

**Rhode Island Housing**  
**Combined Funding Application for HOME and Housing Trust Fund**

**Due 5:00 p.m.**  
**June 24, 2019**

Applicant Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Address(es): \_\_\_\_\_

\_\_\_\_\_

Please indicate the amount of funds you are requesting:

***Total Funds Requested:***    \$ \_\_\_\_\_

**HOME Funds:** \$ \_\_\_\_\_

**HTF Funds:**    \$ \_\_\_\_\_

**Lead Funds\*:**    \$ \_\_\_\_\_

***This application is for:***

Rental Housing     Homeownership

***If your organization is a Community Housing Development Organization (“CHDO”), please complete the proposed budget for CHDO operating support and check here:***   

***Application Mailing Instructions:***

Submit **one electronic and three hard copies\*\*** of the application (including all spreadsheets and attachments) to:

Eric Alexander, Assistant Director of Development  
Rhode Island Housing  
44 Washington Street  
Providence, RI 02903  
ealexander@rihousing.com

\*Applicants requesting Lead Funds must also complete program-specific application.

**\*\*Please place one application in a binder utilizing tabbed descriptions of sections.**

## 1. Applicant Information

Organization: \_\_\_\_\_

Ownership entity if different from above: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Agency DUNS # (required): \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Type of Organization:

Housing developer:  Organization is: non-profit  for-profit

Housing Authority:  Municipality:

Social Service Agency  Other: \_\_\_\_\_

## 2. Project Location

Project Name: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Plat: \_\_\_\_\_ Lot(s): \_\_\_\_\_ Census Tract: \_\_\_\_\_ Block Group: \_\_\_\_\_

*\*for scattered site developments attach a separate list of addresses.*

## 3. Project Involves (check all that apply)

Acquisition  *if yes, submit a Voluntary Acquisition Letter*

New Construction  Rehabilitation

Demolition  Relocation  *if yes, submit a relocation plan.*

Environmental Remediation

Property is: Vacant Land

Existing building  Year built: \_\_\_\_\_ To be demolished? Yes

Property/site is in a 100-year Flood Zone Yes

**Submit a FEMA flood map for every project address (see Application Checklist on page 8).**

#### 4. Occupancy and Relocation

Number of current residential units in building: \_\_\_\_\_ Number of commercial spaces: \_\_\_\_\_

Is property occupied?  No  Yes

If yes, number of occupied units: \_\_\_\_\_ Number of operating businesses: \_\_\_\_\_

Number requiring permanent relocation: households: \_\_\_\_\_ businesses: \_\_\_\_\_

Number requiring temporary relocation\*: households: \_\_\_\_\_ businesses: \_\_\_\_\_

#### 5. Total Number of Proposed Residential Units

Total Number of Units: \_\_\_\_\_ Number of Affordable Units: \_\_\_\_\_

# HOME units: \_\_\_\_\_ # HTF units: \_\_\_\_\_

Total building square footage (units and community/commercial): \_\_\_\_\_

Total commercial square footage: \_\_\_\_\_ Total community space square footage: \_\_\_\_\_

Total number of on-site parking spaces: \_\_\_\_\_

#### Rental Proposals

<b>Rental Unit Summary</b>										
<b>Number of Bedrooms: SRO, EFF, 1 through 5</b>	<b>Number of Baths</b>	<b>Assisted Unit Sq. Footage</b>	<b>Total Number of Units at This Size</b>	<b>Number of Units at _____ % AMI</b>	<b>Number of Units at _____ % AMI</b>	<b>Number of Units at _____ % AMI</b>	<b>Operating Subsidy (Yes or No)?</b>	<b>Proposed Tenant Paid Utilities (U/A)</b>	<b>Proposed Net Rent Per Unit Per Month</b>	<b>Proposed Gross Rent Per Unit Per Month</b>
<b>Totals:</b>										

\*Temporary relocation applies to tenants who are eligible to return to the development upon completion. Temporary relocation cannot exceed 12 months. Temporarily relocated tenants must be re-housed in the development at rents that do not exceed 30% of household income. See Application Checklist on page 9.

**Homeownership Proposals**

<b>Homeownership Summary</b>							
<b>Number of Bedrooms: EFF, 1 through 5</b>	<b>Number of Baths</b>	<b>Assisted Unit Sq. Footage</b>	<b>Total Number of Units at This Size</b>	<b>Number of Units at _____ % AMI</b>	<b>Number of Units at _____ % AMI</b>	<b>Number of Units at _____ % AMI</b>	<b>Proposed Sales Price</b>
<b>Totals:</b>							

**6. Site Control. *Attach evidence of site control. See Application Checklist on pages 8.***

Applicant Owned

P & S Agreement

Option

RIH Land Bank  Purchased with RIH bridge loan? Yes  No

No Site Control

Explanation, if needed: \_\_\_\_\_

Name of Current Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Acquisition Cost: \_\_\_\_\_

**7. Project Status.** *Attach evidence, if available. See Application Checklist on page 8.*

Item	Already Obtained	Not Needed	In Process	Expected Date
Zoning Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Planning/Subdivision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Final Comprehensive Permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building Permits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Wetlands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
DEM Septic Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HUD Flood Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RI Historic Preservation &	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase I Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phase II Environmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Utility Availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**8. Project Schedule**

Benchmark	Expected Date
Reservation of all funding acquired	
Date of Closing	
Acquisition of property	
Completion of design/engineering	
Request for Construction/Rehab Bids	
Award of construction contract	
Begin marketing of units	
Start construction	
Construction completion	
Submission of occupant eligibility documentation	
Full Occupancy	

**9. Project Details** (*check all that apply*). **Do not claim anything that cannot be substantiated.**

**Sustainable Design & Accessibility:**

- |                               |                          |  |                                       |
|-------------------------------|--------------------------|--|---------------------------------------|
| Compact Development           | <input type="checkbox"/> | Smart Growth / Walkability               | <input type="checkbox"/>              |
| Uses Existing Infrastructure  | <input type="checkbox"/> | Public Water <input type="checkbox"/>    | Public Sewer <input type="checkbox"/> |
| Brownfield Redevelopment      | <input type="checkbox"/> | Historic Preservation                    | <input type="checkbox"/>              |
| Preserves/Provides Open Space | <input type="checkbox"/> | Percentage of open space provided: _____ |                                       |
| Preserves Agricultural Land   | <input type="checkbox"/> | Neighborhood Revitalization              | <input type="checkbox"/>              |
| EPA Water Sense Appliances    | <input type="checkbox"/> | Energy Star                              | <input type="checkbox"/>              |
| Universal Design              | <input type="checkbox"/> | Green Building                           | <input type="checkbox"/>              |
| Handicapped Accessible Units  | <input type="checkbox"/> | Number of ADA units: _____               |                                       |

**Geographic Diversity:**

- Amount of housing stock in city/town considered affordable? \_\_\_\_\_%
- Provides Transportation Options  within \_\_\_\_\_ mile(s)
- Access to Employment Centers/Jobs  within \_\_\_\_\_ mile(s)
- Access to Community Services  within \_\_\_\_\_ mile(s)
- Access to Food and Retail Goods  within \_\_\_\_\_ mile(s)
- Access to Parks/Recreational Areas  within \_\_\_\_\_ mile(s)
- Access to High Performing Schools  Please Specify: \_\_\_\_\_

**Duration of Affordability:** Affordability Period \_\_\_\_\_ years.

**10. Write a concise narrative description of your proposal which includes:**

- a) Describe the objectives and beneficiaries of proposal (including location and community impact) and explanation of how your project is consistent with the State Guide Plan, emphasizing Land Use 2025 and the Strategic Housing Plan and the Rhode Island Consolidated Plan.
- b) Describe all previous affordable housing projects your organization has produced and identify all key staff members, partners and development team (e.g., architects, engineers, consultants, property manager).
- c) Describe any community/resident input into project planning and/or execution and explain how this project addresses that feedback and community needs.

**ATTACH AND TAB IN EXACT ORDER THE INFORMATION AND/OR DOCUMENTS REQUESTED ON APPLICATION CHECKLIST**

**All applicants must sign the Agreement and Certification.**

**Agreement and Certification**

The undersigned specifically agrees that the funds requested by this application will be secured by a Mortgage and/or Deed Restriction on the property described herein and that Rhode Island Housing, its agents, successors and assigns make no representations or warranties, express or implied, to the Applicant regarding the property, the condition of the property or the value of the property.

*I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.*

Organization Name:

By: \_\_\_\_\_ Title: \_\_\_\_\_

Print or type name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Checklist

### Attach in this order (for all applications)

- Application (signed and dated)
- Narrative proposal description (Question 11)
- Board Resolution authorizing submission

### *Tab 1: Financial*

- Complete **all** Development Proforma pages/budgets
- Evidence of funding reservation(s)

### *Tab 2: Development Team Capacity*

- Resumes of all development staff
- Architect and Contractor Qualifications (if selected)
- Organization's financial compilation or audit

### *Tab 3: Project Status*

- Property Deed and legal description of each property
- Include Plat, Lot and zip codes for all addresses
- Photographs of property
- Evidence of site control
- Evidence of zoning approval
- FEMA Flood Map for each address

### *Tab 4: Design & Construction*

- Schematic Design and Specs  
(Refer to RIH D&C Handbook)
- Detailed construction estimates (rehabilitation budget)  
prepared by qualified professionals.



## Application Checklist continued

### *Tab 5: Unit Marketing and Housing Demand*

- Market Analysis Form & Attachments
- Waitlist
- Market Study (if available)
- Buyer/Tenant Selection Policy
- HUD Form 935.2 and written  
Affirmative Marketing Plan

### *Tab 6: Geographic Diversity/Community*

- Site location map (also show surrounding area)
- Evidence of Community Involvement in Planning

### *Additional tabs for the following:*

#### *Acquisition only:*

- Voluntary Acquisition Letter to Seller
- Current appraisal (if required)

#### *Relocation only:*

- Relocation plan that includes household and  
unit size and current gross rent, and copies of  
GIN sent to tenants.

#### *Community Housing Development Organizations only:*

- CHDO Addendum
- CHDO Operating Application