

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

Due 5:00 p.m.
December 15, 2017

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
calexander@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

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

*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

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

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