**NORTH CAROLINA HOUSING FINANCE AGENCY**

### Supportive Housing Development Program

***2021 PROGRAM YEAR***

**Application For funding**

*Part One*

**Section 1. APPLICANT/OWNER INFORMATION**

1. **Amount of SHDP Funding Request:**

|  |
| --- |
|       |

1. **Project Name and Address**

|  |  |
| --- | --- |
| Project Name |       |
| Address |       |
| City |       |
| Zip Code |       |
| County |       |

1. **Applicant/Owner Information**

|  |  |
| --- | --- |
| Organization Name |       |
| Address |       |
| City |       |
| State |       |
| Zip Code |       |

|  |  |
| --- | --- |
| Federal Taxpayer ID Number |       |

|  |  |
| --- | --- |
| DUNS Number (if applicable) |       |

|  |  |
| --- | --- |
| Contact Person |       |
| Title |       |
| Telephone |       |
| Fax |       |
| Email |       |

|  |  |
| --- | --- |
| What entity will own the project? |       |

Person authorized to negotiate and sign legal contracts for the organization:

|  |  |
| --- | --- |
| Name |       |
| Title |       |
| Address |       |
| City |       |
| State |       |
| Zip Code |       |
| Telephone |       |
| Fax |       |
| Email |       |

1. **Type of Organization**

|  |  |
| --- | --- |
|        | Local Government |
|       |  For-profit (for projects with Targeted units only) |
|        |  Nonprofit Organization |
|       | - date of IRS 501(c)(3) determination letter |

Has your organization ever been designated as a CHDO by any funder?

       Yes       No

If Applicant is a nonprofit organization, attach as ***Exhibit 1*** a copy of each of the following:

* Articles of incorporation
* Bylaws
* IRS 501(c)(3) determination letter
* Current list of all members of the Board of Directors, including name, address, and beginning and ending dates of terms.

EXCEPTION: If you received an award for a SHDP project within the last three funding cycles, you do not have to submit the Articles, Bylaws, and IRS 501(c)(3) determination letter. Instead, submit any modifications or additions to the organization documents along with the current Board of Directors information.

Provide a brief history of the Applicant, including purpose, current programs, number of staff persons, recent initiatives, etc. (All text boxes will expand as text is entered.)

|  |
| --- |
|       |

1. **Local Government**

Local political jurisdiction in which the project will be located:

|  |  |
| --- | --- |
| Name of City, Town, or County |       |

|  |  |
| --- | --- |
| Name of Chief Administrative Official |       |

|  |  |
| --- | --- |
| Address |       |
| City |       |
| Zip Code |       |
| Telephone |       |
| Fax |       |
| Zip Code |       |

1. **Administrative Restrictions**

Has the Applicant organization received an unsatisfactory rating on publicly funded project or been debarred for any period of time?

      Yes       No

Has the Applicant organization been involved in any lawsuit?

      Yes       No

Are there any outstanding judgments against the Applicant organization?

      Yes       No

Has the Applicant organization been involved in mortgage default within the last 5 years on any federally or state funded project?

      Yes       No

If any of the above responses was “Yes”, provide a short explanation:

|  |
| --- |
|       |

1. **Audit**

Attach as ***Exhibit 2***, the Applicant’s two most recent audited financial statements or certified statement of Revenues and Expenses.

1. **Experience**

|  |  |
| --- | --- |
|       | Number of units developed by Applicant in past 7 years |
|       | Number of households currently assisted by Applicant with housing |
|       | Number of households currently assisted by Applicant with services |
|       | Number of units developed by Consultant in past 7 years, if applicable |
|       | Number of units currently managed by third party Managing Agent, if applicable |

As ***Exhibit 3***, describe the rental housing development experience of the Applicant for the last 5 years. Include the name of each project, number of units, types of financing, and indicate whether financed with any public funds.

LIST ANY PROJECTS THAT RECEIVED NCHFA SHDP FUNDING HERE:

|  |
| --- |
|       |

If the Applicant has no previous development experience, please include with ***Exhibit 3*** a signed letter from the consultant detailing his or her experience in serving as a consultant in publicly financed, affordable, rental housing. Also include a copy of the executed contract between the Applicant and the consultant.

Has the Applicant organization received a Building Permit for all projects previously funded by SHDP and/or SHDP 400?

      Yes       No

1. **Conflict of Interest**

Submit as ***Exhibit 4*** the Applicant’s organization’s policy regarding conflicts of interest. This can be part of the applicant organization Bylaws or can be a separate board statement.

Attach a list of all individuals associated with the Applicant or the ownership entity that have a reportable financial interest in the project. Detail the type of participation in the project, percentage, and dollar amount of financial interest in the project, including broker, contractor, and other professional fees.

**Section 2. APPLICANT/OWNER INFORMATION**

Submit one completed copy of Section 2, with all required documentation, for each noncontiguous site requesting Program funds.

1. **Project Name and Address**

|  |  |
| --- | --- |
| Project Name |       |
| Address |       |
| City |       |
| Zip Code |       |
| County |       |

|  |  |  |  |
| --- | --- | --- | --- |
|       | New Construction |       | Acquisition and Rehabilitation |
|       | Emergency Shelter Rehabilitation | Other - Describe: |       |

If new construction is proposed, describe the design process completed or planned for the building. Was there a design committee? If so, who was on it? Did they visit similar projects, and if so which ones?

|  |
| --- |
|       |

1. **Type of Housing Units**

Please enter the appropriate unit information. The units/beds should equal the total number of units/beds in the project described in Sections 5 and 6.

|  |  |  |  |
| --- | --- | --- | --- |
|       | Transitional Housing |       | Emergency Housing |
|       | Permanent Housing |       | Combination/Other |

1. **Narrative Description of Project**

Describe the renovation or new construction proposed:

|  |
| --- |
|       |

Briefly describe how the housing and services of the project are structured to meet the needs of the intended target population. Include a description of how this project is the most integrated housing solution possible for the target population. Describe how the project collaborates with the local Continuum of Care planning process and the utilization of ESG funds and rapid re-housing program principles, if applicable

|  |
| --- |
|       |

1. **Development Team**

Provide the following information as far as it is known. Having these parties identified is not required at the time of application.

**Project Coordinator:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

**Consultant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

**Construction Manager:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

**Architect:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

**Qualified Contractor:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

**Energy Consultant:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

**Other:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |       | **Phone** |       |
| **Email** |       |  |  |

**Section 3. PROJECT INFORMATION**

1. **Housing Units:** Describe the bed/unit arrangement, rent, utilities, etc. – complete the section or sections most appropriate to your project.
2. Apartment/single family units occupied by a single household or roommates:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | # Units | # Accessibleunits  | Av. Sq. Ft. | $ Rent | Owner pays utilities? | If no, estimated $ tenant-paidutilities per month\* |
| Efficiency/Studio/SRO |       |       |       |       |       |       |
| 1 Bedroom |       |       |       |       |       |       |
| 2 Bedroom |       |       |       |       |       |       |
| 3 Bedroom |       |       |       |       |       |       |

\* Methodology used to estimate utilities:

1. Group Home or Shared house situation (check one):

Living situation:       Beds (several households per room) OR

Bedrooms (one or two household per room)

|  |  |
| --- | --- |
| # units |       |

|  |  |
| --- | --- |
| Max. occupancy (total) |       |

|  |  |
| --- | --- |
| Av. sq. ft. per bedroom |       |

|  |  |
| --- | --- |
| $ Amount tenant-paid rent |       |

|  |  |
| --- | --- |
| $ Amount tenant-paid utilities (average) |       |

|  |  |
| --- | --- |
| $ Amt. tenant-paid fees |       |

|  |  |
| --- | --- |
| List services or goods provided for tenant fees |       |

1. Facility living situation:

|  |  |
| --- | --- |
| # beds |       |

|  |  |
| --- | --- |
| # residential rooms |       |

|  |  |
| --- | --- |
| Total sq. footage residential rooms |       |

|  |  |
| --- | --- |
| $ amt. tenant-paid fees |       |

|  |  |
| --- | --- |
| List services or goods provided for tenant fees |       |

1. **Buildings and Site**
2. **Building Information**

|  |  |  |
| --- | --- | --- |
|  | Number of Units/Bedrooms/Beds | Gross Heated Square Feet |
| Building 1 |       |       |
| Building 2 |       |       |
| Building 3 |       |       |
| Building 4 |       |       |
| Totals |       |       |

**2. Site Information**

|  |  |
| --- | --- |
| Total Square Footage of Site (land) |       |

1. **Estimated Construction Completion Date**

|  |
| --- |
|       |

1. **Income & Population Targets**

The number of units restricted by NCHFA will be based on the percentage of Agency funding relative to project development costs. If Project has HUD 811 funding or project-based Section 8, income targets must match HUD’s or the PHA’s guidelines.

|  |  |
| --- | --- |
| Number of units affordable targeted to households earning less than 30% of area median income |       |
| Number of units targeted to households earning 30% or more and less than 50% of area median income  |       |
| Number of units targeted to households earning 50% or more and less than 60% of area median income |       |
| Number units restricted (by deed) to persons with disabilities or homeless(should be 20% rounded up for Olmstead projects) |       |
| Total number of units in project |       |
| Will there be a manager’s unit/bedroom? (Y/N) |       |

1. **Equipment Furnished**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       | Fire Sprinkler System |       | In-unit Washer/Dryer |  |
|       | Dishwasher |       | Range |  |
|       | Disposal |       | Refrigerator |  |
|       | Kitchen Exhaust Fan(vented to outside) |       | Shared Laundry Room |  |
|       | Other - Describe: |       |

1. **Systems**

**Heat**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       | Electric Baseboard |       | Gas Forced Air |  |
|       | Electric Heat Pump |  |  |  |
|       | Other - Describe: |       |

**Hot Water**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       | Gas |       | Electric |  |
|       | Other - Describe: |       |

**Air Conditioning**

|  |  |  |  |
| --- | --- | --- | --- |
|       | Central Air |       | Window Units |
|       | None |  |  |

1. **Public Utilities**

Check the following existing systems that are adequate and available at the site:

|  |  |  |  |
| --- | --- | --- | --- |
|       | Electric |       | Storm Sewer |
|       | Natural Gas |       | Water (City) |
|       | Sanitary Sewer |       | Water (County) |

1. **Environmental**

Check any of the boxes that describe the site:

|  |  |  |  |
| --- | --- | --- | --- |
|       | Adjacent to major highway |       | Historic/archeological significance |
|       | Has asbestos |       | In flood plain |
|       | Has hazardous waste |       | Near railroad/airport |
|       | Other (detail) |       |
|       | Has lead-based paint |  |  |

1. **Common Areas**

List planned common areas such as a day room, laundry room, etc.

|  |
| --- |
|       |

1. **Evidence of Zoning**

Submit as ***Exhibit 5***, a written statement on letterhead stationary from the unit of local government in which the property is located indicating that the proposed use of the site is permissible under applicable zoning ordinances or other appropriate land development regulations. If the property is subject to a Conditional or Special Use Permit, also provide a copy of the Permit with the expiration date at ***Exhibit 5***.

1. **Site Control and Value**

Include a copy of the appropriate documentation of site control as part of ***Exhibit 6***.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|       | Deed or other proof of ownership |       | Long-term lease (must be approved by Agency |      Closing Statement for proof of purchase |  |  |
|       | Executed Option to Purchase |       | Other - Detail: |       |  |

Does a direct or indirect identity of interest exist between the Applicant and the seller of the property?

|  |  |  |  |
| --- | --- | --- | --- |
|       | Yes |       | No |

|  |  |
| --- | --- |
| If yes, specify relationship: |       |

A copy of an appraisal of the land for new development or land and building(s) for acquisition and rehabilitation projects is required. The property should not be purchased for more than appraised value. However, if the property has already been purchased for an amount slightly more than appraised value, the Agency at its sole discretion can allow an application involving the property, as long as the acquisition cost reflected in the project budget is no more than appraised value. The Agency strongly recommends that the Applicant get an appraisal prior to securing site control to ensure a fair price. Include a copy of the appraisal at ***Exhibit 7***.

1. **Temporary Relocation**

Attach as ***Exhibit 8***, a temporary relocation plan in the form provided by the Agency upon request. Please note that permanent relocation is not allowed, by statute, in projects using NC Housing Trust Funds. If the project does not require relocation, no Exhibit 8 is necessary.

**Section 4. community need**

1. **Community Need**

Attach as ***Exhibit 9*** documentation of need for the housing proposed. Include the following:

1. Identify the geographical region where your services are/will be provided.
2. List all other service and/or housing programs which assist the same or similar target populations as the proposed project. Describe the utilization and vacancy rate for the programs and explain the need for the proposed project based on those statistics.
3. Provide data showing need in as many of the following forms as appropriate: (1) a waiting list or letter documenting waiting lists from appropriate service providers; (2) a waiting list or letter documenting waiting lists of persons with disabilities from the appropriate housing authority, which also states that the project is in the housing authority’s service area; (3) records of persons turned away from similar programs; (4) local plans or studies such as from the HUD Continuum of Care; (5) a market study; (6) data from HMIS; (7) utilization of LIHTC Key and targeted units; or (8) other appropriate data-based sources.
4. Describe how the proposed program works in collaboration with the other service and/or housing programs in the community.
5. If the proposal is for shelter expansion, there must be evidence of need and demand through data from Coordinated Assessment systems (if available), Point in Time count, Housing Inventory Chart and shelter utilization reports from CHIN.
6. Emergency Shelter projects must provide a Letter of Consistency from the Continuum of Care.
7. For Olmstead projects, a letter or email of support from the local LME/MCO is required.
8. **Organization Budget**

Attach as ***Exhibit 10***, a copy of the Applicant organization’s *most recent* annual operating budget. This budget should include both expenses and the sources of funds to finance all expenses during the budget year.

**Section 5. SUPPORTIVE SERVICES ACCESS PLAN (SSAP)**

**This section is not required for integrated supportive housing**

|  |  |
| --- | --- |
| ***INSERT PROJECT NAME*** |       |
| ***INSERT PROJECT ADDRESS*** |       |

|  |
| --- |
|       |

**Date: (MM/DD/YYYY)**

|  |
| --- |
| **Contact Information** |
|  | **Owner** | **Management Agent** | **Services Coordinator/Provider** |
| **Organization** |       |       |       |
| **Primary Contact** |       |       |       |
| **Phone** |       |       |       |
| **Email** |       |       |       |
| **Street Address** |       |       |       |
| **City, State, Zip** |       |       |       |

If the same entity is acting as both Property Manager and Service Provider or Coordinator, please provide a narrative explanation of how these roles will be separated to ensure compliance with Fair Housing law.

|  |
| --- |
|       |

1. **Type of Housing**

Please enter the appropriate unit information.

 **Transitional Housing**

|  |  |
| --- | --- |
|       | Total number of dwelling units |
|       | Total number of bedrooms |
|       | Total number of beds |

 **Emergency Housing**

|  |  |
| --- | --- |
|       | Number of dwelling units |
|       | Number of bedrooms |
|       | Number of beds |

 **Permanent Housing**

|  |  |
| --- | --- |
|       | Number of dwelling units |
|       | Number of bedrooms |
|       | Number of beds |

Describe type of living situation for residents: *Single Family House, Single Family Apartment, Single Room Occupancy (SRO), Shared Bedroom, Non-Shared Bedroom, Dormitory, or Other (describe)*

|  |
| --- |
|       |

1. **Target Population**

Identify the type(s) of population(s) that will be residents of the project:

|  |
| --- |
|       |

What geographic area will served? (where can residents be from?):

|  |
| --- |
|       |

1. **Facility Type**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is this a licensed facility? |       | Yes |       | No |
| License Type: |       |
| License Number: |       |
| Is this a licensed Group Home? |       | Yes |       | No |
| License Type: |       |
| License Number: |       |

Is project limited by funding source to house only this population?

|  |  |  |  |
| --- | --- | --- | --- |
|       | Yes |       | No |

If so, what are the limitations and what is the funding source:

|  |
| --- |
|       |

1. **Unique Design Features Common Areas**

Describe any adaptability or accessibility features and/or assistive technology beyond the minimums required by NCHFA in **Appendix B** “Design Standards” of the Program Guidelines.

|  |
| --- |
|       |

Describe any community space being developed as part of this property.

|  |
| --- |
|       |

1. **Affordability**

All of the units/beds must be affordable to households earning at or below 60% of the area median income at move-in for the term of the loan. Rents and utilities cannot exceed 30% of gross household income for the income group (the selected percentage of area median income) being targeted. Any combination of housing costs and programs fees cannot exceed 40% of household income without Agency approval.

The Agency will use loan documents, annual reporting requirements, and monitoring to ensure that income targeting and affordability standards are met. In addition, applicants must comply with fair housing laws regarding accessibility and must design units to maximize accessibility for mobility impaired persons as described in **Appendix B** “Design Standards” of the Program Guidelines.

If residents are required to pay program fees, list fee amount and describe what services and other expenses are covered by the fees. Describe how the combination of fees and rent will be tracked to ensure it remains below 40% of the targeted income.

|  |
| --- |
|       |

1. **Location and Availability of Accessible Transportation**
2. Describe the location of the site and the availability and cost of accessible public transportation and any transportation provided by the owner. (Call NC DOT/Public Transportation Division at 919-733-4713 for local contact information.)

|  |
| --- |
|       |

1. Describe proximity of the following services and facilities to the proposed project site. Include as ***Exhibit 11*** a map with the location of services within 5 miles of the site labeled. Please be sure to clearly indicating the project location.

|  |  |
| --- | --- |
| **Service/Facility** | **Proximity to Site** |
| Supportive services including medical facilities |       |
| Employment Centers |       |
| Bus Stop |       |
| Pharmacy |       |
| Grocery Store |       |

1. **Statement of Qualification**

**Capacity of Services Coordinator/Provider**

Describe the experience and capacity of the Services Coordinator/Provider to provide, coordinate and/or act as a referral agent for community based services that support persons of targeted population. (Include a brief description of the agency’s history, mission and the services the agency provides/coordinates.) Is the Services Coordinator/Provider an approved referral agency for NCHFA’s Key Rental Assistance Program?

|  |
| --- |
|       |

Provide an analysis of the success rate of your service program. For example, “based on a five year follow-up examination, 35% of resident of our program for homeless persons achieve and maintain self-sufficiency for two years or more after leaving our program.” Please include statistics.

|  |
| --- |
|       |

**Capacity of Property Manager**

If the Property Manager or Management Company has been selected at the time of application, describe their experience and capacity.

|  |
| --- |
|       |

1. **Residents Access to Support and Services**

Provide a detailed description of supports and services to be provided to residents, including the project’s referral and tenant selection policies, if applicable. How are residents’ needs for services identified? How are individuals’ services plans developed and implemented?

|  |
| --- |
|       |

Please attach copies of any resident/tenant handbook or guidelines, as well as any printed material about religious activities or required program activities.

1. **Referral, Screening and Communication Plan**

If the Service Provider is not the property manager, describe how the Services Coordinator/Provider will collect and make referrals of prospective residents to the property, maintain contact with referrals and referral agencies and the property manager, and offer assistance with any problems that may arise during a referral’s tenancy for the duration of the compliance period. If the Services Provider is the property manager, skip this section.

|  |
| --- |
|       |

Describe how the property manager will screen referrals, negotiate reasonable accommodations, and maintain contact with the Services Coordinator/Provider during a referral’s tenancy.

|  |
| --- |
|       |

Describe how the Services Coordinator/Provider and the property manager will maintain communication to accommodate staff turnover.

|  |
| --- |
|       |

1. **Access to Supportive Services**

Name other local service providers who will be collaborating with the Service Coordinator/ Provider in the referring process and providing residents’ access to services and supports.

|  |
| --- |
|       |

Describe how Services Coordinator/Provider will work with the property manager and/or other local providers to coordinate access to services and supports should residents need assistance.

|  |
| --- |
|       |

1. **Facility Security Plan**

If your project has an existing Facility Security Plan, please attach it as ***Exhibit 12***. This generally will only be available for Domestic Violence Shelters that have funding from the Governor’s Crime Commission.

**Section 6. PROJECT PLANS**

As ***Exhibit 13***, attach the following information requested in this section for each building constructed or acquired using Program funds.

1. **Required PRELIMINARY Plans for New Construction:**
	* + - Scaled Site Plan showing, at a minimum, proposed building footprint, driveways, and parking areas.
			- Elevation of front of building.
			- Elevation of side of building.
			- Floor layouts for each type floor or building, as applicable, using a minimum scale of 1/16” = 1’; identifying the location of units, common use areas and other spaces.

All required plans should be on 24”x36” paper and drawings should be to scale, using the minimum scale or 1/16” = 1’. Required plans must be prepared by an engineer or architect licensed to do business in North Carolina. The project design must comply with the **Appendix B** “Design Standards” of the Program Guidelines.

***The four (4) required plans should be folded and attached to the application with binder clips.***

1. **Projects Proposing to Rehabilitate Existing Structures Must Include as *Exhibit 13*:**
2. A detailed Physical Needs Assessment (PNA) with cost information, a hazard inspection, structural inspection, and a termite report. The hazard inspection should include, at a minimum, the identification of lead-based paint and asbestos in the building with a plan and budget for remediation. A sample PNA is attached as **Appendix E**.
3. **As *Exhibit 14*, Attach:**
	1. Copies of All Letters of Commitment for Permanent Project Funding.
	2. For Project-Based Section 8 only, Letter of Commitment from Housing Authority using template provided in Appendix G of the Application Instructions.

**Section 7. APPLICATION CHECKLIST**

|  |  |
| --- | --- |
|       | Cover Letter with date of submission |
|       | Application Part 1 – Word Template |
|       | Application Part 2 – Excel Template |
|       | Application is signed and dated by an authorized official  |
|       | Design & Energy Efficiency Compliance Agreement is signed |

**EXHIBIT 1 (if nonprofit organization):**

|  |  |
| --- | --- |
|       | Articles of Incorporation |
|       | Bylaws |
|       | IRS 501(c)3 Determination Letter, if applicable |
|       | List of Board of Directors members, including name and begin/end dates of term |
|       | N/A because owner received SHDP funding in the past 3 years |

**EXHIBIT 2:**

|  |  |
| --- | --- |
|       | Two most recent Audited Financial Statements along with any Managements Letter(s) **OR** |
|       | Two most recent Certified Statements of Revenues and Expenses |

**EXHIBIT 3:**

|  |  |
| --- | --- |
|       | Description of Applicant’s housing development experience |
|       | If applicable, description of Consultant’s experience |
|       | If applicable, copy of Consulting Services Contract |

**EXHIBIT 4:**

|  |  |
| --- | --- |
|       | Applicant’s Conflict of Interest Policy or Statement |
|       | If applicable, list of associated individuals with reportable financial interest in project, including details of their interest |

**EXHIBIT 5:**

|  |  |
| --- | --- |
|       | Written statement from local government evidencing compliance with local land use regulations |
|       | If applicable, copy of Conditional or Special Use permit with expiration date |

**EXHIBIT 6:**

|  |  |
| --- | --- |
|       | Evidence of site control |

**EXHIBIT 7:**

|  |  |
| --- | --- |
|       | Appraisal |

**EXHIBIT 8:**

|  |  |
| --- | --- |
|       | If applicable, Relocation Plan |

**EXHIBIT 9:**

|  |  |
| --- | --- |
|       | Evidence of market need for proposed project |
|       | For Olmstead property, letter or email of support from local LME/MCO |
|       | A letter of support from the applicable Continuum of Care (Required for Emergency Shelter projects) |

**EXHIBIT 10:**

|  |  |
| --- | --- |
|       | Applicant’s most recent operating year budget, including sources and uses of funds |

**EXHIBIT 11:**

|  |  |
| --- | --- |
|       | Map of services within 5 miles of project site |

**EXHIBIT 12:**

|  |  |
| --- | --- |
|       | If DV Shelter, Facility Security Plan |

**EXHIBIT 13:**

|  |  |
| --- | --- |
|       | For Rehabilitation project only, a Project Needs Assessment |
|       | If available, general contractor’s construction budget |

 **Attached to the application with a binder clip**

|  |  |
| --- | --- |
|       | 1. Site Plan |
|       | 2. Elevation of front of building |
|       | 3. Elevation of side of building |
|       | 4. Floor Plan(s) of for each type of floor/building |

**EXHIBIT 14:**

|  |  |
| --- | --- |
|       | Evidence of any commitments pending or received  |
|            | For Project-Based Section 8 only, Letter of Commitment from Housing Authority using template provided in Appendix G.If project will apply for Federal Home Loan Bank funding, attach a narrative describing which Bank will be applied to and the deadline for the application. |
|  |  |

**Section 8. Design and Energy Efficiency Compliance Agreement**

This certifies that as an applicant to the NCHFA Supportive Housing Development Program, the organization making this application

     {enter organization name} of which I am the      {enter title} understands and agrees to follow NCHFA accessibility, design and energy efficiency requirements. I understand and agree that this will include the following:

* NCHFA review and approval of full construction set architectural plans prior to obtaining a building permit or construction bids.
* Third Party energy consultant review and approval of full construction set architectural plans INCLUDING specifications prior to obtaining a building permit or construction bids.

Use of one of four NCHFA approved HVAC systems, described in Appendix C of the SHDP Application Guidelines and Instructions.

|  |  |
| --- | --- |
| By: |       |

Signature of Authorized Individual

**Section 9. SIGNATURE OF AUTHORIZED OFFICIAL**

1. By signing below, the Applicant certifies that the information provided in this application is true and complete.
2. By signing below, the Applicant agrees that the Agency may conduct its own independent review of the information herein and the attachments, and may verify information from any source.
3. All applications submitted become the property of the Agency
4. Submission of an application does not guarantee funding. Any costs incurred to the issuance of a firm commitment letter by the Agency are the sole responsibility of the applicant.

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| --- | --- |
| By: |       |

Signature of Authorized Individual

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Title: |       |

|  |  |
| --- | --- |
| Date: |       |

**Section 10. AGREEMENT TO ACCEPT REFERRALS (choose one only)**

 **FOR OLMSTEAD-COMPLIANT UNITS – Integrated Housing**

1. 50 Bonus Points - By signing below, the Applicant certifies that the project seeking funding is comprised of independent apartments where 20% of the units, rounded up to the next whole unit, are set-aside for persons with disabilities. The project is located in a priority county, as listed in Appendix H of the Guidelines, a letter of support is attached from the regional LME/MCO or DHHS and the Applicant agrees to use the NCHFA Vacancy and Referral online system (V&R) to track vacancies and accept DHHS referrals. The Applicant will hold the set-aside units vacant for 30 days unless the LME/MCO or DHHS releases the unit earlier.

|  |  |
| --- | --- |
| By: |       |

Signature of Authorized Individual

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Title: |       |

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| --- | --- |
| Date: |       |

1. 30 Bonus Points - By signing below, the Applicant certifies that the project seeking funding is comprised of independent apartments where 20% of the units, rounded up to the next whole unit, are set-aside for persons with disabilities. A letter of support from the regional LME/MCO or DHHS is attached. The Applicant is not making a commitment to use V&R.

|  |  |
| --- | --- |
| By: |       |

Signature of Authorized Individual

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Title: |       |

|  |  |
| --- | --- |
| Date: |       |

**All Other Integrated Housing:**

1. 20 Bonus Points – By signing below, the Applicant certifies that the project seeking funding is comprised of independent apartments where 20% of the units, rounded up to the next whole unit are set-aside for persons with any disability. A letter of support from the regional LME/MCO or DHHS is attached. The Applicant is not making a commitment to use V&R.

|  |  |
| --- | --- |
| By: |       |

Signature of Authorized Individual

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Title: |       |

|  |  |
| --- | --- |
| Date: |       |

1. 10 Bonus Points – By signing below, the Applicant certifies that the project seeking funding is comprised of independent apartments where 20% of the units, rounded up to the next whole units are set-aside for persons with a SPECIFIC disability. No letter is attached and the applicant is not making a commitment to use V&R.

|  |  |
| --- | --- |
| By: |       |

Signature of Authorized Individual

|  |  |
| --- | --- |
| Name |       |

|  |  |
| --- | --- |
| Title: |       |

|  |  |
| --- | --- |
| Date: |       |