

**The State of Rhode Island Housing Resources Commission**  
**Funding Application for Building Homes Rhode Island IV (Round 1)**

**Due 3:00 p.m.**  
**Friday, September 10, 2021**

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

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

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

\_\_\_\_\_

Please indicate the amount of funds you are requesting:

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

***This application is for:***

Rental Housing     Homeownership     Homeownership with a rental

Creation     Preservation     Creation & Preservation Combined

***Note(s):***

***Developer fees and/or profit are limited to the lower of 15% of the total development cost or restrictions imposed by other funding sources.***

***“Creation” involves investment in new or newly-affordable units through new construction and/or rehabilitation;***

***“Preservation” involves (re)investment in existing affordable housing units.***

***Application Instructions:***

- The Housing Resources Commission requests that all applicants must submit their applications electronically via RIHousing’s SharePoint site. Contact Brittany Toomey at Btoomey@rihousing.com for your organization specific access code and instructions.

**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 summary of your relocation plan.*

Environmental Remediation

Property is: Vacant Land

Existing building  Year built: \_\_\_\_\_ to be demolished?

Property/site is in a 100-year Flood Zone Yes  No

**Submit a FEMA flood map for each address (see Application Checklist on pages 8-9).**

#### **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: \_\_\_\_\_

# BHRI units: \_\_\_\_\_ # Non-BHRI units (please specify type): \_\_\_\_\_

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>										
Number of Bedrooms: SRO, EFF, 1 through 5	Number of Baths	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
<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 pages 8-9.

## Homeownership Proposals

<b>Homeownership Summary</b>							
Number of Bedrooms: EFF, 1 through 5	Number of Baths	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
<b>Totals:</b>							

**6. Homeownership with Rental Unit(s)**

Number of rental units: \_\_\_\_\_ Unit Sq. Footage: \_\_\_\_\_

**7. Site Control. *Attach evidence of site control. See Application Checklist on page 8-9.***

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: \_\_\_\_\_

**8. Project Status. *Attach evidence, if available. See Application Checklist on pages 8-9.***

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 & Heritage Commission	<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"/>	_____

## 9. 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	

**10. Project Details** (*check all that apply*). **Do not claim anything that cannot be substantiated.**  
*Note – additional detail may be required in Attachments and/or application narrative.*

**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 (be as detailed as possible regarding distance):**

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

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

If “Preservation”:

When were units first developed & occupied: \_\_\_\_\_

When does/did current affordability period expire: \_\_\_\_\_

Affordability tied to what program(s): \_\_\_\_\_

**11. 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).

**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 The State of Rhode Island Housing Resources Commission, 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
- Detailed construction estimates (rehabilitation budget) prepared by qualified professionals.

## Application Checklist continued

### Tab 5: Unit Marketing and Housing Demand

- Marketing Plan
- Waitlist (if applicable)
- Market Study/Analysis (if available)
- Buyer/Tenant Selection Policy (if applicable)

### Tab 6: Geographic Diversity/Community

- Site location map (also show surrounding area)

### Tab 7: Attachments

- Completed Attachments (A through G)  
and supporting documentation

### 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, if required.