



APPLICATION FOR BARBARA JORDAN II APARTMENTS REDEVELOPMENT

		Submission Date	
APPLICANT INFORMATION			
Name:		Address:	
Tel:		City:	
Email:		State, Zip:	
		County:	
LIST PROPERTIES TO BE ACQUIRED			
TYPE OF DEVELOPMENT (check all that apply)			
<input type="checkbox"/> Rental - New Construction		<input type="checkbox"/> Mixed-Use (Specify)	
<input type="checkbox"/> Rental - Substantial Rehabilitation		<input type="checkbox"/> Homeownership	
<input type="checkbox"/> Other- Specify:			

DEVELOPMENT TEAM INFORMATION						
Name	Role	Address	Phone	E-Mail	RI Firm	MWBE
	Developer				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Managing Agent				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Architect				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	GC (if one has been selected)				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Consultant				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Service Provider				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Other				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

DEVELOPMENT TEAM INFORMATION (continue)
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1. Is Applicant a community-based nonprofit that has a demonstrable track record of community engagement and operated housing in the neighborhood? ☐ Yes ☐ No
2. Is Applicant a joint venture partnership? ☐ Yes ☐ No
3. Does Applicant certify to require that the General Contractor award sub-contractor contracts to Rhode Island based construction firms? ☐ Between 10%-50%
☐ 50% or more
4. Does the Applicant have ownership interest in any entity that has been declared a "Going Concern" per an independent auditor's report? ☐ Yes ☐ No

*(If yes, attach a list all audit findings and address the status of each finding)

5. If the Applicant owns or manages Low Income Housing Tax Credit Properties, how many 8823's have been filed on those properties that remain uncorrected?

*(Please attach a status report of all uncorrected 8823's, including issuance date, reason for non-compliance and corrective action being taken)

6. If the Applicant owns or manages HUD assisted properties or properties with FHA Insurance:
 - a. In the last five years, how many properties have received a REAC score under 60?
 - b. In the last five years, how many properties have reached an MOR score below satisfactory?
 - c. Do you have any current flags in HUD's 2530 National Participation system? ☐ Yes ☐ No

7. Have any properties under your ownership/management been unable to meet property financial obligations, i.e., utility and vendor payments, debt service? ☐ Yes ☐ No

*(If yes, please explain)

8. Has the Applicant, Management Agent or its personnel been involved in government or judicial action concerning a violation of Fair Housing laws in the past five years? ☐ Yes ☐ No

*(If yes, please explain)

9. Has the Applicant or Management Agent ever filed a petition of bankruptcy or has a petition of bankruptcy ever been filed against the Applicant or Management Agent? ☐ Yes ☐ No

*(If yes, please explain)

10. For properties currently managed by the Management Agent, please attach a list of all developments including location, # of units, and prior fiscal year cost per unit. Please also answer the following:

- a. What is the ratio of on-site office staff to the number of apartments at each managed development?
- b. What is the ratio of on-site maintenance staff to the number of apartments at each managed development?
- c. List all relevant professional organizations of which the Applicant or Management Agent is a member. Please include relevant certifications for both management and maintenance staff.

12. List all relevant community engagement/partnership experience. Please include strategies and methods to keep community residents and stakeholders engaged throughout the development process.

13. List all relevant experience furthering the participation of minority and women-owned businesses (“M/WBE”).

14. List all support services and training programs the Applicant has provided to its residents and low-income individuals.

FINANCIAL FEASIBILITY

1. Indicate any rental or operating subsidy that will be provided to residents of the proposed development. Applicant must provide a copy of the subsidy contract.

# of Units	Bedroom size	Subsidy Source	Income Targeting

2. Indicate the total number of units that will be provided to persons at or below 30% of area median income, are homeless or have special needs. _____

3. Are proposed operating costs consistent with Applicant's existing portfolio for similar units?
(If no, explain variance)

☐ Yes ☐ No

4. Do the proposed operating costs per unit exceed cost limits or ranges listed in [RIHousing's 2019 Qualified Allocation Plan \(QAP\)](#)?
(If yes, explain why costs exceed guidelines)

☐ Yes ☐ No

(Borrower must complete Comparative Operating Expense information in pro-forma for new construction deals and/or historical information for preservation deals.)

5. Does the proposed Total Development Cost per unit exceed the cost TDC caps outlined in RIHousing's Program Bulletin, located in Section 9 of the [RIHousing Developer's Handbook](#)?

☐ Yes ☐ No

(If yes, explain why costs exceed guidelines)

MARKETABILITY OF DEVELOPMENT AND MARKET INFORMATION

If a professional market study is available submit a copy with the application. If a study is not available or provides only partial information, please thoroughly complete this exhibit.

1. Market Data

Define the target rental and/or sales market (geographic area) within which the project will operate. What is the profile of the typical renter located within this market area? Include the following: age, income level, type of household, etc. Cite information sources.

2. Comparable Properties

List below three (3) **comparable unassisted developments** and indicate source (including telephone) of information for each. Developments receiving Section 8 or other rental assistance should not be included; tax credit or other rent-restricted developments may be included only if no other unrestricted comparables can be identified. The application will be deemed to not meet Threshold if this information is not included.

A. Comparable Property # 1:

Name of Property:	
Total No. of Units:	
Location:	
Distance from Subject:	
Type:	<input type="checkbox"/> Walkup <input type="checkbox"/> Elevator <input type="checkbox"/> Row <input type="checkbox"/> Other:
Unit Amenities (AC, balconies, etc.) (list):	
Development Amenities (green space, playground, parking, recreational facilities, etc.) (list):	
Owner Paid Utilities (list):	
Tenant Paid Utilities (list):	
Source of Information:	
Telephone No. of Source:	

Apartment Size	No. of Units	Contract Rent	Square Feet/Unit
0 Bedroom		\$	S.F.
1 Bedroom		\$	S.F.
2 Bedrooms		\$	S.F.
3 Bedrooms		\$	S.F.
4 Bedrooms		\$	S.F.

State basic similarities and differences between proposed development and comparable property # 1:

B. Comparable Property # 2:

Name of Property:	
Total No. of Units:	
Location:	
Distance from Subject:	
Type:	<input type="checkbox"/> Walkup <input type="checkbox"/> Elevator <input type="checkbox"/> Row <input type="checkbox"/> Other:
Unit Amenities (AC, balconies, etc.) (list):	
Development Amenities (green space, playground, parking, recreational facilities, etc.) (list):	
Owner Paid Utilities (list):	
Tenant Paid Utilities (list):	
Source of Information:	
Telephone No. of Source:	

Apartment Size	No. of Units	Contract Rent	Square Feet/Unit
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1 Bedroom		\$	S.F.
2 Bedrooms		\$	S.F.
3 Bedrooms		\$	S.F.
4 Bedrooms		\$	S.F.

State basic similarities and differences between proposed development and comparable property # 2:

C. Comparable Property # 3:

Name of Property:	
Total No. of Units:	
Location:	
Distance from Subject:	
Type:	<input type="checkbox"/> Walkup <input type="checkbox"/> Elevator <input type="checkbox"/> Row <input type="checkbox"/> Other:
Unit Amenities (AC, balconies, etc.) (list):	
Development Amenities (green space, playground, parking, recreational facilities, etc.) (list):	
Owner Paid Utilities (list):	
Tenant Paid Utilities (list):	
Source of Information:	
Telephone No. of Source:	

Apartment Size	No. of Units	Contract Rent	Square Feet/Unit
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2 Bedrooms		\$	S.F.
3 Bedrooms		\$	S.F.
4 Bedrooms		\$	S.F.

State basic similarities and differences between proposed development and comparable property # 3:

PROJECT SCHEDULE	
Item	Expected Date
Fully permitted	
Completed Plans/Specifications	
Development out to bid	
Contractor Selected	
All funding secured	
Close on financing	
Construction start	
Construction completion	
Fully leased	
Cost certification	