

(Choose the appropriate project type heading and delete the other one.)

2007 Housing Credit or 2008 Key/PLP Project Targeting Plan

ABC Apartments

Street Address or Intersection of Property
City, County, North Carolina

Summary Information			
Construction Type (Choose one.)	LIHTC new construction / LIHTC Rehab / Key/PLP / Key Only	Estimated month/year of first certificate of occupancy	
Total no. of units		Total no. of Targeted Units	
Property Type (Choose one.)	Family / Elderly 62+ / Elderly 55+ / Elderly 80% 55+ and 20% X age		
Contact Information			
	Owner	Management Agent	Local Lead Agency
Organization			
Address			
City, State, Zip			
Primary Contact			
Title			
Phone 1			
Phone 2			
Fax			
Email			
Secondary Contact			
Title			
Phone 1			
Phone 2			
Fax			
Email			

I. SITE SUITABILITY

Unit Size and Design Features

	Total # of units	# of Type A units	# of Type A units w/curbless shower
1-BR			
2-BR			
3-BR			
4-BR			

The actual unit mix for targeted units will depend on the needs of referred households.

Describe any adaptability, accessibility or assistive technology features beyond the required minimums. (Include unit mix with these features.)

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Describe any community space being developed or rehabbed.

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Access to Community Features and Public Transportation

Persons with disabilities have limited access to transportation; consequently, access to community features and public transportation impacts filling of Targeted Units. Please indicate the distance (.25 mile, 3 miles, etc.) from the property to the following:

Community feature	Miles	Community feature	Miles	Community Feature	Miles
Public Transpo. Stop		Public Parks		Library	
Full-service grocery		Outdoor Athletic fields/courts		Bank/Credit Union	
Convenience Store		Medical Offices		Community/ Senior Center	
School		Hospital		Post Office	
Day Care/After School		Pharmacy		Public Safety (Fire/Police)	

Describe the availability and cost of public transportation including transportation services specifically for persons with disabilities. (Call NCDOT/Public Transportation Div. at 919-733-4713 for local info.)

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II. TARGETED UNIT AFFORDABILITY

Key Program operating assistance is available for Targeted Units not supported by other operating subsidies.

List the **number of units in the property** supported by each type of subsidy.

Key Program		HUD PBRA		Public Housing	
McKinney-Vento		USDA PBRA		Other (Describe below.)	

Describe the eligibility criteria (income limit, etc.) for subsidy programs other than the Key Program.

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Explain how Targeted Unit referrals will be given preference in relationship to any wait list and preference policies of subsidies other than Key Program operating assistance.

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III. CERTIFICATION AND MEMORANDUM OF UNDERSTANDING

(Choose the appropriate initial clause and delete the other one.)

WHEREAS **Insert Owner** was awarded Low-Income Housing Tax Credits (LIHTC) from North Carolina Housing Finance Agency (NCHFA) to finance and build **XX** apartment units, known as **Insert Apt Name** in **City, North Carolina**; and

NCHFA's 2007 Qualified Allocation Plan requires that each LIHTC property funded in 2007 target ten percent (10%) of the total units to households headed by persons with disabilities; and

Or

WHEREAS **Insert Owner** was awarded Key/PLP funding from North Carolina Housing Finance Agency (NCHFA) for **Insert Apt Name** in **City, North Carolina**; and

Insert Local Lead Agency provides, coordinates, or represents agencies that provide direct community-based services in the **Insert City** area to these populations; and

Insert Local Lead Agency seeks to expand and support affordable housing opportunities for persons with disabilities in their communities;

THEREFORE, **Insert Owner** and **Insert Local Lead Agency** and **Insert Property Management Co.** agree to the following supportive housing partnership to target **XX** apartment units (the "Targeted Units") within the **Insert Apt Name** apartment complex for persons referred by human service agencies through the process coordinated by the NC Dept. of Health and Human Services (DHHS).

Insert Owner shall:

- Agree that the **XX** Targeted Units will not be segregated within the property or in any way be distinguishable (beyond the presence of accessible features or assistive technology) from non-targeted units, and that the Targeted Unit mix will depend on the needs of referred households.
- Assure that the Targeted Units remain available to eligible persons referred through the process coordinated by DHHS, and that the purposes and spirit of this agreement, are maintained through the compliance period.

Insert Local Lead Agency shall:

- Act as liaison between property management and Targeted Unit residents' referral agencies to address issues with tenancy should they arise.
- Facilitate access to an array of supportive services for Targeted Unit tenants offered by participating human services agencies. These services shall be available to said tenants on an as-needed basis, and receipt of these or any other services shall not be a condition of tenancy.
- Facilitate communication with **Insert Property Management Co.** referral agencies and DHHS by designating, and maintaining in the event of staff turnover, named individuals as the primary contact and as the back-up contact on matters related to Targeted Units.

Insert Property Management Co. shall:

- Notify the DHHS Staff of initial lease-up 3 months prior to anticipated occupancy certification or when marketing begins, whichever comes first.
- Educate initial and subsequent on-site property managers on the Targeting Plan, Targeting and Key Program policies and procedures, and contact information for the **Insert Local Lead Agency**, and the DHHS staff.
- Agree that the **XX** Targeted Units will not be segregated within the property or in any way be distinguishable (beyond the presence of accessible features or assistive technology) from non-targeted units, and that the Targeted Unit mix will depend on the needs of referred households.
- Screen all referred applicants using established screening criteria.
- Include language on Reasonable Accommodations on its application for tenancy.
- In the event a referred applicant is denied housing, (1) notify the applicant and the DHHS staff of reason for denial, (2) accept and consider requests for Reasonable Accommodations in accordance with State and Federal Fair Housing Law, and (3) hold unit open until the request process is complete.
- For a period of 90 days from the date of the first certificate of occupancy, establish a preferential leasing opportunity for the **XX** units specified in this Targeting Plan for the targeted population.
- In the event a vacancy occurs at the property and not all **XX** Targeted units are filled with referred persons, notify DHHS and hold the unit open for a period no less than 30 days from the date DHHS is made aware of the vacancy. If no eligible applicant is referred within 30 days, the unit may be rented to any eligible applicant. This process is repeated until **XX** Targeted units are occupied by referred persons.
- Communicate tenancy issues with the **Insert Local Lead Agency** in a timely manner.
- Facilitate communication with **Insert Local Lead Agency** and DHHS by designating, in the event of staff turnover, a named individual as the primary contact on matters related to the Targeted Units.

All parties to this Agreement shall:

- Agree that **Insert Owner** and **Insert Property Management Co.** are responsible for meeting compliance requirements established by the IRS and the NC Housing Finance Agency.
- Agree that **Insert Owner** and **Insert Property Management Co.** are responsible for maintaining the property for the benefit of all tenants.
- Agree that the provisions and the spirit of this agreement notwithstanding, decisions on the admittance and/or retention of tenants according to Fair Housing and NC Landlord Tenant Law are the responsibility of **Insert Property Management Co.**.
- Agree that tenant participation in supportive services will not be a condition of tenancy.
- Agree that in the event that disagreements or difficulties arise that they are unable to resolve through open and cooperative dialogue, they will seek assistance in resolving these conflicts from NC Housing Finance Agency and the NC Department of Health and Human Services.

IN WITNESS WHEREOF, the parties have executed, or caused this agreement to be executed by their duly authorized representatives, as of the date below written.

Insert Owner Name, Owner Signature

Date

Insert Management Contact Name, Management Signature

Date

Insert Local Lead Agency Contact Name, Local Lead Agency Signature

Date