housing Development Budget
- 20 year Pro Forma including
 - Income and expense assumptions
 - pre-tax and after tax cash flow
- Detailed Sources of Funds
- Tax and Appreciation Benefits

RHD FORM 10 MATCH IDENTIFICATION

Applicant must provide 25% of eligible match.

Match amounts must be made up exclusively of <u>non-federal</u> sources and documentation must be provided.

Sources (include dates)	Estimated Amount	✓Check if Committed
Cash or Grants (no owner cash or grants)	\$	
	\$	
	\$	
Subsidized Loans	\$	
	\$	
Bond Financing	\$	
Donation	\$	
	\$	
Foregone Taxes, Fees & Charges	\$	
	\$	
	\$	
Infrastructure	\$	
	\$	
PROJECTED TOTAL AMOUNT OF MATCH AVAILAB	LE	\$

Refer to Match Guidance (page 12 – HOME RHD Program Guide).

RHD FORM 11 COMPARABLE DATA

A minimum of three comparables in the project's target market area may be used for projects of 12 or fewer units, and/or preservation projects with no relocation that can demonstrate \geq 93% occupancy for the past 12 months.

Include a short narrative describing demand for the project including market area demographics and trends, the number of income eligible households, and characteristics of the households likely to be attracted to the development.

- Please include a map of comparable locations and a short description of why these particular comparables were chosen.
- In addition, please describe the project's proximity to services such as retail, medical centers, recreational facilities and others that you find relevant. Be sure to include documentation and sources of information.

COMPARABLE 1

Address	:			
	y to Proposed Site:			
Manage	ment Agent or Owne	r:		
	Contact:			
E	Email:			Phone:
C	Date Contacted:			
	Construction Type: building photograph)			
Age of b	uilding:	Year rehabilitated, i	f applicable:	
General	condition of building:	(interior and exterio	r)	
	# of Bedrooms	Number of Units	Square Feet	Monthly Market Rent
	0			\$
	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	TOTAL		Current Va	cancy Rate:
Utilities i	ncluded in rent:	Electric He		h Removal Sewer
Are any	rent subsidies or gov	ernment funding cor	nected with this l	building? 🗌 Yes 🛛 🗌 No
lf ye	es, please explain:			
Describe		ties or differences be	etween this buildi	ng and the proposed project

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COMPARABLE 2

Proximity to Proposed Site:Management Agent or Owner: Contact: Email: Phone: Date Contacted:
Contact: Email: Date Contacted:
Email: Phone: Date Contacted:
Date Contacted:
Building Construction Type:
Age of building: Year rehabilitated, if applicable:
General condition of building: (interior and exterior)
of Bedrooms Number of Units Square Feet Monthly Market Rent
0 \$
1 \$
2 \$
3 \$
4 \$
5 \$
TOTAL Current Vacancy Rate:
Utilities included in rent: Electric Heat Trash Removal Sewer
Are any rent subsidies or government funding connected with this building? Yes
Describe any general similarities or differences between this building and the proposed proje building/site:

COMPARABLE 3

Address	:			
Proximit	y to Proposed Site:			
		r:		
(Contact:			
E	Email:			Phone:
[Date Contacted:			
	Construction Type: building photograph)		
Age of b	uilding:	Year rehabilitated,	if applicable:	
General	condition of building	: (interior and exterio	r)	
	# of Bedrooms	Number of Units	Square Feet	Monthly Market Rent
	0			\$
	1			\$
	2			\$
	3			\$
	4			\$
	5			\$
	TOTAL		Cur	rent Vacancy Rate:
Utilities i	included in rent:	Electric He		h Removal Sewer
-	rent subsidies or goves, please explain:	vernment funding cor	nnected with this	building? 🗌 Yes 📄 No
Describe building/		ities or differences be	etween this buildi	ng and the proposed project

RHD FORM 12 ENVIRONMENTAL REVIEW

All applications are required to meet the Department of Housing and Urban Development's environmental compliance standards, per Federal regulations continued in 24 CFR Part 58. Your assistance in completing the following will help the Division of Housing, Energy and Community Resources (DEHCR) prepare the necessary documentation that will legally permit the release of HUD funds. If you have any questions while completing the forms, please contact the Environmental Consultant at

608-267-2712 or DOAEnvironmentalDesk@wisconsin.gov.

Please answer the following questions as completely as possible. Be aware that in some cases further technical analysis may be required to determine if mitigation measures are necessary.

Please send a completed copy these screening questions and a Phase I environmental audit (if appropriate) to DEHCR as soon as these are available.

Applicant/Developer Name:				
Address:				
City:	County:		State:	Zip:
Contact Person			Title	
Phone:		FAX:		
E-Mail:				

Development Name:			
Address:			
Town:	Range:	Section:	
City:	County:	Wisconsin	Zip:

Brief description of the proposed development:

HISTORIC PRESERVATION

Because compliance with historic preservation rules may require considerable time, you are encouraged to give this issue early attention, and to complete the appropriate forms as indicated.

A. Archeological Review

If you are planning any "ground disturbing activities," such as housing construction and/or related activities (such as parking lots, sewer or water line extensions, new roads, and

sidewalks), **in areas previously undisturbed**¹, your project must be reviewed by the Wisconsin Historical Society (WHS) to determine its effect on archeological resources. If the WHS determines that archeological resources may be present, then the WHS will require you to carry out an archeological survey as part of the review process. Because archeological review takes time, it is important to give your attention to this issue early on. Please contact the DEHCR Environmental Desk at 608-267-2712 for assistance.

Does your project require archeological review? Yes	🗌 No
If the answer is "no," proceed to the next section, entitled	Architecture and Historic Review.

If "yes," please provide the following required information to DEHCR in order to initiate an archeological review. Please keep in mind that WHS is allowed a minimum of 30 days to reply to an initial request for review.

Please send this additional information to DEHCR when an archeological review is required:

- (1) USGS 7.5 quad map or other map with sufficient detail of the site and immediate area.
- (2) A plat map of the project area showing the development's extent and size in acres, square feet, etc.
- (3) Photos of the development area and adjacent properties (looking north, south, east, and west).
- (4) If known, a description of current and prior uses of the land.
- (5) Current zoning status and intended zoning changes.

B. Architecture and Historical Review

If you are proposing the rehabilitation, conversion, or demolition of an existing structure that is **fifty (50) years of age or older**—buildings such as schools, churches, hospitals, libraries, apartment complexes, or other structures as part of a housing development project, you must submit a copy of the Initial Project Review Form (Attachment A). DEHCR will determine if further review or mitigation measures are required.

WETLAND PROTECTION

Is the development site located in a wetland area, defined as any area that is at least seasonally inundated by water, or are there any ponds, marshes, bogs, swamps or other wetlands within 500 feet of the development area?

Yes No		
	TYes	🗌 No

🗌 Don't Know

If the development site is located in or near a wetland area, will the project result in fill (such as topsoil, gravel, etc.) being placed in the wetland area, or will it result in greatly increased usage of the wetland?

Yes

- 🗌 No
- Don't Know

¹ Farming is not an activity that disturbs archeological sites.

Please attach a copy of the wetland map, available at http://maps/wi.gov (use Surface Water Data Viewer)

FLOODPLAIN MANAGEMENT

Submit a copy of either a Federal Emergency Management Agency (FEMA) flood plain map or a copy of the Flood Insurance Rate Map (FIRM) with the site highlighted. The FEMA map must have the Community Panel Number and the latest map revision date; the FIRM map must have the front panel showing its identification.

Are there drainage ways, streams, rivers, or coastlines on or within one mile of the development site? Yes No Don't Know
If yes, is the development site located in the 100-year floodplain? Yes No Don't Know
Map name and number:
NOTE: Maps may be available through local planning/zoning offices, public libraries, or DNR offices. They may also be found online at http://msc.fema.gov
SAFE DRINKING WATER ACT & SURFACE WATER QUALITY
Is the water supply serving the project operated by a municipality or is it a private on-site well?
Will the site proposed for development be served by an adequate and acceptable sanitary sewers and waste water disposal systems?
Are the site's sanitary sewers, and wastewater disposal systems municipally operated or private?
Is there evidence of slope erosion or unstable slope condition on or near a site (i.e., soil washed away by rain, the presence of gullies, etc.)?
Is there evidence of cross-lot runoff, low-lying depressions, or drainage flows on the property that may affect the suitability of the site for development?

STORM WATER DISCHARGE INTO PUBLIC WATERWAYS

To meet the requirements of Section 402 of the federal <u>Clean Water Act</u>, the DNR has developed a state Storm Water Discharge Permit Program to control erosion on sites that disturb 5 acres or more. This program is based on WI Administrative Code NR 216, which regulates storm water discharges for industrial, municipal and construction sites.

If the project site is more than five acres, a plan must be developed and followed for construction site erosion control and storm water management as part of storm water permit requirements.

Is the site more than five acres?	Yes	🗌 No	
Is a permit required for this site?	🗌 Yes	🗌 No	🗌 Don't Know
If yes, has the permit been issued?	🗌 Yes	🗌 No	

Please provide a copy of the permit, once obtained. Any findings from engineering studies completed prior to this application should also be forwarded with this application.

NOISE STANDARDS

Please provide a site map that shows railroad lines, airports, major arterial streets and highways, manufacturing sites, and other major noise producing operations.

A. Highway Noise

Is the development site located within 1,000 feet of a major road, highway, county trunk, truck route, state or federal highway, or urban business route? Such information can be obtained from the Wisconsin DOT website: <u>http://www.dot.wisconsin.gov/travel/counts/</u>

	Yes	🗌 No	🗌 Don't Know
--	-----	------	--------------

If the answer is "yes," please provide the following information about the roadway in relation to the site (10,000, or more, vehicles per day).

B. Railroad Noise

Is the development site located within 3,000 feet of an active rail line (used at least daily)?

Yes No Don't Know

If the answer is "yes," please provide the following information to assist DEHCR determine whether any HUD-required mitigation measures must be taken. This information may be obtained from the Railroad Company or local government.

_____ the average number of locomotives/train

_____ the average number of cars/train

the average speed of train

the tota	I number of trains p	er day	
the ave	rage number of trair	ns at nig	ht (between 10 p.m. and 7 a.m.)
Number of train tracks: Train tracks are:	 	OR OR	Double Welded
Are there intervening st walls, berms, etc.)?	ructures between th		ad tracks and the development site (buildings, n't Know
Is the development loca airport, handling jet ope Yes		<u>uled</u> air s	eneral aviation airport, or 15 miles of a military service? n't Know
If "yes," what is	the name of the airp	port?	
Is the development site an industrial plant?	located within 1,00		f any other noise-generating source, such as n't Know
If "yes," what is	the name of the noi	ise sour	ce?
THERMAL AND MAN-	MADE HAZARDS		
•	fuels (such as gase	oline), h be <u>nz</u> ene	f an above-ground storage tank for azardous gases (such as liquid propane), or e or hexane)? n't Know
If "yes," what is	the name of the fac	ility?	
		ls? Plea	e for civilian airports or in a Clear Zone or se Consult HUD Circular Letter 85-8 to make n't Know
_			aking place in a runway clear zone include a nazard. DEHCR will provide a copy of the
http://www.epa.gov/epa	ahome/whereyoulive	e.htm or	nformation about manmade hazards: contact local or county Emergency formation required below.

Is the development site located on or within 2,500 feet of an active or closed waste dump or landfill site?

		Yes
--	--	-----

🗌 Don't Know

Is the development site located within 2,500 feet of an industry which disposes of chemicals or hazardous wastes on its premises?

Don't Know

Is there any evidence that asbestos should be removed from the structure?

□ No

No No

List industrial plants or facilities within 1/2 mile of proposed development site, and locate on site map.

List chemical (including pesticide) storage facilities or warehouses including those belonging to farmer's cooperatives within 1/2 mile of proposed development site, and locate on site map.

List current and closed landfills, hazardous waste disposal sites and superfund sites within 1/2 mile of proposed development site.

List Leaking Underground Storage Tanks (L.U.S.T.S.), Toxic or Chemical Spills or Radioactive materials on or adjacent to site area or electromagnetic hazards, such as high voltage electric transmission lines, within 1/2 mile of proposed development site. (Information Line: I-800-EMF-2383)

List other industries, manufacturing, and processing plants (including quarries & mines) within 1/2 mile of proposed development site) and locate on site map.

If a hazardous industry or facility (defined as one using or storing material which are potential threats to human health or safety) exists, please provide the facility name, address, and contact person, if available, for the potential hazard.

UNIT DENSITY (for rehabilita	ation projects only)
Will the rehabilitation underta	ken increase the unit density more than 20%?
Total number of units:	before rehabilitation: after rehabilitation:
	changes in land use from non-residential to residential; or from other (for example, from single family attached dwelling to high-
Will the estimated cost of the replacement before rehabilita	rehabilitation be more than 75% of the total estimated cost of ation?
AIR QUALITY STANDARDS	6
Is the property located in the been registered? <i>(Contact Di</i> Yes If "yes," describe:	vicinity of a monitoring station where air quality violations have NR for assistance.)
•	n a non-attainment zone Kenosha, Racine, Milwaukee, ngton, Manitowoc, or Door Counties? No Don't Know
Will the development require Yes If yes, explain:	any air related permits?
SOLID WASTE DISPOSAL	
disposal system adequately s	blic Works Department, will the existing or planned solid waste service the proposed development?

AGRICULTURAL LAND IMPACT

Will the development be located on or directly adjacent to agricultural land categorized as prime or of State or local importance? (Contact U.S. Department of Agriculture Soil Conservation Service or the local county extension agent for assistance in identifying such lands.)

☐Yes ☐ No ☐ Don't Know _____ If yes, explain:______

CERTIFICATION

To the best of my knowledge I hereby certify that the foregoing information is true and correct.

By:

(Applicant Signature)

(Date Signed)

(Print Name)

(Title)

Attachment A

Architectural and Historical Information Needed for Reviewing Projects that will Rehabilitate Existing Buildings

Please answer the following question if you are developing housing in an existing building: A. When was the building constructed?

Source of information:

NOTE: If possible, obtain documentation of the building's age, such as a copy of the original title. A real estate broker's estimate of the building's age is not sufficient.

If the answer to this question is a date less than 50 years ago, you do not have to complete the remainder of this section; proceed to the next section, entitled **Wetland Protection.** If the answer to this question is a date greater than 50 years ago, then please answer the following to the best of your ability.

Review of Architectural and Historic Resources databases:

To the best of your ability, indicate if the development site is known to be listed on any of the following lists:

- ____ National Register of Historic Places
- _____ Properties determined eligible for the National Register
- _____ State Register of Historic Places
- _____ Wisconsin inventory of historic places
- _____ Locally-designated historic property
- Local intensive survey--see attached list of community surveys (Give name and date) None of the above

NOTE: The Wisconsin Historical Society (WHS) has the final authority to determine whether a property is eligible for inclusion in the National Register of Historic Places and what mitigation measures may be required. WHS may require that special methods be used in repairing buildings of historic significance.

In addition, please attach the following information for architecture and historic review:

- a map showing the location of the building in relation to existing streets; please include the township, range, and section for projects located in unincorporated communities.
- Photographs of the building.
 - 1. Views must be unobstructed, in focus, and should include views of the front, back, and sides of the structure, and photographs of the adjacent lots, facing north, south, east and west. Also, please include photographs of other structures found on the property.
 - 2. Close up photos of areas showing considerable deterioration; windows proposed for rehab or replacement; unique, ornate, or historically significant features present on the structure.

NOTE: Either black & white or color photographs are acceptable (including Polaroids), but black and white <u>photocopies</u> are not acceptable.