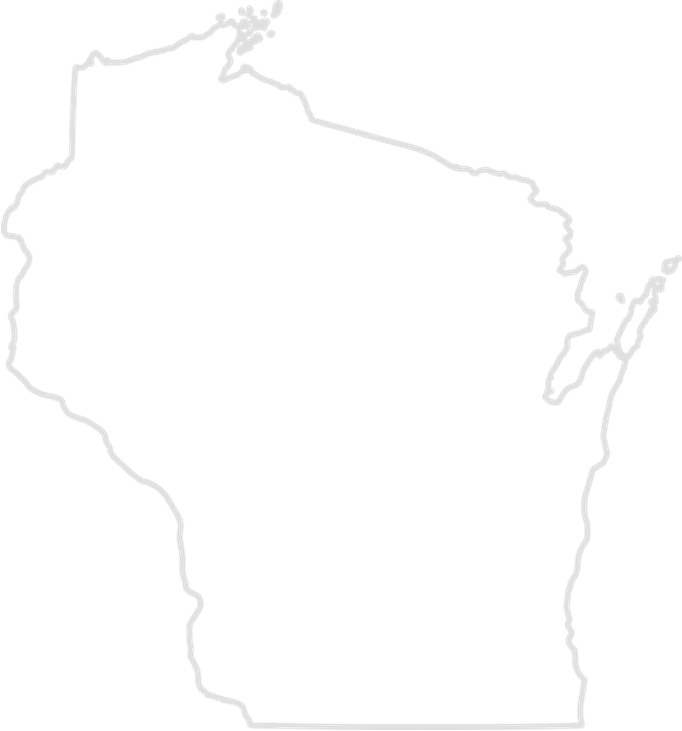
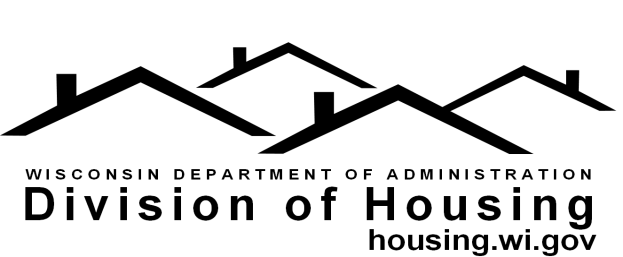
****

Rental Housing Development

Application

HOME

**

Revised April, 2017

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* RHD Form 2 - Application Certification
* RHD Form 3 - CHDO Certification

TAB 2 - Project

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tab 7 - Environmental Review

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

**APPLICATION INSTRUCTIONS**

1. **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 [DOAAffordableHousing@wisconsin.gov](mailto:DOAAffordableHousing@wisconsin.gov?subject=HOME%20RHD%20Application%20Question).

1. **PREPARATION**
2. Assemble the application in the order listed in the application instructions. Please label the tabs and sub-tabs according to the underlined headers used below. All RHD forms should be sub-tabbed with the form’s number (1-13).

* Include a Table of Contents showing the tab and sub-tab label names.

1. *Keep only the requested information in the body of the application.*
2. *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: <http://www.officedepot.com/a/products/107343/Smead-60percent-Recycled-End-Tab-Classification/>) with the appropriately labeled tabs and sub-tabs.

1. **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.
  + **\*\*we will evaluate projects on a case by case basis that go below 1.05 DCR 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**

1. **Tab 1: APPLICANT**

Please include the following forms:

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

1. **Tab 2: PROJECT**

* Narrative - 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).
* EE/Green – 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;
  + space heating/air conditioning and water heating systems;
  + exterior;
  + common areas and in-unit lighting;
  + supplied appliances
* Arch. Cert. - Architect certifications of the scoring items (visitable units, green building standards, Energy Star items, resource conservation)
* RHD Form 4 – SITE DATA
* RHD Form 5 – UNIT DATA *(also available electronically on the DEHCR RHD Website)*
  + Include documentation of utility allowances used.
* Plans - Copy of Floor Plans and Elevations

1. **Tab 3: TEAM**

* Payouts and Inspections: Address each of the following in a brief bullet point:
  + payout procedures for construction work completed;
  + the timing of construction inspections;
  + the entities inspecting the construction work; and
  + the process for certifying completion
* RHD Form 6 – 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 7 – PROJECT TIMELINE
* Debar - Include verification that no development team entity is debarred or suspended from working on federal contracts ( <https://www.sam.gov/>).

1. **Tab 4: FINANCIAL**

Please include the following forms and information:

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

1. **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):

* Marketing Plan
* Supportive Services - 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).
* Tenant - Include a copy of the tenant selection policy.

1. **Tab 6: MARKET STUDY**

Include a completed market study for the project provided by a WHEDA approved market analyst. If the project is comprised of less than or equal to 12 units **or** is a preservation project with no relocation that can demonstrate 93% occupancy for the past 12 months, RHD Form 11 may be used instead.

1. **Tab 7: ENVIRONMENTAL REVIEW - ER**

* RHD Form 12 – 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)

<http://housing.wi.gov>

* Federal Register/HOME Regulations Final Rule

[http://www.hud.gov/offices/cpd/affordablehousing/lawsandregs/regs/home/index](http://www.hud.gov/offices/cpd/affordablehousing/programs/home/index.cfm)

* HOME Income Limits

<https://www.hudexchange.info/programs/home/home-income-limits/>

* HOME Program Rents

<https://www.hudexchange.info/programs/home/home-rent-limits/>

* Protect Your Family from Lead in Your Home

<http://www.epa.gov/lead/pubs/leadpdfe.pdf>

* 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

<https://www.wheda.com/Developers/Development-Guidelines/>

* 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 Contact Person Information**

Grantee Name: Click here to enter text. Contact Person Name: Click here to enter text.

Grantee Phone: Click here to enter text. Contact Person Phone: Click here to enter text.

Grantee Email: 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 | Mixed Income | Senior Housing | LLC |
| Rehabilitation | Mixed Use | Veterans Housing | Partnership |
| Acquisition |  | Special Needs |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financing** | LIHTC | WHEDA | Primary Lender: Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOME Unit Information** |  |  | |  |
|  |  |  | |  |
| Total Number of Project Units: Click here | | Total Number of HOME Units: Click here | | |
|  |  |  |  | |
| Category | # of Units | $$ 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 | |
| Total Units: | Click here | Click here | Click here | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CHDO Role** | N/A | Owner | Co-Owner | | Developer | Sponsor |
| CHDO Activity Requested Amount: Click here | | | | CHDO Operating Requested 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 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 | Developer | Sponsor |

|  |  |  |
| --- | --- | --- |
| **CHDO operating under state or local law, evidenced by:** | Charter | Articles of Incorporation |

|  |  |  |
| --- | --- | --- |
| **CHDO net earnings do not inure to the benefit of any member, founder, contributor, or individual, as evidenced by:** | Charter | Articles of Incorporation |

|  |  |  |
| --- | --- | --- |
| **CHDO has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501 (c) (3) or (4) of the Internal Revenue Code of 1986, as evidenced by:**  **OR** | | 501 (c) (3) or (4)  Certificate from the IRS |
| **CHDO is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue code, as evidenced by:** | A group exemption letter from the IRS that includes the CHDO. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 out HOME assisted activities, as evidenced by:** | Key Staff 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 | Statement of parent organization documenting at least one year of experience |

|  |
| --- |
| **CHDO maintains at least one-third of its governing board’s membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations as evidenced by the organization’s:** |

|  |  |  |
| --- | --- | --- |
| By-Laws | Charter | Articles of Incorporation |

|  |  |  |
| --- | --- | --- |
| **CHDO provides a formal process for low-income program beneficiaries to advise the organization in**  **all of its decisions regarding the design, siting, development, and management of affordable housing projects, as evidenced by:** | | |
| By-Laws | Resolutions | Statement of Operating Procedures approved by Governing Body. |

|  |  |  |
| --- | --- | --- |
| **CHDO certifies that all of the following are true:** | | |
| ***State or local government may not appoint more than 1/3 of the governing body’s membership.*** | | |
| ***Membership appointed by state or local government may not appoint remaining 2/3 of board membership.*** | | |
| ***No more than 1/3 of governing board members are public officials.*** | | |
| **As evidenced by:** | | |
| By-Laws | Charter | Articles of Incorporation |

|  |  |  |
| --- | --- | --- |
| **If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than 1/3 of the membership of the CHDO’s governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining 2/3 of the board members, as evidenced by:** | | |
| By-Laws | Charter | Articles of Incorporation |

|  |  |  |
| --- | --- | --- |
| **CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from**  **the organization, as evidenced by:** | By-Laws | Memorandum of Understanding (MOU) |

|  |  |  |
| --- | --- | --- |
| **CHDO may be sponsored or created by a for-profit entity, however:** | | |
| ***The for-profit entity’s primary purpose does not include the development or management of housing, as evidenced by:*** | | |
| By-Laws |  |  |
|  |  |  |
| ***The* CHDO *is free to contract for goods and services from vendor(s) of its own choosing, as evidenced by:*** | | |
| By-Laws | Charter | Articles of Incorporation |

The Applicant agrees to maintain documentation of compliance with the certification and to update the State as changes occur.

BY:

Signature Date

Print Name Title

**RHD FORM 4**

**SITE DATA**

**PROJECT NAME:** Click here to enter text.

**ADDRESS:** Click here to enter text.

**CITY/ZIP:** Click here to enter text.

**COUNTY:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT LOCATION:** | City | Village | Town |

|  |  |  |  |
| --- | --- | --- | --- |
| **SITE CONTROL:** | Deed | Purchase Contract | Option to Purchase |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SELLER’S INFORMATION:** | | Seller’s Name: Click here to enter text. | | |
|  | Seller’s Address: Click here to enter text. | | | |
|  | Seller’s Phone: Click here to enter text. | | Seller’s Email: Click here to enter text. | |
| **CONFLICT OF INTEREST:** | | Is seller related to any party involved in this development, or staff of the applicant? Will they receive a benefit other than sale proceeds? | | |
|  | | Yes | | No |

|  |  |  |
| --- | --- | --- |
| **RELOCATION:** | | |
| Are there currently tenants living onsite? | Yes | No |
| If yes, will the project displace current tenants? | Yes | No |
| If yes, then attach a description of how you will assist displaced persons and provide example of displacement notices to be sent to tenants. | | |

|  |  |
| --- | --- |
| **LEGISLATIVE DISTRICTS:** | |
| Please provide the following information for the project site at the time of application: | |
| Congressional District: Click here to enter text. | Name: Click here to enter text. |
| State Senate District: Click here to enter text. | Name: Click here to enter text. |
| State Assembly District: Click here to enter text. | Name: Click here to enter text. |
| Municipal Mayor or Village President | Name: Click here to enter text. |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Tax Parcel Identification Number:** Click here to enter text.  **Zoning Information:**   |  |  |  | | --- | --- | --- | | Is the site zoned for development? | Yes | No | | If no, is the site in process of rezoning? | Yes | No | | Anticipated date of zoning resolution? | Click here to enter text. | Not Applicable | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Utilities:** |  |  |  |  |  |
| Are all utilities presently available to the site? | | | Yes | No |  |
| If no, which utilities need to be brought to the site? | | |  |  |  |
| Electric | Water | Sewer | Gas | Internet/Telephone | |

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

**RHD FORM5**

**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.

**RHD TABLE 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RENT CATEGORY** | Bedrooms in Unit | **0** | **1** | **2** | **3** | **4** |
|  | **MAX. SQ. FT.** | **400** | **700** | **900** | **1200** | **1350** |
|  | **SQ. FT. RATE** |  |  |  |  |  |
| **HIGH (60%)** | **$30.00** | **$12,000** | **$21,000** | **$27,000** | **$36,000** | **$40,500** |
| **LOW (50%)** | **$43.00** | **$17,200** | **$30,100** | **$38,700** | **$51,600** | **$58,050** |
| **SUB (30%)** | **$60.00** | **$24,000** | **$42,000** | **$54,000** | **$72,000** | **$81,000** |
| **SRO (20%)** | **$70.00** | **$28,000** | **NA** | **NA** | **NA** | **NA** |

**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 Rent 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 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 Restricted Rent Units** | | |  |  |  |  |  |  | |  | |  |
| Unit Size # of bedrooms | # of Units | # Units Accessible | Expected Rent | Utility Allowance | LIHTC or Sec.8 | Actual Sq. Ft. |  |  | Utilities | | Included in Rent?  (Yes or No) | |
| 0 |  |  |  |  |  |  |  |  | Electricity | |  | |
| 1 |  |  |  |  |  |  |  |  | Heat | |  | |
| 2 |  |  |  |  |  |  |  |  | Air Conditioning | |  | |
| 3 |  |  |  |  |  |  |  |  | Water | |  | |
| 4 |  |  |  |  |  |  |  |  | Sewer | |  | |
|  |  |  |  |  |  |  |  |  | Trash | |  | |
| **TOTALS** |  |  |  |  |  |  |  |  | Other | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Market Rate Rent Units** | | |  |  |  |  |  |  | |  | |  |
| Unit Size # of bedrooms | # of Units | # Units Accessible | Expected Rent | Actual Sq. Ft. |  |  |  |  | Proposed Uses | | Number of Units | |
| 0 |  |  |  |  |  |  |  |  | HIGH Rent Units | |  | |
| 1 |  |  |  |  |  |  |  |  | LOW Rent Units | |  | |
| 2 |  |  |  |  |  |  |  |  | SUB Rent Units | |  | |
| 3 |  |  |  |  |  |  |  |  | SRO Rent Units | |  | |
| 4 |  |  |  |  |  |  |  |  | Other Restricted Rent Units | |  | |
|  |  |  |  |  |  |  |  |  | Market Rate Rent Units | |  | |
| **TOTALS** |  |  |  |  |  |  |  |  | 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

If yes, describe:

Identify source of funds used to pay for this 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 CONTACT**

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:

**BUILDER OR GENERAL CONTRACTOR (Complete GC Experience Form)**

Company Name:

Name:

Title:

Address:

Email:

Phone: Fax:

**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 INSURANCE COMPANY** (if applicable)

Company Name:

Name:

Title:

Address:

Email:

Phone: Fax:

**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 five 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 apply):  □ LIHTC □ HOME □ AHP □ USDA-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 contributions? □ Yes □ No | |
| Total Number of Units: Number of Low-Income Units: | DCR: | |
| Placed-in-Service Date: | Physical and Economic Occupancy Percentages for the Last Two Years:  Year Physical Economic | |
| 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 audit been qualified based on the development’s ability to remain 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:  □ New Construction □ Rehabilitation □Acquisition/Rehabilitation | Type of Subsidy (check all that apply):  □ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER: | |
| Developer: | Contact (name and phone): | |
| Total Number of Units: Number of Low-Income Units: | MBE/WBE businesses used: □ Yes □ No  Section 3 businesses used: □ Yes □ No | |
| Placed-in-Service Date: | Physical and Economic Occupancy Percentages for the Last Two Years:  Year Physical Economic | |
| Time to complete: |
| Has your firm ever had a financial audit performed?  Yes  No  In what year? | If an audit has been performed, has the audit been qualified based on the development’s ability to remain 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):  □ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER: | |
| Developer: | Contact (name and phone): | |
| Total Number of Units: Number of Low-Income Units: | Number of Years of Management: | |
| Placed-in-Service Date:  Number of Months in Lease-Up: | Physical and Economic Occupancy Percentages for the Last Two Years:  Year Physical Economic | |
| Has the development ever had a financial audit performed?   Yes  No  In what year? | If an audit has been performed, has the audit been qualified based on the development’s ability to remain a going concern?  Yes  No | |

**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:  □ New Construction □ Rehabilitation □Acquisition/Rehabilitation | 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** | **$** | | | **Contact** |  | | | **Email** |  | | | **Amortization Period** | | **Yrs.** | **Interest Rate** | | | **%** | | **Firm Commitment** | | **Yes  No OR** | **Letter of Interest** | | | **Yes  No** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Source** |  | | | **Amount** | **$** | | | **Contact** |  | | | **Email** |  | | | **Amortization Period** | | **Yrs.** | **Interest Rate** | | | **%** | | **Firm Commitment** | | **Yes  No OR** | **Letter of Interest** | | | **Yes  No** | | |

|  |  |
| --- | --- |
| **TOTAL CONSTRUCTION SOURCES** | **$** |

|  |  |
| --- | --- |
| **PERMANENT FINANCING** |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Source** |  | | | **Amount** | **$** | | | **Contact** |  | | | **Email** |  | | | **Amortization Period** | | **Yrs.** | **Interest Rate** | | | **%** | | **Firm Commitment** | | **Yes  No OR** | **Letter of Interest** | | | **Yes  No** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Source** |  | | | **Amount** | **$** | | | **Contact** |  | | | **Email** |  | | | **Amortization Period** | | **Yrs.** | **Interest Rate** | | | **%** | | **Firm Commitment** | | **Yes  No OR** | **Letter of Interest** | | | **Yes  No** | | |

**FINANCIAL DATA**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LIHTC INFORMATION** | | | | | Actual  Expected | | | | |
| **Reservation Date** | |  | | | | | **Allocation** | **$** | |
| **Investor/Syndicator Name** | | | |  | | | | | |
| **Contact** |  | | | | | | **Email** |  | |
| **Commitment Received?  Yes  No** | | | | | | | | | |
| **Equity Pricing** | | | **$** | | | **Total Equity** | | | **$** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HISTORIC TAX CREDIT INFORMATION** | | | | | Actual  Expected | | | | |
| **Reservation Date** | |  | | | | | **Allocation** | **$** | |
| **Investor/Syndicator Name** | | | |  | | | | | |
| **Contact** |  | | | | | | **Email** |  | |
| **Commitment Received?  Yes  No** | | | | | | | | | |
| **Equity Pricing** | | | **$** | | | **Total Equity** | | | **$** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** |  | **Amount** | **$** |
| **Source** |  | **Amount** | **$** |
| **Source** |  | **Amount** | **$** |
| **Source** |  | **Amount** | **$** |
| **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 non-federal 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 AVAILABLE | | $ |

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 > 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:

Proximity to Proposed Site:

Management Agent or Owner:

Contact:

Email: Phone:

Date Contacted:

Building Construction Type:

*(include building photograph)*

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

Other

Are any rent subsidies or government funding connected with this building? Yes  No

If yes, please explain:

Describe any general similarities or differences between this building and the proposed project building/site:

**COMPARABLE 2**

Address:

Proximity to Proposed Site:

Management Agent or Owner:

Contact:

Email: Phone:

Date Contacted:

Building Construction Type:

*(include building photograph)*

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

Other

Are any rent subsidies or government funding connected with this building? Yes  No

If yes, please explain:

Describe any general similarities or differences between this building and the proposed project building/site:

**COMPARABLE 3**

Address:

Proximity to Proposed Site:

Management Agent or Owner:

Contact:

Email: Phone:

Date Contacted:

Building Construction Type:

*(include building photograph)*

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

Other

Are any rent subsidies or government funding connected with this building? Yes  No

If yes, please explain:

Describe any general similarities or differences between this building and the proposed project building/site:

**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](mailto: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.

1. **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]](#footnote-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.

1. **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   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

Please attach a copy of the wetland map, available at http:dnrmaps/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?

Municipal  Private  Don’t Know

Will the site proposed for development be served by an adequate and acceptable sanitary sewers and waste water disposal systems?

Yes  No  Don’t Know

Are the site’s sanitary sewers, and wastewater disposal systems municipally operated or private?  Municipal  Private  Don’t Know

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.)?

Yes  No  Don’t Know

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?

Yes  No  Don’t Know

**STORM WATER DISCHARGE INTO PUBLIC WATERWAYS**

To meet the requirements of Section 402 of the federal Clean Water Act, 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.

1. **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: <http://www.dot.wisconsin.gov/travel/counts/>

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).

Name of Roadway

The number of traffic lanes

The distance to the nearest traffic lane

The number of traffic lanes

The speed limit

Distance to stop signs of traffic lights

1. **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 total number of trains per day

      the average number of trains at night (between 10 p.m. and 7 a.m.)

Number of train tracks: Single       OR Double

Train tracks are: Bolted       OR Welded

Are there intervening structures between the railroad tracks and the development site (buildings, walls, berms, etc.)?

Yes  No  Don’t Know

Is the development located within five miles of a general aviation airport, or 15 miles of a military airport, handling jet operations with scheduled air service?

Yes  No  Don’t Know

If “yes,” what is the name of the airport?

Is the development site located within 1,000 feet of any other noise-generating source, such as an industrial plant?

Yes  No  Don’t Know

If “yes,” what is the name of the noise source?

**THERMAL AND MAN-MADE HAZARDS**

Is the development site located within 2,500feet of an above-ground storage tank for conventional petroleum fuels (such as gasoline), hazardous gases (such as liquid propane), or chemicals of a flammable nature (such as benzene or hexane)?

Yes  No  Don’t Know

If “yes,” what is the name of the facility?

Is the development site located within a Clear Zone for civilian airports or in a Clear Zone or Accident Potential Zone for military air fields? Please Consult HUD Circular Letter 85-8 to make this determination.

Yes  No  Don’t Know

NOTE: HUD Regulations require that any project taking place in a runway clear zone include a notice to prospective buyers advising them of the hazard. DEHCR will provide a copy of the notice if required.

The following website can be consulted to obtain information about manmade hazards: <http://www.epa.gov/epahome/whereyoulive.htm> or contact local or county Emergency Government, or the local Fire Chief to obtain the information required below.

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

Yes  No  Don’t Know

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

Yes  No  Don’t Know

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

Yes  No  Don’t Know

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: l-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 rehabilitation projects only)

Will the rehabilitation undertaken increase the unit density more than 20%?

Yes  No  Don’t Know

Total number of units: before rehabilitation:

after rehabilitation:

Will the development involve changes in land use from non-residential to residential; or from one class ‘of residential to another (for example, from single family attached dwelling to high-rise multiple-family units)?

Yes  No  Don’t Know

Will the estimated cost of the rehabilitation be more than *75%* of the total estimated cost of replacement before rehabilitation?

Yes  No  Don’t Know

**AIR QUALITY STANDARDS**

Is the property located in the vicinity of a monitoring station where air quality violations have been registered? *(Contact DNR for assistance.)*

Yes  No  Don’t Know

If “yes,” describe:

Is the development located in a non-attainment zone -- Kenosha, Racine, Milwaukee, Waukesha, Ozaukee, Washington, Manitowoc, or Door Counties?

Yes  No  Don’t Know

If yes, which county?

Will the development require any air related permits?

Yes  No  Don’t Know

If yes, explain:

**SOLID WASTE DISPOSAL**

In the opinion of the local Public Works Department, will the existing or planned solid waste disposal system adequately service the proposed development?

Yes  No

If no, explain:

**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 photocopies are not acceptable.

1. Farming is not an activity that disturbs archeological sites. [↑](#footnote-ref-1)