

**NORTH CAROLINA HOUSING FINANCE AGENCY**

**SUPPORTIVE HOUSING DEVELOPMENT PROGRAM**

***2023 PROGRAM CYCLE***

**APPLICATION FOR FUNDING**

***PART 1***

*Please read the 2023 Application Guidelines & Instructions before completing Part 1 and Part 2*

## SHDP APPLICATION INSTRUCTIONS

- Applications are due electronically by **February 28, 2023 at 5:00 PM** and more instructions are forthcoming. We will provide guidance by mid-January 2023.
- There are two parts to the full application:
  - Part 1 includes a narrative, project description, and up to twenty-six exhibits, plus preliminary site plans.
  - Part 2 includes the development budget, sources of funds, income/expenses, and pro forma.
- Both Part 1 and Part 2 must be submitted to have a complete application.
- Applications will be accepted beginning February 1, 2023.
- After your Project and Site has been approved, complete Part 1 and Part 2 Application.

### **SHD Program Staff**

Nancy Bloebaum, Manager of Supportive Housing Development Programs,  
[nbbloebaum@nchfa.com](mailto:nbbloebaum@nchfa.com)

Jennifer Olson, Community Living Program Administrator & Strategic Coordinator,  
[jloolson@nchfa.com](mailto:jloolson@nchfa.com).

Josh Burton, Supportive Housing Development and Construction Specialist,  
[jdburton@nchfa.com](mailto:jdburton@nchfa.com)

Annie Baumann-Mitchell, Supportive Housing Development Specialist,  
[kabaumannmitchell@nchfa.com](mailto:kabaumannmitchell@nchfa.com)

**SECTION 1. APPLICANT/OWNER INFORMATION**

**A. Date:**

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

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**C. Project Name and Address**

Project Name	
Address	
City	
Zip Code	
County	

**D. Applicant/Owner Information**

Organization Name	
Address	
City	
State	
Zip Code	

Federal Taxpayer ID Number	
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DUNS Number (if applicable)	
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Contact Person	
Title	
Telephone	
Fax	
Email	

Who will own the project (same as applicant or another entity owner?)	
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Person authorized to negotiate and sign legal contracts for the organization:

Name	
Title	
Address	
City	
State	
Zip Code	
Telephone	
Fax	
Email	

**E. Type of Organization**

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

If Applicant is a nonprofit organization, the following documents will be required:

- Exhibit 1 – Articles of Incorporation
- Exhibit 1 – Bylaws
- Exhibit 1 – IRS 501(c)(3) determination
- Exhibit 1 – Board of Directors List (Current list of all members of the Board of Directors, including name, address, and beginning and ending dates of terms)

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.)

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**F. Local Government**

Local political jurisdiction in which the project will be located:

Name of City, Town, or County	
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Local Government Contact	
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Address	
City	
Zip Code	
Telephone	
Fax	
Zip Code	

**G. 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:

**H. Audit**

Attach the most recent fiscal year certified audit that is less than 12 months old.

- Exhibit 2 - Audited Financial

**I. Organization Budget**

Submit 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.

- Exhibit 3 – Organization Budget

**J. Experience**

	Number of units <b>developed by Applicant</b> in past 7 years
	Number of households currently <b>assisted</b> by Applicant with <b>housing</b>
	Number of households currently <b>assisted</b> by Applicant with <b>services</b>
	Number of units <b>developed by Consultant</b> in past 7 years, if applicable
	Number of <b>Properties the Applicant</b> is the <b>owner</b>

Attach a description of the rental housing development experience of the Applicant for the last 7 years. Include the name of each project, number of units, types of financing, and indicate whether financed with any public funds.

- Exhibit 4 - Development Experience

If the Applicant has no previous development experience, please include with **Exhibit 4** a signed letter from the housing development 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 housing development consultant.

- Exhibit 4 - Consultant Experience
- Exhibit 4 – Consultant Contract

LIST ANY PROJECTS THAT RECEIVED **NCHFA SHDP** FUNDING HERE:

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

Yes     No     NA

**K. Conflict of Interest**

Attach the Applicant’s organization’s policy regarding conflicts of interest. This policy can be extracted from the applicant organization Bylaws, or can be a separate board statement.

- Exhibit 5 – Conflict of Interest Policy

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.

- Exhibit 5 – Financial Interest

## SECTION 2. GENERAL PROJECT INFORMATION

### A. Project Name and Address

Project Name	
Address	
City	
Zip Code	
County	

<input type="checkbox"/>	New Construction	<input type="checkbox"/>	Acquisition and Rehabilitation
<input type="checkbox"/>	Rehabilitation Only	<input type="checkbox"/>	Acquisition Only

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?

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### B. Type of Housing Units – Please enter the *appropriate* unit information that best describes your project. Not all blanks need to be completed.

#### Emergency Housing

<input type="checkbox"/>	Number of units
<input type="checkbox"/>	Number of bedrooms
<input type="checkbox"/>	Number of beds

#### Transitional Housing

<input type="checkbox"/>	Number of units
<input type="checkbox"/>	Number of bedrooms
<input type="checkbox"/>	Number of beds

#### Permanent Housing

<input type="checkbox"/>	Number of units
<input type="checkbox"/>	Number of bedrooms
<input type="checkbox"/>	Number of beds

Describe type of living situation for residents: *Single Family House, Single Family Apartment, Single Room Occupancy (Single Room Occupancy or SRO is just for a single person. The definition of SRO is that the residents share a bathroom and/or kitchen), Efficiency (Efficiency Units and Studio Units have their own bathroom AND kitchen or kitchenette), Shared Bedroom, Non-Shared Bedroom, Dormitory, or Other (describe)*

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### C. Check the appropriate box for the eligible population to be served:

Persons experiencing homelessness or imminently at risk of homelessness

Persons with mental, physical, or developmental disabilities

Persons w/substance use disorders

Children in foster care, or youth aging out of foster care

Survivors of domestic violence

Adults reentering the community after being released from correctional facilities.

**D. Narrative Description of Project**

Describe the renovation/rehabilitation or new construction proposed:

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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 population served. If applicable, 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.

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**E. Project 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:**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			

**Housing Development Consultant:**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			

**Construction Manager:**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			



**Architect:**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			

**Qualified Contractor:**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			

**Energy Consultant:**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			

**Supportive Services Provider (reenter own information if also supportive services provider)**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			
<b>Years Providing Services to Target Population</b>			

**Other:**

<b>Name</b>		<b>Phone</b>	
<b>Email</b>			

### SECTION 3. PROJECT DETAILS

A. **Housing Units:** Describe the bed/unit arrangement, rent, utilities, etc.  
 Complete the section (1, 2, or 3 below) that is most appropriate to your project.

1. Rental Apartment/single family units occupied by a single household or roommates:

	# Units	# Accessible units	Av. Sq. Ft.	\$ Rent	\$ Utilities	\$ Gross Rent
<b>SRO/Studio/Efficiency</b>  SRO means Single Room Occupancy so it's just for one person. The definition of a SRO is that the residents share a bathroom, and/or kitchen.  Studio Units and Efficiency Units have their own bathroom AND kitchen or kitchenette	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Bedroom Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Bedroom Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Bedroom Unit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* 1b. Is the Owner or Tenant paying utilities?

**If the tenant is paying utilities, how was the amount determined?**

Applicants can use the preferred utility allowance provided by their local Public Housing Authority (PHA).

2. Rental shared housing situation:

Bedrooms	<input type="text"/>
Max Beds in each bedroom	<input type="text"/>
Av. sq. ft. per bedroom	<input type="text"/>
\$ Amount tenant-paid rent	<input type="text"/>
\$ Amount tenant-paid utilities (average)	<input type="text"/>
\$ Amt. tenant-paid fees	<input type="text"/>
List services or goods provided for tenant fees	<input type="text"/>

3. Non-rental shared housing:

Bedrooms if applicable	
Max Beds	
Total sq. footage residential space	
\$ amt. tenant-paid fees	
List services or goods provided for tenant fees	

**B. Buildings and Site**

**1. Building/House Information** (add more lines if needed)

	Number of Units/Bedrooms/ Beds (CIRCLE)	Gross Heated Square Feet
Building 1		
Building 2		
Building 3		
Building 4		
Totals		

**2. Site Information**

Total Square Footage of Site (land)	
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**3. Estimated Construction Completion Date**

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**C. Income & Population Restrictions**

Each project financed by NCHFA will have income and population restricted units/beds. The number of SHDP restricted units/beds is calculated by the percentage of the NCHFA loan amount to the total development budget of the project. All SHDP income restricted units should be affordable to residents at or below 50% AMI with a preference for at or below 30% depending on the type of project. If the Project has HUD 811 funding or project-based Section 8, income restrictions must match HUD’s or the PHA’s guidelines.

*Income Unit/Beds Restrictions:*

Number of units/beds affordable to households earning less than 30% of area median income	
Number of units/beds affordable to households earning 30% or more and less than 50% of area median income	
Number of units/beds targeted to households earning 50% or more and less than 60% of area median income	
Number of market rate units	
Total number of units/beds in project	
<i>Population Unit/Beds Restrictions:</i>	
Number units/beds restricted to eligible populations	
Number of units/beds not restricted by population	
Will there be a manager’s unit/bedroom? (Y/N)	

**D. Equipment Furnished**

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

**E. 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		

**F. Public Utilities**

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

<input type="checkbox"/>	Electric	<input type="checkbox"/>	Storm Sewer
<input type="checkbox"/>	Natural Gas	<input type="checkbox"/>	Water (City)
<input type="checkbox"/>	Sanitary Sewer	<input type="checkbox"/>	Water (County)

**G. Environmental**

Check any of the boxes that describe the site:

<input type="checkbox"/>	Adjacent to major highway	<input type="checkbox"/>	Historic/archeological significance
<input type="checkbox"/>	Has asbestos	<input type="checkbox"/>	In flood plain
<input type="checkbox"/>	Has hazardous waste	<input type="checkbox"/>	Near railroad/airport
<input type="checkbox"/>	Other (detail)		
<input type="checkbox"/>	Has lead-based paint		

**H. Common Areas**

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

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**I. Evidence of Zoning**

Attach 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.

- Exhibit 6 – Land Use Compliance

If the property is subject to a Conditional or Special Use Permit, also provide a copy of the Permit with the expiration date.

- Exhibit 6 – Conditional or Special Use Permit

**J. Site Control and Value**

Include a copy of the appropriate documentation of site control.

- Exhibit 7 – Site Control

<input type="checkbox"/>	Deed or other proof of ownership	<input type="checkbox"/>	Long-term lease (must be approved by Agency)	Closing Statement for proof of purchase
<input type="checkbox"/>	Executed Option to Purchase	<input type="checkbox"/>	Other - Detail:	

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

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, specify relationship:	
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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. Attach a copy of the appraisal.

- Exhibit 7 – Appraisal

#### **K. Temporary Relocation**

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.

- Exhibit 8 – Relocation Plan

## SECTION 4. COMMUNITY/MARKET NEED

### A. Community/Market Need

Documentation of need for the housing proposed. Include the following:

- 1) Identify the location where your supportive housing services are or will be provided.
- 2) List all other service and/or supportive housing programs which assist the same or similar 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 targeted units; or (8) other appropriate data-based sources.
- 4) Describe how the proposed project works in collaboration with the other service and/or supportive housing programs in the community.
- 5) If the application is for a new shelter or 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 or shelter utilization reports.
  - Exhibit 9 – Community/Market Need

Emergency Shelter projects must provide a Letter of Consistency from the Continuum of Care.

- Exhibit 9 – CoC Support

### B. Location and Availability of Accessible Transportation

1. 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.)
2. Attach a map with the location of services and facilities within 5 miles of the site. Please be sure to clearly indicate and label the project location.
  - Exhibit 10 – Map

Service/Facility	Proximity to Site
Supportive services including medical facilities	
Employment Centers	
Bus Stop	
Pharmacy	

Grocery Store	
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## SECTION 5. SUPPORTIVE SERVICES ACCESS PLAN (SSAP)

All Applicants will need to complete the SSAP that describes linkages to support services and partners for the project.

### REQUIRED FOR ALL PROPOSED PROJECTS

<b>PROJECT NAME</b>	
<b>PROJECT ADDRESS</b>	

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Date of Plan: (MM/DD/YYYY)

Contact Information			
	Owner	Management Agent	Services Coordinator/Provider
<b>Organization</b>			
<b>Primary Contact</b>			
<b>Phone</b>			
<b>Email</b>			
<b>Street Address</b>			
<b>City, State, Zip</b>			

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.

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#### A. Type of Housing

Please enter the *appropriate* unit information that best describes your project. Not all blanks need to be completed.

##### Emergency Housing

	Number of units
	Number of bedrooms
	Number of beds

##### Transitional Housing

	Number of units
	Number of bedrooms
	Number of beds

##### Permanent Housing

	Number of 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)*

**Target Population**

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

What geographic area will be served? (Where are the residents from?):

**B. 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 another funding source to house only this population?

	Yes		No
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If so, what are the limitations and what is the funding source:

**C. Unique Design Features Common Areas**

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

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

**D. Affordability**

All of the units/beds must be affordable to households earning at or below 50% 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 C** “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.

**E. 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.)

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

**F. Residents Supports and Services**

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

**G. 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.

**ONLY COMPLETE SECTION “H” IF THE SERVICE PROVIDER IS NOT THE PROPERTY MANAGER.**

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

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.

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.

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.

**I. Facility Security Plan**

If your project has an existing Facility Security Plan, please attach a Facility Security Plan

- Exhibit 11 – DV Security Plan

This generally will only be available for Domestic Violence Shelters that have funding from the Governor's Crime Commission.

## SECTION 6. PROJECT PHYSICAL NEEDS ASSESSMENT and PLANS

### A. Budget

If a General Contractor budget for rehab or new construction already exists, or if a budget does not exist, list how the costs were determined in the proposed budget and attach. Exhibit 12 – Proposed Budget

### B. PNA

Projects proposing to *Rehabilitate* existing structures must include 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 F of the Guidelines.

- Exhibit 12 – PNA

Attach the following information requested in this section for each building constructed or rehabbed using Program funds:

### C. Required PRELIMINARY Plans for New Construction or Rehabilitation:

- Scaled Site Plan showing, at a minimum, proposed building footprint, driveways, and parking areas. (site plan)
- 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.

### Attach Preliminary Plans as follows:

- Exhibit 13 – Plans

**If plans are final or near final, submit a paper copy (usually 24x36) to:**

**SHDP - Josh Burton  
PO Box 28066, Raleigh, NC 27611-8066**

All required plans should be on 24"x36" paper and drawings should be to scale, using the minimum scale or 1/16" = 1'. Plans that are likely the final construction plans are required to be prepared by an engineer or architect licensed to do business in North Carolina. A digital submission is preferred if multiple revisions are anticipated. The project design must comply with the Appendix C "Design Standards" of the Program Guidelines.

Even if you mail a hard copy of the plans, if the files are not too large to open and read, a digital copy is also requested.

## **SECTION 7. FINANCING COMMITMENTS**

Attach documentation of commitment for permanent project funding, pending or received (award letters, investment account, bank statements etc.)

- Exhibit 14 – Funding Commitments

For Projects that anticipate rental assistance from their local Housing Authority or Rental Assistance provider, a letter must be provided from the Rental Assistance Provider using the template provided in Appendix I of the Application Guidelines and Instructions.

- Exhibit 14 – Rental Assistance

If not already awarded and the project will apply for Federal Home Loan Bank funding, attach a narrative describing which FHLB location will be applied to and the deadline for the application. Also, submit a letter from the member bank as an acknowledgement that they will support your application.

- Exhibit 14 – FHLB
- Exhibit 14 – FHLB Acknowledgement Letter

## **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 D of the SHDP Application Guidelines and Instructions.

By:

\_\_\_\_\_

Signature of Authorized Individual

**Section 9. SIGNATURE OF AUTHORIZED OFFICIAL**

- A.** By signing below, the Applicant certifies that the information provided in this application is true and complete.
- B.** 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.
- C.** All applications submitted become the property of the Agency
- D.** Submission of an application does not guarantee funding. Any costs incurred prior to the issuance of a firm commitment letter by the Agency are the sole responsibility of the applicant.

By: \_\_\_\_\_  
Signature of Authorized Individual

Name \_\_\_\_\_

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

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



## Section 10. OLMSTEAD BONUS POINTS

### *Only applicable for Olmstead-Compliant Units – Integrated Housing*

#### Choose one only - A or B

- A. **30 Bonus Points** - By signing below, the Applicant certifies that the project seeking funding is comprised of integrated 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 area**, as listed in Appendix J of the Guidelines and the Applicant agrees to use the **NCHFA Vacancy and Referral** online system (V&R) to track vacancies and accept referrals. The Applicant agrees to hold the set-aside units vacant for 30 days unless the LME/MCO or DHHS releases the unit earlier.

**This is the only option available to For-profit developers.**

By:

\_\_\_\_\_  
Signature of Authorized Individual

Name

Title:

Date:

- B. **5 Bonus Points** – By signing below, the Applicant certifies that the project seeking funding is comprised of integrated apartments where 20% of the units, rounded up to the next whole units are set-aside for persons with disabilities.

By:

\_\_\_\_\_  
Signature of Authorized Individual

Name

Title:

Date:

# APPLICATION CHECKLIST

The following documents are required as part of your application (as applicable).

- Application Part 1 – Word Template
- Application Part 2 – Excel Template
- Confirm Application is signed and dated by an authorized official
- Confirm Signed Design & Energy Efficiency Compliance Agreement

## EXHIBIT 1 (if nonprofit organization):

- Articles of Incorporation
- Bylaws
- IRS 501(c)3 Determination Letter
- List of Board of Directors members, including name and begin/end dates of term

## EXHIBIT 2:

- Most recent certified, Financial Audit along with any Managements Letter(s)

## EXHIBIT 3:

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

## EXHIBIT 4:

- Description of Applicant's housing development experience –  
*Exhibit 4 – Dev Exp – Organization Name*
- If applicable, description of Consultant's experience
- If applicable, copy of Consulting Services Contract

## EXHIBIT 5:

- 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 6:

- 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 7:**

Evidence of site control

Appraisal

**EXHIBIT 8:**

If applicable, Relocation Plan

**EXHIBIT 9:**

Evidence of community/market need for proposed project

A letter of support from Continuum of Care (Required for Emergency Shelter projects)

**EXHIBIT 10:**

Map of services within 5 miles of project site

**EXHIBIT 11:**

If DV Shelter, Facility Security Plan

**EXHIBIT 12:**

If available, general contractor's construction budget

For Rehabilitation project only, a Project Needs Assessment

**Plans - to submit electronically include the following and label:**

**EXHIBIT 13:**

  
  
  

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

**If final or near final, send full scale 24x36 plans to:**

**NCHFA**

**SHDP - Josh Burton**

**PO Box 28066, Raleigh, NC 27611-8066**

**EXHIBIT 14:**

- Evidence of any commitments pending or received including own funds
- For proposed projects with Rental Assistance, Letter of Commitment from Housing Authority or Rental Assistance Provider using template provided in Appendix I
- If the proposed project will apply for Federal Home Loan Bank funding, attach a narrative describing which member bank will be applied through and the deadline for the application
- For FHLB, also attach a letter from the member bank as an acknowledgement that they will support your application.