



2011 Community Development Block Grant

HOME PROJECT APPLICATION

Use this application for projects which provide decent, affordable housing through construction, rehabilitation, rental and homeownership subsidies

<p style="text-align: center;">HOME APPLICATION Application Contents / Checklist</p>
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2011 HOME Funding Application Form

Response to Rating Factors

Attachments

Attachment A (Organizational Capacity)

- A-1 An organizational chart showing all staff, board members and volunteer positions
- A-2 Organizational Data (i.e. 501 (c)(3), public charter...)
- A-3 Non-Discrimination Policies

Attachment B (Organizational Financial Management)

- B-1 Most recent monthly financial statement including year-to-date information
- B-2 Most recent Financial Audit or Financial Statement prepared by a CPA, including findings. If your audit exceeds 50 pages, please include an executive summary and one copy of the full audit.
- B-3 A statement of experience including operating statements and lender references and record of performance, qualifications, capacity to carry out the project described in this application, and capacity to manage grants.
- B-4 IRS 990 (for non-profits)
- B-5 Secretary of State CHO-1 Form (for non-profits)
- B-6 Secretary of State Non-Profit Corporate Annual Report (for non-profits)

Attachment D (Project Feasibility)

- D-1 Commitment letters from other funding sources for this project
- D-2 Management Plan
- D-3 Plans and Specs for the Project
- D-4 Relocation Plan, if appropriate
- **D-5 Preliminary Environmental Review Checklist
- **D-6 Agency CDBG/HOME History Form
- **D-7 Salary Summary
- D-8 Annual Report. If your report exceeds 50 pages, please include a summary and one copy of the full report. Include Agency Mission Statement
- **D-9 Agency Board Profile, attach the names and addresses of Board Members

****Form provided within packet**



2011 HOME FUNDING APPLICATION FORM

HOME Funding Request

\$ _____

Project Title

(If this project has been previously funded, please use the same title)

Project Description Funds will be used to *(25 words or less with specific numbers/goals):*

Project Location *(physical address)*

Geographic Service Area

Census Tract(s)

Number of Unduplicated People Directly Benefiting from this Project

Applicant Name

Mailing Address

Agency Director

Name
e-mail address

Telephone #

Staff Contact

Name and Title
e-mail address

Telephone and Fax #

Federal Tax I.D. # (req'd)

Type of Organization:

Public Agency

Private Nonprofit

Other *(Specify)*

Are you a Certified Housing Development Organization (CHDO)?

☐ Yes ☐ No

If not, are you planning on becoming a Certified CHDO?

☐ Yes ☐ No

Authorized Signature

Date

CITY OF BREMERTON HOME PROJECT RATING FACTORS

1. Applicant Profile

Applicant Profile (see attached instructions):

2. Projected use of HOME funds -- Proposed Project

Proposed project:

- ☐ New construction
- ☐ Substantial rehabilitation (> \$25,000)
- ☐ Moderate rehabilitation (< \$25,000)
- ☐ Tenant Based-Assistance
- ☐ Other ____.

Tenure of recipients: *check one*

- ☐ Renters
- ☐ Owners

3. Need

Describe the need for the proposed project. The description should include characteristics such as cause, extent, and location of the specific need and should be in measurable and quantitative terms. Describe how you determined that the project is the most appropriate method to address the need and the proposed impact the project is expected to have.

4. General Project Information

Explain how the project is consistent with the Consolidated Plan:

Is the project identified / prioritized in any other community or agency plan? If so, identify the plan and explain how the project fits with the plan.

Project address:

City:
Bremerton

State:
WA

Zip Code:

Identify the service area of the project:

 Please attach a project map that identifies the project location(s)

5. Sources of Financing – All Project Funding Sources

Source (Name)	Committed	Conditional	Tentative
a. Federal: <u>HOME</u> _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ (<u>Application Amount</u>) \$ _____
b. State: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
c. Local: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
d. Applicant: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
e. Private: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
f. In-kind: _____ _____	\$ _____ \$ _____	\$ _____ \$ _____	\$ _____ \$ _____
Subtotals:	\$ _____	\$ _____	\$ _____
TOTAL ALL FUNDING SOURCES \$ _____			

6. Uses of Financing – All Funding Sources

Project Cost	Amount	HOME (City)	HOME (County)	Other Source of Funds
ACQUISITION COSTS: Acquisition Homebuyer assistance Other _____ SUBTOTAL				
RELATED SOFT COSTS Appraisal Architect Engineering Design Processing/Settlement and Financing Costs Audit Affirmative Marketing Operating Reserve Other _____ SUBTOTAL				
DEVELOPMENTAL HARD COSTS New Construction Rehabilitation Improvements Demolition Other _____ SUBTOTAL				
OTHER COSTS Relocation CHDO operating expenses Tenant Based Assistance Other _____ SUBTOTAL				
OPERATING COSTS (<i>generally not HOME costs</i>) Services Rent/Mortgage Subsidies Operating Other _____ SUBTOTAL				
TOTAL PROJECT COST				

****Note:** Total Project Cost must be equal to Total all Funding Sources on the Source of Funds statement.

7. Sources of Cost Estimates



Summarize and attach cost estimates

Attach: earnest money agreement, option or closing statement for land and/or building(s); construction cost estimate; construction contract or preliminary bid(s); agreements governing the various reserves which are capitalized at closing; appraisal; and if low income housing tax credits are utilized, documentation on the syndication costs from the organization/individual who will syndicate and sell the offering. Provide supporting documentation for all other costs.

8. Total Per-Unit Cost

Total Project Development Cost:

Total Number of Units in the Project:

Cost per unit:

9. Match Contribution

- a. Total HOME funds requested \$ _____
- b. Match contribution \$ _____
- c. Match is _____ % of HOME request

d. Description of match contribution:

10. Use of HOME funds

- a. Development hard costs \$ _____
- b. Acquisition costs \$ _____
- c. Related soft costs \$ _____
- d. Relocation costs \$ _____
- e. Costs related to TBRA \$ _____
- f. CHDO operating expenses \$ _____
- g. Total HOME-Assisted Cost: \$ _____
- h. Total Number of HOME-assisted Units \$ _____
- j. **HOME cost per unit** \$ _____

***Note: A maximum HOME subsidy of \$30,000 per unit is allowed for homeownership projects and \$157,410 per 1-BR unit for rental projects. See page 4 of the Policy Plan.**

11. Project Objectives / Tasks / Schedule

List the specific tasks to complete and manage this project, the total amount required to meet the task, the amount that will be paid using HOME funds, the source of any other funds needed to complete the task, the date when you will start the task and the date when it will be completed. Include tasks through the period of affordability.

Specific tasks	Total Cost	HOME Cost	Other Sources	Start Date	End Date
• See Attached					
•					
•					
•					
•					
•					
•					
•					
•					
•					
•					

12. Long Term Affordability

Indicate the number of years the project will be retained as affordable housing for your target income level and how this will be accomplished, for example, land covenants or deed restrictions. (See Policy Plan and attached instructions for requirements.) If the project is for assistance to homebuyers, include a specific description of the resale/recapture procedures that will be used.

Project will remain affordable for _____ years

13. Minority and Women Owned Businesses

Identify the types of notices, bid procedures, and direct outreach that will occur in regard to recruitment of minority and women owned businesses for this project.

14. Affirmative Marketing

(see attached instructions)

If your project is for

- **homeownership you must answer questions 15 and 16 (you do not need to answer questions 17, 18, 19, 20, or 21) and include the attachments in 22.**
- **rental housing you do not need to answer questions 15, 16, 20 or 21, but you must answer 17, 18, 19 and include the attachments in 22.**
- **tenant based assistance you do not need to answer questions 15, 16, 17, 18, 19, or 21, but you must answer 20 and include the attachments in 22.**

15. Homeownership Requirements

Describe the method of assuring that

- (1) All of the HOME funds will assist low income homebuyers, or existing low-income homeowners, whose family incomes are at or below 80% of the area median family income (see page 19 of the Policy Plan).
- (2) The assisted housing will be the owner's principal residence; and
- (3) The purchase price of the property, or the appraised value of a property already owned after rehabilitation will be less than 95% of the median area purchase price.

16. Home Ownership Income Targeting

Please provide the information requested in the following table							Comments
Size of House and Income Level	Number of Houses / Units	Monthly Payment (PITI)	Targeted Maximum HH income	Assumed Family / Household Size	PITI divided by monthly Income	Median Income* adjusted for family size	
ONE BEDROOM							
_____ % of Median Income*							
_____ % of Median Income							
_____ % of Median Income							
TWO BEDROOM							
_____ % of Median Income							
_____ % of Median Income							
_____ % of Median Income							
THREE BEDROOM							
_____ % of Median Income							
_____ % of Median Income							
_____ % of Median Income							
FOUR BEDROOM							
_____ % of Median Income							
_____ % of Median Income							
_____ % of Median Income							
TOTAL							

***Median Income = Median Family Income.** Median Family Income is determined periodically by the Department of Housing and Urban Development (HUD) on the basis of state and local earnings data and is published for cities and counties. See Page 19 of the Policy Plan.

17. Rental Operating Statement

Provide operating statements for # of years project will remain affordable to very low and low income households. After year 5, projections may be in 5-year increments. (you may provide a more detailed statement in your own format)

A. Operating Income:

Gross Rent Receipts less Vacancy Rate _____% _____
Other Income _____
_____ _____
_____ _____

Total Operating Income

B. Operating Expenses

Sewer/Water _____
Electricity _____
Gas _____
Garbage _____
Maintenance _____
Management _____
Advertising _____
Reserves _____
Other Expenses _____
_____ _____
_____ _____

Total Operating Expenses

C. Net Operating Income \$ _____

D. Total Debt Service \$ _____
(complete table below)

E. Net Cash flow \$ _____
(Net Operating Income less Debt Service Total)

Debt Service:

Loans or other

	<u>Amount</u>	<u>Monthly Payment</u>	<u>Annual Payment</u>
Loan 1	\$ _____	\$ _____	\$ _____
Loan 2	\$ _____	\$ _____	\$ _____
Loan 3	\$ _____	\$ _____	\$ _____
Total Annual Debt Service		\$ _____	\$ _____

18. Project Rent Schedule

Provide the information requested in the following table

Type of Unit	# of units	Targeted Family Size	Targeted Household Income	Proposed Monthly Rent	Tenant paid Utilities/ Services**	Tenant Monthly Rent Plus Utilities	Type of subsidy (if any)	Proposed rent as % of income
SRO								
% of Median Income*								
% of Median Income								
% of Median Income								
ONE BEDROOM								
% of Median Income								
% of Median Income								
% of Median Income								
TWO BEDROOM								
% of Median Income								
% of Median Income								
% of Median Income								
THREE BEDROOM								
% of Median Income								
% of Median Income								
% of Median Income								
TOTAL								

** List utilities and services to be paid by tenant:

***Median Income = Median Family Income.** Median Family Income is determined periodically by the Department of Housing and Urban Development (HUD) on the basis of state and local earnings data and is published for cities and counties. See Page 19 of the Policy Plan.

19. HOME Rents

Describe the process that will be established to assure that the rents charged in HOME assisted rental projects do not exceed the allowable amount under HOME program regulations. (see attached instructions)

20. Tenant Based Rental Assistance

Describe actions you will take to assure the project meets the requirements of 92.210 and 92.211 including tenant selection policies, lease requirements, rent reasonableness, terms of any rental assistance contract and maximum subsidies.

21. Additional Information

Provide any additional information you think may help us evaluate your application. Please limit the amount of additional information to four pages.

22. Attachments.

Please provide the following attachments with your application and copies:

Attachment A (Organizational Capacity)

- A-1 An organizational chart showing all staff, board members and volunteer positions
- A-2 Organizational Data (i.e. 501 (c)(3), public charter...)
- A-3 Non-Discrimination Policies

Attachment B (Organizational Financial Management)

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- B-4 IRS 990 (for non-profits)
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- D-1 Commitment letters from other funding sources for this project
 - D-2 Management Plan
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 - **D-5 Preliminary Environmental Review Checklist
 - **D-6 Agency CDBG/HOME History Form
 - **D-7 Salary Summary
 - D-8 Annual Report (include Agency Mission Statement).
 - **D-9 A Board profile, attach the names and addresses of Board Members
- **Form provided within packet**

**Attachment D-5
HOME Capital Projects
Preliminary Environmental Review Questionnaire**

At the site under consideration for the project, please make an observation for each of the seven Compliance Factors listed below. Enter a "Y" for Yes or "N" for No in the space for the given condition. Fill in the blank with the appropriate answer for all other questions.

Project Name and Address: _____

ENVIRONMENTAL COMPLIANCE FACTORS

1. HISTORIC PRESERVATION

- Does the project involve a building greater than 50 years old? _____
- If yes, does the project involve rehabilitation of some sort? _____
- Are you aware of any historically significant events that have taken place at the site? _____

Note: If the structure is greater than 50 years old and rehabilitation is proposed, the State Historic Preservation Officer (SHPO) must be contacted (as well as any local historic office). If the property is on the National Register of Historic Places (NRHP), eligible for listing, located in a Historic District, or adjacent to a NHRP, additional action may be required.

2. FLOODPLAIN MANAGEMENT

- Is the property where the proposed project is located in a Coastal High Hazard Area, flood way or have a finished floor below the 100 year flood plain? _____
- Does the project propose the development of impervious surfaces (roof or concrete)? _____
- If yes, approximately how many square feet of impervious surface will be developed? _____

Note: Property in a flood plain will require flood insurance. If you need help making this determination, you may contact the City of Bremerton, Community Development Office at (360) 473-5211 for information regarding the Floodplain areas of Bremerton.

3. COASTAL ZONE MANAGEMENT

- Is the proposed project site within 200 ft. of the Ordinary High Water Mark? _____

"Ordinary high water mark" on all lakes, streams, and tidal water is that mark that will be found by examining the bed and banks and ascertaining where the presence and action of waters are so common and usual, and so long continued in all ordinary years, as to mark upon the soil a character distinct from that of the abutting upland, in respect to vegetation as that condition exists on June 1, 1971, as it may naturally change thereafter, or as it may change thereafter in accordance with permits issued by a local government or the department: PROVIDED, That in any area where the ordinary high water mark cannot be found, the ordinary high water mark adjoining salt water shall be the line of mean higher high tide and the ordinary high water mark adjoining fresh water shall be the line of mean high water.

1. WETLANDS PROTECTION

- Does the site or the adjacent areas of the proposed project have the appearance of a swamp, marsh, or slough? _____
- Does the project appear to be wet (standing water) at any time of the year? _____

2. NOISE

- Is the proposed project site within 1,000 feet of a Highway (usually a four lane road) _____
- or within 3,000 feet of a Railroad? _____

3. ENDANGERED SPECIES

- Is the proposed project site a habitat area for any endangered species? _____

4. AIR

- Do you know if the proposed project site has any asbestos located on the property? _____

5. HAZARDS

Explosive or Flammable Tanks

- Does the site for the proposed project have any visible storage tanks for a flammable substance within a quarter (1/4) of a mile? _____
- Is the proposed site within a quarter (1/4) of a mile from a loading terminal for a flammable substance? _____
- Does the proposed site have high pressure gas lines or overhead transmission lines present within 200 square feet? _____

Hazardous Waste

- Will the proposed project be located on fill land? _____
- If yes, what materials were used for the fill? _____
- Is the project area on or near a site suspected of posing a potential environmental hazard such as a dump, land fill, or industrial location containing hazardous wastes? _____

6. LAND USE HISTORY

- What, if any, prior uses existed on the property?

I UNDERSTAND THAT UPON SUBMITTAL OF THIS APPLICATION, NO FURTHER FUNDS, OF ANY KIND, CAN BE SPENT ON THIS PROJECT UNTIL A HUD APPROVED ENVIRONMENTAL REVIEW IS COMPLETE. FUNDS BEING SPENT ON THE PROJECT AFTER APPLICATION SUBMITTAL COULD JEOPARDIZE THE ELIGIBILITY OF THE PROJECT FOR HUD FUNDS.

Note: A “Yes” response to any of these questions may be an indicator that some form of mitigation could be required for the project.

Signature of Agency Director

Name (PRINTED)

Date

Attachment D-6 Agency CDBG/HOME History Form

Agency Name _____ Project Name _____

Provide a history of your agency's management of CDBG and/or HOME Projects since 2003.

Year	Project	Dollar Amount	Funds Expended by 06/30/09	CDBG or HOME	City or County Funds
				CDBG <input type="checkbox"/>	COUNTY <input type="checkbox"/>
				HOME <input type="checkbox"/>	CITY <input type="checkbox"/>
				CDBG <input type="checkbox"/>	COUNTY <input type="checkbox"/>
				HOME <input type="checkbox"/>	CITY <input type="checkbox"/>
				CDBG <input type="checkbox"/>	COUNTY <input type="checkbox"/>
				HOME <input type="checkbox"/>	CITY <input type="checkbox"/>
				CDBG <input type="checkbox"/>	COUNTY <input type="checkbox"/>
				HOME <input type="checkbox"/>	CITY <input type="checkbox"/>
				CDBG <input type="checkbox"/>	COUNTY <input type="checkbox"/>
				HOME <input type="checkbox"/>	CITY <input type="checkbox"/>
				CDBG <input type="checkbox"/>	COUNTY <input type="checkbox"/>
				HOME <input type="checkbox"/>	CITY <input type="checkbox"/>
				CDBG <input type="checkbox"/>	COUNTY <input type="checkbox"/>
				HOME <input type="checkbox"/>	CITY <input type="checkbox"/>

What is the agency's insurance program for general liability/officers and board/volunteers, etc.? Please attach a copy of your current policy.

Does the agency have any threatened or pending litigation?

No Yes (if yes, attach explanation)

Does the agency have any audit or IRS problems?

No Yes (if yes, attach explanation)

Authorized Signature _____ Date _____

ATTACHMENT D-7

Salary Summary Capital Projects

Agency Name _____ Project Name _____

Description	2010 Projected Budget
Number of professional FTEs	
Number of clerical FTEs	
Number of all other FTEs	
Salary Information	
Salary of Director	
Salaries of Professional Staff	
Salaries of Clerical Staff	
Other Salaries Description_____	
Description_____	
Description_____	
Description_____	
Totals	
Total Payroll Cost (including payroll taxes)	
Total Cost of Benefits	
Total Cost of Retirement	
Total Salary and Fringe Costs	

CITY OF BREMERTON

HOME

Application Instructions

General Applicant Information:

APPLICANT:	The organization submitting the application
ADDRESS:	Address of applicant agency
CONTACT PERSON/TITLE:	For this project
TELEPHONE NUMBER:	For applicant agency and the contact person
TITLE AND SIGNATURE OF AUTHORIZED OFFICIAL	The title and signature of the person authorized to sign contracts for the organization.

Indicate, in this section, if you are applying for the **CHDO set aside**. A CHDO checklist or a letter indicating you have been predetermined to be a CHDO in The City of Bremerton, must be submitted with the application. The applicant has the option of having the application considered only in the CHDO set-aside competition, or considered in both the CHDO set aside competition and the general competition.

1. Applicant Profile:

The organization that will administer the project must describe its record of performance, qualifications, and capacity to carry out the project described in the application. Any recent (within the past year) housing activities that have been administered should be described. The applicants role, and if appropriate the role other entities will have, in carrying out the proposed project (i.e. developer, owner, investor, manager, etc.) must be described.

2. Projected Use of HOME Funds

Indicate if the proposed project is:

New construction

newly built or built within the last 12 months
adding additional unit(s) outside existing walls

Rehabilitation

Substantial: development cost per unit is greater than \$25,000
Moderate: development cost per unit is less than \$25,000

Homeowner Assistance

Tenant Based Rental Assistance

Indicate if proposed recipients of HOME assistance will be renters or owners.

3. Need

Describe the need for the project. How long has the need existed. Are any other activities currently being undertaken in the community to address the need? If appropriate, identify any new emerging needs that are not met through any of the existing agencies or programs. Where did you get the information included in this section? Quantify information when possible

4. General Project Information

- Describe what your project is. Provide sufficient detail to give the reader a clear understanding of the nature of the activity to be undertaken. Include "who, what, where, how, and why." Be as specific as possible. This is an opportunity to "make the case" for your project.
- Include information concerning the housing standards that will be met.
- List the specific objectives to be met.

Displacement of people or businesses is discouraged. If your proposal is likely to result in displacement, discuss it in this section and include relocation assistance, as appropriate, in the use of funds section.

- Explain how the project is consistent with the Consolidated Plan. See page 6 of the Policy Plan for more information
- Explain how / if the project is prioritized in another community or agency plan.

Address: Provide the street address for the project. If project sites have not been identified, provide the address of the Agency applying for the funds.

Service Area: Provide the service area for the "project" not the Agency, unless the service areas are the same. Identify the neighborhood, City or County by Name.

Project area Map: Attach a map that best shows the "project service area. Identify the project location on the map.

5. Sources of Financing- All Funding Sources:

Please list the sources of all funds required to complete the project.

- Federal:** list all specific sources of federal funds required to complete the project. Indicate if the amounts are committed, conditional or tentative. Provide the date you will be given a notice of a firm commitment or denial if the funds are conditional or tentative.
- State:** list all specific sources of State funds required to complete the project. Indicate if the amounts are committed, conditional or tentative. Provide the date you will be given a notice of a firm commitment or denial if the funds are conditional or tentative.
- Local:** list all specific sources of local funds required to complete the project. Indicate if the amounts are committed, conditional or tentative. Provide the date you will be given a notice of a firm commitment or denial if the funds are conditional or tentative.
- Applicant:** list all specific sources of funds to be provided by the applicant that are required to complete the project. Indicate if the amounts are committed, conditional or tentative. Provide the date you will know if the funds will be committed for any amounts listed as conditional or tentative.
- Private:** list all specific sources of private funds required to complete the project. Indicate if the amounts are committed, conditional or tentative. Provide the date you will be given a notice of a firm commitment or denial if the funds are conditional or tentative.
- In kind contribution:** includes volunteers, supplies and other contributions for which a cash value can be assigned. Attach a description of any in-kind contribution listed, including dollar value and the basis for the value determination.
- Subtotals:** provide the total of lines a through f for the amount in the committed column, conditional column, and tentative column.

- h. Total All Funding Sources** This is the sum total of the three columns in item g (subtotal)

6. Uses of Financing - All Funding Sources

Identify the budget required for the specific project.

Amount: List the costs, by category for the total project budget.

Subtotal: Provide the total for each of the sections.

Source of Funds: Identify the specific source of funds that will be utilized for the budgeted cost.

7. Sources of Cost Estimates

Indicate the source of cost estimates used to determine funds, and distribution of funds, required to complete the project.

8. Total Per Unit Cost

Total project development cost: This amount should be the same amount as in question 7 "Total Project Cost."

Total number of Units in the Project: Identify the number of units in the project.

Cost per unit: Divide the total project development cost by the cost per unit.

9. Match Contribution

a. Total HOME funds requested: This amount should be the same as in question 9(g).

b. Match contribution: The amount of match contribution that will be provided.

c. Match percentage: The match contribution (b) divided by the HOME funds requested (a).

d. Description of the match contribution: Include a detailed description of the source of the contribution. (For example if the contribution is cash, land or real property, describe where it is coming from; if the match is donated or voluntary labor describe who will provide it). Include the status of the contribution, is it committed, conditional, or tentative. Explain the status.

10. Use of HOME funds

Identify costs that are proposed to be paid with HOME funds. Eligible costs are described in HOME regulations 92.206 and are briefly outlined below.

a. Developmental Hard Costs are the actual cost of constructing or rehabilitating housing. Costs to demolish existing structures and for improvements to the project site that are in keeping with improvements of surrounding, standard projects, and costs to make utility connections are considered developmental hard costs.

b. Acquisition Costs are the costs of acquiring improved or unimproved real property.

c. Related Soft Costs are other reasonable and necessary costs incurred by the owner and associated with the financing, or development (or both) of new construction, rehabilitation or acquisition of housing assisted with HOME funds. These costs include, but are not limited to:

- Architectural, engineering or related professional services required to prepare plans, drawings, specifications, or work write-ups;

- Costs to process and settle financing for a project, such as private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorneys, fees, private appraisal fees and fees for an independent cost estimate, builders or developers fees;
 - Costs of a project audit t
 - Costs to provide information services such as affirmative marketing and fair housing information to prospective homeowners and tenants;
 - For new construction or substantial rehabilitation, the cost of funding an initial operating deficit reserve, which is a reserve to meet any shortfall in project income during the period of project rent up and which may only be used to pay operating expenses, reserve for replacements and debt service.
- d. Relocation Costs:** are costs of relocation payments and other relocation assistance for permanently and temporarily relocated individuals, families, businesses, non-profit organizations, and farm operation where assistance is required.
- e. Costs Related to Tenant Based Assistance** are rental assistance and security deposit payments made to provide tenant-based rental assistance for a family.
- f. CHDO Operating Expenses:**
- g. Total HOME Assisted Costs:** The total of 11 a through f.
- h. Total Number of HOME Assisted Units:** The total number of units that will be assisted with HOME funds.
- i. HOME Cost Per unit:** The total HOME assisted costs (g) divided by the total number of HOME assisted units (h).

11. Project Objectives/Tasks/Schedule

Specific tasks: Separate the project into tasks, including those tasks which are necessary for project start up, like hiring staff or consultants. List the tasks in this column. For any tasks that will be done by an agency other than the applicant agency, indicate the implementing agency in the same column. These tasks should relate to the objectives described in 5.

Total Cost: Enter the cost of accomplishing the task if it is included in the total project cost whether or not HOME funds will be used for the particular task. Some start up costs may be borne by the agency's existing administrative capacity and not charged to the project. The tasks should still be listed in columns b, c, and d. The total of this column should equal the "total project cost" on question 7.

HOME Cost: Enter the amount of HOME funds you will use for each task. The total of this column should equal the amount requested from the HOME program

Other Sources: Enter the amount of any other funds you will use to complete each task.

Start Date: Indicate when you will begin each task. Be thoughtful and specific. Your performance will be monitored using these dates.

End Date: Indicate when you will complete each task. be thoughtful and specific. Your performance will be monitored using these dates.

12. Long Term Affordability

Describe the policies and procedures to assure units remain affordable.

Projects involving homeownership

One of the purposes of the HOME Program is to increase the supply of affordable housing units over an extended period of time. To this end, homebuyer units must remain affordable for up to 15 years, dependent on the amount of HOME funds invested in each unit. Generally, If the original homebuyer retains title to the property for the full period of affordability, no resale/recapture provisions apply. However, if the property is transferred during the period of affordability the applicant must assure continued affordability in one of two ways:

Creation of another affordable unit. Procedures must be outlined to recapture the HOME assistance that was provided to the original buyer and invest it in another homebuyer unit. If proceeds are insufficient to recapture the entire subsidy, the rules permit recapturing a portion of the subsidy based on length of ownership. The HOME investment subject to recapture is the HOME assistance that enables the homebuyer to buy the dwelling. -or-

Sale of the property to another low-income buyer who will use it as their principal residence. Procedures must be outlined to assure the sale of the property is at a price which allows for a fair return on equity in addition to being affordable to the subsequent low-income buyer.

NOTE: Block Grant staff will determine whether your project is subject to resale provisions or recapture provisions. The appropriate affordability method will be included in the agency's contract with the City.

Projects involving rental units:

Describe the policies and procedures to assure that units will remain affordable for the following terms based on the per unit amount of HOME funds:

Purchase or Rehabilitation of up to \$15,000	5 years
Purchase or Rehabilitation between \$15,000 and \$40,000	10 years
Purchase or Rehabilitation of \$40,000 +	15 years
New Construction (any amount)	20 years

13. Minority and Women Owned Businesses

The HOME program requires the encouragement and use of minority and women owned business enterprises in the implementation of HOME program activities. Describe your plans for affirmative marketing to minority and women owned businesses. Identify the types of notices, bid procedures and direct outreach that will occur in this regard.

14. Affirmative Marketing

HOME regulations require affirmative marketing of housing units assisted with HOME funds. Describe the methods of affirmative marketing that will be undertaken as part of the HOME-assisted project. Affirmative marketing steps consist of actions to provide information and otherwise attract eligible persons from all racial, ethnic, and gender groups

At a minimum, project sponsors will be required to use affirmative fair housing marketing practices in soliciting renters or buyers, determining their eligibility, and concluding all transactions. Any HOME assisted housing must comply with the following procedures for the duration of the applicable compliance period:

- Project sponsor advertising of vacant units must include the Equal Housing Opportunity logo or statement (newspapers, radio, television, brochures, leaflets, sign in a window, etc.)
- The project sponsor will be required to solicit applications for vacant units from persons in the housing market who are not likely to apply for the housing without special outreach (e.g. use of community organizations, places of worship, employment centers, fair housing groups, etc)
- The project sponsor must maintain records containing documentation of all marketing efforts (e.g. copies of newspaper advertisements, memorandums of telephone calls, copies of letters, etc.). A listing of all tenants residing in each unit at the time of application submittal through the end of the compliance period must also be maintained. Records to assess the results of the affirmative fair housing marketing actions must be available for inspection by The City of Bremerton HOME administrators.

15. Homeownership Requirements

Describe the method of assuring that

- All of the HOME funds will benefit families whose incomes are at or below 80% of the area median income. Income must be determined using one of HUD three approved methods (<http://www.hud.gov/offices/cpd/affordablehousing/library/modelguides/1780.pdf>).
- The assisted housing will be the owner's principal residence
- The purchase price of the property or the appraised value of a property already owned, after rehabilitation will be less than 95 percent of the median area purchase price.

16. Ownership Income Targeting

Provide the information requested for HOME assisted units

Size of House and Income Level: Under the bedroom size, indicate the targeted income.

Number of Houses: Identify the number of HOME assisted houses by bedroom size and targeted income

Monthly PITI: Identify the projected Principal, Interest Taxes, and Insurance (PITI) by bedroom size and targeted income.

Targeted Maximum Household Income: Identify the maximum targeted income by bedroom size and percent of median income.

Assumed Family Size: Provide targeted family size by bedroom size and percent of median income.

PITI divided by Monthly Income: Divide the monthly PITI by the monthly targeted household income.

Median Income adjusted for family size: Identify the median income based on the family size (see attached chart)

17. Operating Statement

Provide operating statements for the number of years the project will remain affordable to very low and low income households. After year 5, projections may be in 5 year increments.

18. Projected Rent Schedule

Rental projects must provide the information requested for units assisted with HOME funds.

List by type of unit, the number of units, the targeted family size, the targeted household income, the proposed monthly rent, the tenant paid utilities and services (identify utilities and services to be paid by the tenant at the bottom of the chart), the type of subsidy if any (this should have been discussed previously) and the proposed rent divided by the monthly income.

19. Home Rents

Describe the process you will establish to assure that:

- 80% of the HOME assisted units in the project have rents which are 30% of adjusted income for households at 65% of median income, minus tenant paid utilities. (HOME regulations require that 80% .the lower of either:
 - * The Section 8 Fair Market Rents (FMR) for existing housing., minus tenant paid utilities -OR-
 - * rents which are 30% of adjusted income for households at 65% of median income, minus tenant paid utilities.
- At least 20% of HOME assisted units have rents that are equal to or less than 30% of annual incomes for households at 50% of median income minus tenant paid utilities. Properties with 1 or 2 units are exempt from this rule.

20. Tenant Based Rental Assistance (if applicable) / Tenant Selection Policies

Describe the status of your program in relation to the regulations at 92.210 and 92.211. The requirements are briefly listed below.

General Requirements – Tenant Selection Policies for all HOME assisted units:

- Families must be selected in accordance with written tenant selection policies and criteria that are consistent with the requirements of 92.211 (2). Do you already have selection procedures or will you develop them after contract award;
- Rents must be reasonable, based on rents that are charged for comparable unassisted rental units
- The lease between the tenant and owner must comply with requirements of 92.253;
- The housing occupied by a family receiving tenant-based assistance must meet the Section 8 housing quality standards;

Rental Assistance

- The rental assistance contract providing assistance with HOME funds may not exceed 24 months, but may be renewed, subject to the availability of HOME funds;
- The amount of monthly assistance that may be provided to a family may not exceed the difference between the standard unit rent and 30% of the family's monthly income;

- The standard for the rent will be based on either local market conditions; or may not be less than 80% of the Section 8 Fair Market Rents, or more than the FMR;
- A minimum tenant contribution to the rent must be established;

Security deposits

- Loans or grants can be provided to low income families for security deposits, even when other tenant based assistance is not provided;
- The HOME funds that may be provided for a security deposit may not exceed the equivalent of two month's rent for the unit;

21. Additional Information

Provide any additional information you think may help us evaluate your application.

Staff & Board Profile D-9	Racial Categories										Ethnicity	Total Minorities		Senior & Low Income Totals		Total
OCCUPATION CATEGORIES	White	Black/African American	Asian	American Indian/Alaskan Native	Native Hawaiian/Other Pac. Islander	American Indian/Alaskan Native & White	Asian & White	Black/African American & White	American Indian / Alaskan Native & Black/African Am.	Other Multi- Racial	Ethnicity: Also Hispanic	Total Female Minority	Total Male Minority	Also Senior Citizen	Also Low - Income	Total - Unduplicated (count each person only once)
Directors																
Administrators																
Professionals																
Technicians																
Protective Service Worker																
Para Professionals																
Office-Clerical																
Skilled Craft																
Service Maintenance																
Volunteers / Other																
Affirmative Action: What is your organization doing to increase or maintain appropriate representation of race, gender, age, income that supports your organization's unbiased treatment of volunteers, (including Board members) or staff. (IE Hiring practices, advertising, promotion, & job applicants)?																