



County: **SM County**

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**San Mateo County – Department of Housing
 Application for AHF 6.0 Funds (FY 2018-19)
 Application Due Date: **Friday, August 10, 2018****

Instructions: Please note that the Application includes some checkboxes and/or spaces for text to be inserted. For questions that require an attachment, the [Click to Upload](#) link will lead to a second page where all documents can be uploaded. Check your application carefully to make sure you have filled in all appropriate areas and provided all required, available, and applicable attachments.

This Application consists of 6 sections as follows:

- [Section I. COVER PAGE](#)
- [Section II. APPLICANT INFORMATION](#)
- [Section III. PROJECT INFORMATION & NARRATIVE](#)
- [Section IV. TENANT POPULATION](#)
- [Section V. SITE INFORMATION](#)
- [Section VI. PROJECT FINANCE](#)
- [Section VII. ADDITIONAL APPLICANT/PROJECT SPONSOR INFORMATION](#)
- [Document Upload Page](#)

[Click Here](#) for the NOFA for this Application

I. COVER PAGE

A. Project Summary

Project Name:	Sample		
Project Address:		City:	Zip: New
Application Type:	<input type="radio"/> Rental Housing Project <input type="radio"/> Homeownership <input type="checkbox"/> New Construction <input type="checkbox"/> Resyndication/Rehabilitation		

Number of lines needed for APNs:

Parcel (APN)	Street Address	City
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Jurisdiction with Planning Entitlements authority:	
Provide a one sentence project summary:	

Total Request Under this NOFA:	
Total Project Cost:	

B. Applicant/Project Sponsor Summary

Applicant/Project Sponsor Name:	Sample		
Borrower Name if different from Applicant/Project Sponsor Name:			
Applicant/Project Sponsor Address:		City:	Zip:
Applicant/Project Sponsor Phone:			
Applicant/Project Sponsor Email:			
Applicant/Project Sponsor's Type of Entity:	<input type="radio"/> Tax Credit LLC/LP <input type="radio"/> For Profit Entity <input type="radio"/> General Partnership <input type="radio"/> Non-Profit: Attach IRS Determination Letter for 501(c)(3) tax-exempt status (I.B1) Click to Upload <input type="radio"/> Other: <input type="text"/>		
Applicant/Project Sponsor Federal EIN/TIN #:	<input type="text"/>	Applicant/Project Sponsor DUNS #:	<input type="text"/>
Borrower's Type of Entity if Borrower is different from Applicant/Project Sponsor:	<input type="radio"/> Tax Credit LLC/LP <input type="radio"/> For Profit Entity <input type="radio"/> General Partnership <input type="radio"/> Non-Profit: Attach IRS Determination Letter for 501(c)(3) tax-exempt status (I.B1) Click to Upload <input type="radio"/> Other: <input type="text"/>		
Borrower Federal EIN/TIN #:	<input type="text"/>	Borrower DUNS #:	<input type="text"/>

IRS Determination Letter(s) (I.B2): [Click to Upload](#)

Project Sponsor Director			
Name:		Title:	
Phone:		Email:	
Project Manager			
Name:		Title:	
Phone:		Email:	
Name of Person Authorized to Execute Legal Documents with the County for this Project			
Name:		Title:	
Phone:		Email:	
If other than Sponsor/Applicant/Project Sponsor, please explain:			

C. AHF 6.0 Funding Summary

Phase	Use	Amount to be Expended (from Award date)		Total Projected AHF 6.0 Funding Needed (C)
		0-12 Months (A)	13 Months-Completion (b)	
Predevelopment	Soft Cost			\$0
	Acquisition			\$0
Development	Soft Cost			\$0
	Hard Cost			\$0
	Acquisition			\$0
	Developer Fee			\$0
	Reserves			\$0
Total Funding Request:		\$0	\$0	\$0

D. Projected Dates

Projected Construction Start:	
Projected Construction End:	

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II. APPLICANT INFORMATION

A. Developer Team Information.

Upload Attachment II.A, specifying the names, experience, and roles and responsibilities, of each Developer Team member. Indicate the percentage of time each person will work on the Project. (II.A)

[Click to Upload](#)

Corporate Borrowing Resolution (I.B3):	Click to Upload
Borrower's Financial Statements for last 2 years (I.B4):	Click to Upload
Most recent completed final audit report available (I.B5):	Click to Upload
IRS Form 990 for most recent tax year (I.B6):	Click to Upload

B. Structure / Roles

Fill in the table below on your project development and post-development structure.

Project Role	Name of Entity & Relationship to Sponsor/Applicant
Sponsor/Applicant:	Sample
Developer:	
Owner:	<input type="radio"/> Owner same as Borrower <input type="radio"/> Owner is different from Borrower: <input type="text"/> <input type="radio"/> Special Purpose Entity to be formed
Property Manager:	
Resident Services Agency:	
If Sponsor/Applicant is different from Developer, Borrower, or Owner, please provide a brief explanation here for how the parties are related:	

C. Experience and Capacity of Key Parties.

Briefly describe the experience and capacity of key project parties, including the Developer, Property Manager, and Resident Services Agency(s):

You have 5000 characters left.

Is this your first Project in San Mateo County? Yes No

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III. PROJECT INFORMATION & NARRATIVE

A. Project Description.

Provide a concise narrative below addressing the following areas:

1. Complete descriptive summary of the project including a description of targeted populations, general location of the Project, on-site amenities, number of units and AMI restrictions, projected construction start and completion dates, and a general description of the funding commitments:

You have 3000 characters left.

2. Please briefly describe the project's history leading to this request. Include such information as when site control was achieved; when the site was acquired or will be acquired; any previous requests for County funding (and whether successful); changes in the project since those requests were made; attempts to secure other financing; how the current project concept was conceived; and any other relevant information about the history of the project:

You have 3000 characters left.

3. Identify the specific NOFA strategic priorities from Section II of the NOFA Overview and Funding Guidelines that your project meets:

Priority	Check	1-2 Sentence Description
Expand housing opportunities through construction of new affordable multifamily housing developments.	<input type="checkbox"/>	
Target AHF funds to very low- and extremely low-income affordable housing units.	<input type="checkbox"/>	
Maintain existing deed-restricted affordable rental housing by supporting essential repairs and rehabilitation, in conjunction with re-syndication of Low Income Housing Tax Credits (LIHTC), to support the project, for health and safety reasons and/or to extend the useful life of the improvements when such repairs are beyond the Project's capital improvement budget.	<input type="checkbox"/>	
Create more extremely low-income and/or supportive housing for homeless households and those at imminent risk of homelessness, including housing opportunities for at-risk former foster youth, persons with serious mental health challenges who are homeless or at-risk of homelessness, and other County clients in need of affordable housing.	<input type="checkbox"/>	
Encourage the creation of affordable multifamily projects containing larger units (2- and 3-bedroom).	<input type="checkbox"/>	
Create more housing within walking distance of services, amenities, and transit – particularly in locations qualifying for Affordable Housing & Sustainable Communities (AHSC) state funding.	<input type="checkbox"/>	
Build system capacity among affordable housing providers and supportive services providers.	<input type="checkbox"/>	

Describe additional strategic priorities not listed above that your project meets (if applicable):

4. Project Timeline. Submit a table (III.A4) which lists all major project milestones such as: entitlement submissions/approvals; financing submissions/approvals; tenant relocation; construction start/completion dates; 100% lease up; placed in service date, etc. The table should have three columns indicating the milestone, the status, and actual or projected approval/completion dates.

[Click to Upload](#)

Please see TCAC proposed [Schedule and Deadlines](#)

Briefly describe the major project milestones that have been accomplished to date, and remaining major milestones (and anticipated dates) until project completion:

You have 1500 characters left.

5. Is there a possibility that one or more of the milestones listed in your project timeline will be delayed or accelerated? Please explain why

and the effect of this change on your overall project schedule.

You have 1500 characters left.

B. Project Amenities

Check	Amenity	Availability
<input type="checkbox"/>	Service Provider Office / Meeting Space	Choose ▼
<input type="checkbox"/>	Community Garden	Choose ▼
<input type="checkbox"/>	Community Kitchen	Choose ▼
<input type="checkbox"/>	Community Room	Choose ▼
<input type="checkbox"/>	Computer Room	Choose ▼
<input type="checkbox"/>	Exercise Room	Choose ▼
<input type="checkbox"/>	Laundry Facilities	Choose ▼
<input type="checkbox"/>	Outdoor Rec Space	Choose ▼
<input type="checkbox"/>	Playground	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼

Describe amenities that need further explanation (if applicable):

You have 1750 characters left.

C. Project Details.

1) # of Residential Buildings	<input type="text"/>
2) # of Stories	<input type="text"/>
3) # of Units	0
4) # of Parking Spaces (total)	<input type="text"/>
5) Parking Type (podium, surface, etc.)	Select ▼
6) Total Livable Space (sq. ft)	SF
7) Amount of Community Space (sq. ft)	SF
8) Community Facility Space, if any, not Exclusively for Project Residents (sq. ft.) -- e.g. Senior Center, etc.	<input type="text"/> SF
9) Uses of Community Facility Space not Exclusively for Project Residents	
<div style="border: 1px solid black; height: 20px;"></div>	
10) Amount of Commercial Space (sq. ft.)	SF
11) Uses of any Commercial Space	
<div style="border: 1px solid black; height: 20px;"></div>	

D. Architectural Site Plan. Attach Site Plan, Elevations and Schematic Drawings (if available) (III.D)

[Click to Upload](#)

E. Relocation of Residential / Commercial Occupants.

- No, relocation of occupants not required.
- Yes, relocation of occupants required.

F. Proximity to transit and services. Submit a map that shows amenities within a one (1) mile radius of Project site (III.F).

[Click to Upload](#)

Please describe the Project's proximity to transit and services, e.g. public transit options, shopping and other neighborhood services, and whether site is located in a walkable area:

You have 3000 characters left.

G. Accessibility. Please specify how you will address accessibility in both the residential units and overall project:

You have 1500 characters left.

[Save and Continue](#)

IV. TENANT POPULATION

A. Proposed tenancy for the project.

1. Please provide a brief descriptive summary of the tenant population including the numbers and types of units targeted for special needs populations:

You have 1500 characters left.

2. Is this a Senior Project? Yes No

3. Indicate the proposed tenancy for the Project. Include any units targeted to persons who are: homeless; persons with disabilities; special needs, or other special populations. "Total" should equal the total number of units in the project.

Targeted Populations	Number of Units	% of Total Resident Units
Homeless/ At-Risk Veterans (VASH/VHHP)		
Mental Health Services Act Clients (MHSA)		
Former Foster Youth		
Duals Frail Elderly		
General Homeless / County Clients		
Other:		
Total Clients of County Services:	0	
Extremely Low Income		
Targeted Employee Populations:		
Non-Homeless Veterans		
Other Targeted Populations:		
Other Targeted Populations:		
Non-Targeted Units		
Manager's Unit(s)		
TOTAL:	0	100%

B. Unit Information. Indicate the estimated monthly rent levels by income category before deduction of utility allowances:

AMI Restriction	Studio		1BR		2BR		3BR		4BR		Total Units at AMI bands
	Units	Rent	Units	Rent	Units	Rent	Units	Rent	Units	Rent	
<30%											0
31%-35%											0
36%-50%											0
51%-60%											0
61%-80%											0
Total Units up to 80% AMI:	0		0		0		0		0		0
81%-100%											0
101%-120%											0
121%-180%											0
Managers Units											0
Unrestricted											0
Total Units in Project:	0		0		0		0		0		0

Indicate the estimated monthly rent levels by income category before deduction of utility allowances. If any rent levels indicated assume rental subsidy please describe in the box below

You have 1000 characters left.

C. General Resident Services / Supportive

1. General Resident Services. Briefly summarize the types of overall resident services that will be provided:

You have 1500 characters left.

2. General Resident Services Budget

Total Budget	Number of Units up to 80%	PUPA
	0	

3. Services Coordinator(s) (%FTE):

4. Supportive Services for Supportive Housing Units. Briefly describe the types of supportive services to be made available (on- or off-site) to those in need of such services *that extend beyond the general resident services:*

You have 1500 characters left.

5. Supportive Services Provider(s) for any Supportive Housing Units. Please indicate which provider(s) will provide Supportive Housing services. If the specific provider(s) are not known at this time, indicate the general type of supportive housing provider(s) that will be utilized and how/when you intend to identify provider(s):

You have 1500 characters left.

6. How will Supportive Housing Services be paid for?

You have 1500 characters left.

7. Total Supportive Services Budget (over and above General Resident Services Budget):

D. Section 3 Requirements. Developers must comply with the federal Section 3 requirements of the Housing & Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3). Please briefly describe below whether Developer meets the Section 3 requirements by having either: (a) a Section 3 plan, or (b) a history of meeting Section 3 requirements: [Click to Upload](#)

You have 1500 characters left.

[Save and Continue](#)

V. SITE INFORMATION

A. Site Location

Submit a site location map (V.A)

[Click to Upload](#)

B. Current Use of the Site. Briefly describe below the current use of the site:

You have 1500 characters left.

C. Property Information:

APNs	
Project Address:	, CA New
Census Tract(s):	<input type="text"/> Find Census Tracts: Click Here
Total acreage:	<input type="text"/>

Is the site, or any part of it, within a 100-year floodplain?	<input type="radio"/> Yes <input type="radio"/> No FEMA Floodzone map If yes, explain:
	<div style="border: 1px solid black; height: 40px;"></div>
FIRM Map number:	<div style="border: 1px solid black; height: 20px;"></div>

D. Status of Site Control. The Applicant must obtain an enforceable right to use a parcel of land for the proposed development prior to submission of this application.
 Evidence of Site Control (V.D1) [Click to Upload](#)
 Attach the Preliminary Title Report (V.D2) [Click to Upload](#)

1) Form of Site Control: (e.g. fee title, purchase agreement, ground lease, or enforceable option agreement)	
2) Dates of Any Key Expirations: (e.g. when an option agreement expires)	
3) Please describe the level of access and ability to disturb each parcel, granted to you by your site control document(s):	

E. Environmental. Please attach the following Environmental Clearances/Reports, if available:
 Environmental Assessment (Part 58) (V.E1) [Click to Upload](#)
 Authority to Use Grant Funds (V.E2) [Click to Upload](#)
 Phase I (V.E3) [Click to Upload](#)
 Phase I is clean, no Phase II necessary.
 Phase II (V.E4) [Click to Upload](#)
 If Phase II was conducted, what were the results and what remedial actions are required, if any? Submit a Remedial Action Plan (if applicable), Attachment (V.E5): [Click to Upload](#)

You have 1500 characters left.

F. Appraisal
 Do you have a recent appraisal obtained within the past 12 months on this property? Yes No
 Estimated Land Value, based upon a minimum of three recent comparable sales
 Submit documentation on the three comparables (V.F2) [Click to Upload](#)
 Explain below when an appraisal will be obtained

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VI. PROJECT FINANCE

A. Funding & Sources

1. Previously Awarded County Funding for this Project:

Number of lines needed for Previous Funding Sources:

Source	Amount	Fiscal Year Approved
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2. Anticipated Funding Sources - Enter the anticipated sources of capital funding for the Project for both construction and permanent financing periods. If commercial lender(s) is unknown, please type "Unknown". As described in Section C.10, for any committed sources, attach commitment letters or other proof of committed sources. Should any sources contain affordability restrictions, please list the AMI and/or target population restrictions and the number of restricted units:

Indicate in this table the Funding Sources you anticipate for your Project
 After completing this table, click the Update button to update for budget tables.

Type	Construction Sources	Permanent Sources
Commercial Loans		
Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Type		
4% Tax Credit Equity	<input type="checkbox"/>	<input type="checkbox"/>
9% Tax Credit Equity	<input type="checkbox"/>	<input type="checkbox"/>
Deferred Developer Fee	<input type="checkbox"/>	<input type="checkbox"/>
Deferred Reserves	<input type="checkbox"/>	<input type="checkbox"/>
Developer Equity	<input type="checkbox"/>	<input type="checkbox"/>
FHLB AHP	<input type="checkbox"/>	<input type="checkbox"/>

New Market Tax Credits	<input type="checkbox"/>	<input type="checkbox"/>
HEART	<input type="checkbox"/>	<input type="checkbox"/>
San Mateo County		
Measure A/K	<input type="checkbox"/>	<input type="checkbox"/>
MTW	<input type="checkbox"/>	<input type="checkbox"/>
Redevelopment	<input type="checkbox"/>	<input type="checkbox"/>
MHSA	<input type="checkbox"/>	<input type="checkbox"/>
HOME	<input type="checkbox"/>	<input type="checkbox"/>
CDBG	<input type="checkbox"/>	<input type="checkbox"/>
City		
City CDBG	<input type="checkbox"/>	<input type="checkbox"/>
City HOME	<input type="checkbox"/>	<input type="checkbox"/>
City General Fund	<input type="checkbox"/>	<input type="checkbox"/>
City Redevelopment Fees	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
State		
AHSC	<input type="checkbox"/>	<input type="checkbox"/>
MHP	<input type="checkbox"/>	<input type="checkbox"/>
State MHSA	<input type="checkbox"/>	<input type="checkbox"/>
VHHP	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Federal		
HUD 108	<input type="checkbox"/>	<input type="checkbox"/>
HUD 202	<input type="checkbox"/>	<input type="checkbox"/>
HUD 811	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other		
Other	<input type="checkbox"/>	<input type="checkbox"/>

Construction Sources

Commercial Loan	Lender	Amount	Cost Per Dwelling Unit	Proof if Committed
Type		Amount	\$/DU	Proof if Committed
San Mateo County		Amount	\$/DU	Proof if Committed
San Mateo Cities		Amount	\$/DU	Proof if Committed
State		Amount	\$/DU	Proof if Committed
Federal		Amount	\$/DU	Proof if Committed
Other	Lender	Amount	\$/DU	Proof if Committed
Total		\$0		
Total should match Total Project Cost:			from Part I.A	

Click this button to copy all information from Construction Sources to Permanent Sources. Values can be edited after copying

Permanent Sources

Commercial Loan	Lender	Amount	Cost Per Dwelling Unit	Proof if Committed
Type		Amount	\$/DU	Proof if Committed
San Mateo County		Amount	\$/DU	Proof if Committed
San Mateo Cities		Amount	\$/DU	Proof if Committed
State		Amount	\$/DU	Proof if Committed
Federal		Amount	\$/DU	Proof if Committed
Other	Lender	Amount	\$/DU	Proof if Committed
Total		\$0		
Total should match Total Project Cost:			from Part I.A	

3. Are you a Community Housing Development Organization (CHDO)? Yes No

4. Please check all that apply if you are ineligible for one or more of the following sources provided under this NOFA (Please refer to NOFA AHF 6.0 for details on eligibility):

- Federal CDBG (Community Development Block Grant)
- HOME Investment Partnership Program Funds for CHDOs

5. Use of Requested AHF Funds: indicate the total gap amount needed in the periods indicated.

Please attach copies of any construction bids/ estimates obtained, (VI.A3) - [Click to Upload](#)

Use	Amount to be Expended (From Time of Award)
-----	--

	0-12 Months	13 -24 Months	25 Months-Completion
Site Acquisition			
Off-Site Improvements			
Demolition			
Predevelopment (Drawings, Engineering, Permits, Legal, etc.)			
New Construction (Direct Hard/Soft Costs)			
Rehabilitation Work Direct Hard/Soft Costs)			
Relocation (Occupants or Businesses)			
Reserves and Other Fees			
Totals	\$0	\$0	\$0
Total AHF Funding			\$0

6. Please describe how the requested AHF funding will allow you to move closer to construction closing. Describe how and when the funding will allow you to close (if applicable). If the funds do not directly lead to a construction start, describe the intended use of the funds and when you expect to utilize them.

You have 1500 characters left.

7. Affordable Housing and Sustainable Communities Funding. Please describe the applicability of Affordable Housing and Sustainable Communities funding for the Project and the status of any applications for AHSC funding. If you do not expect to apply for AHCS funding, provide your reasoning for excluding it as a financing source.

You have 1500 characters left.

8. Anticipated Financing Commitments (excluding AHSC). Briefly describe below any anticipated financing commitments, including the projected timing of each commitment, and likelihood of receiving each commitment, provided by (a) the local jurisdiction or (b) another entity. [Note: you will need to provide financing commitment letters, if/when the source is later obtained, in Section VI.A(2) of this application]:

You have 1500 characters left.

9. Affordability Restrictions. If the County provides AHF funds to your project, an affordability term will be required as described in the NOFA Overview and Funding Guidelines. Describe below any affordability restrictions that will/may be imposed by other funding sources:

You have 1500 characters left.

10. Anticipated/ Approved Land Donation or Below-Market-Rate Land Provision. Project has anticipated or approved land donation, or provision of below-market-rate land transfer or ground lease, provided by (a) the local jurisdiction or (b) another entity.

- Yes No

11. Anticipated / Approved Cost-Saving Incentives from the Local Jurisdiction. The local jurisdiction with entitlement authority for the Project has provided, or is anticipated to provide the Project, one or more cost-saving incentives, such as fee reductions or waivers, by-right zoning, density bonus, parking requirement reduction, or other such cost-saving incentive.

- Yes No

12. Jurisdiction Fees. Using the chart below, list any City/jurisdiction fees (in-lieu, impact, permitting, planning, park, other city/jurisdiction fees), confirmed or anticipated to be paid. This list should not include fees charged by other entities, such as a school district. If a fee waiver or reduction has been granted, or is anticipated, enter the fee amount with and without the reduction/waiver. If no waiver or reduction is anticipated for a given fee, enter the same amount in both columns. The sum of the fees listed in the "Amount with Reduction/Waiver" column should equate to the cost of City fees included in the Project development budget. Use the space below the table to explain any issues.

Number of lines needed:

Jurisdiction Fee	Amount without Reduction/Waiver	Amount Waived by Jurisdiction	Amount with Reduction/Waiver
Total Amount Waived by Jurisdiction:		\$0	

Comments / Issues:

B. Budget.

1. Development Budget Narrative. Describe committed or anticipated construction and permanent sources, attempts to leverage County funds to the greatest degree possible, and considerations for including 4% or 9% tax credit financing scenarios for the Project. Include also a discussion of the applicability of Affordable Housing and Sustainable Communities funding for the Project. If multiple financing scenarios are currently under consideration, describe the variables, what information you expect will lead to the determination of the final financing plan, and your expectations for the outcome.

You have 1500 characters left.

2. Development Budget. Attach as Attachment (VI.B2), a Development Financial Proforma, including itemized development budget, construction and permanent sources and uses table, year 1 income projection with unit breakdown by AMI level and size, year 1 operating expense projections (including services), loan sizing worksheet, and tax credit assumptions with basis calculation and equity raise expectations. Please upload as an unlocked Excel document.

[Click to Upload](#)

3. Operating Budget. Attach as Attachment (VI.B3), a 30-year cash flow projection showing estimated project income, operating expenses (including services), reserves, debt service and distributions. Please upload as an unlocked Excel document.

[Click to Upload](#)

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VII. ADDITIONAL APPLICANT/PROJECT SPONSOR INFORMATION

By-laws:	Click to Upload
Articles of Incorporation:	Click to Upload
Mission Statement:	Click to Upload
Non-Discrimination Policy:	Click to Upload
Reasonable Accommodations Policy:	Click to Upload
Organizational Chart for entire organization:	Click to Upload

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Attachments

If attachments are unavailable to upload, please explain when they will be available

<input type="checkbox"/> Proposed Homebuyer Loan Terms	
<input type="checkbox"/> Applicant IRS Determination Letter for 501(c)(3) tax-exempt status(I.B1)	
<input type="checkbox"/> Borrower IRS Determination Letter for 501(c)(3) tax-exempt status(I.B1)	
<input type="checkbox"/> IRS Determination Letter (I.B2)	
<input type="checkbox"/> Development Team Information. (II.A1)	
<input type="checkbox"/> Corporate Borrowing Resolution authorizing submission of this funding application, OR an explanation of when you anticipate receiving such authorization (II.A2)	
<input type="checkbox"/> Borrower's Financial Statements for last two (2) years (II.A3)	
<input type="checkbox"/> Borrower's most recent completed final audit report available (II.A4)	
<input type="checkbox"/> Borrower's IRS Form 990 for most recent tax year (II.A5)	
<input type="checkbox"/> Evidence of Developer Experience. (II.C1)	
<input type="checkbox"/> Applicant Reference (II.C2)	
<input type="checkbox"/> Project Schedule/ Timeline (III.A4)	
<input type="checkbox"/> Architectural. Site Plan and Elevations, Schematic Drawing (III.D)	
<input type="checkbox"/> Relocation Plan (III.E)	
<input type="checkbox"/> Transit and Services Map. (III.F)	
<input type="checkbox"/> HUD Section 3 Plan (IV.D)	
<input type="checkbox"/> Site Location Map (V.A)	
<input type="checkbox"/> Evidence of Site Control. (V.D1)	
<input type="checkbox"/> Preliminary Title Report (V.D2)	
<input type="checkbox"/> NEPA Environmental Assessment (Part 58) (V.E1)	
<input type="checkbox"/> HUD Authority to Use Grant Funds (V.E2)	
<input type="checkbox"/> Phase I (V.E3)	
<input type="checkbox"/> Phase II (V.E4)	
<input type="checkbox"/> Remedial Action Plan (V.E5)	

<input type="checkbox"/> Appraisal, obtained within the last 12 months (V.F1)	
<input type="checkbox"/> Recent Comparable Sales (V.F2)	
<input type="checkbox"/> Construction Estimate. Bids/estimates, if available.(VI.A3)	
<input type="checkbox"/> Evidence of Land Donation or Provision of Below-Market-Rate Land.(VI.A8)	
<input type="checkbox"/> Financial Proforma - Upload as an unlocked Excel doc (VI.B2)	
<input type="checkbox"/> 30-Year Cash Flow Projection for Project - Upload as an unlocked Excel doc(VI.B3)	
<input type="checkbox"/> By-laws	
<input type="checkbox"/> Articles of Incorporation	
<input type="checkbox"/> Mission Statement	
<input type="checkbox"/> Non-Discrimination Policy	
<input type="checkbox"/> Reasonable Accommodations Policy	
<input type="checkbox"/> Organizational Chart for entire organization	
<input type="checkbox"/> Other - <input type="text"/>	
<input type="checkbox"/> Other - <input type="text"/>	
<input type="checkbox"/> Other - <input type="text"/>	
<input type="checkbox"/> Other - <input type="text"/>	

[Click here to go to the Document Upload page](#) (Your application will be saved)

This application was prepared by:

Name: Title: Email:

Please check your application carefully before submission. All questions **must** be answered, and incomplete or missing answers will adversely affect consideration of your application.

I/We certify that the information and statements submitted in and attached to this application, are true, accurate and complete to the best of my/our knowledge. I/We authorize the Department of Housing to verify any information pertaining to this application. I/We acknowledge and understand that if facts and/or information herein are found to be misrepresented, it may constitute grounds for rejection of the application or default of the allocation for which this application is being made.

This application must be filled out and submitted electronically.
Please fill in all applicable boxes above, enter your name, and click the "Submit Application" button

xyz