

Athens-Clarke County HOME Investment Partnership Loan Application

General Information

Organization Name: _____

Federal Identification #: _____

Project Name (if applicable): _____

Agency/Project Location: _____

(If map is available, please attach.)

Total amount of HOME funding requested: \$ _____

Contact Information

Contact Person: _____

Title: _____

Mailing Address: _____

Telephone: _____

Fax: _____

E-mail: _____

Minimum Eligibility Criteria

- a. Nonprofit 501(c)(3) status for at least one (1) full year, **or**
- b. Two (2) full years of operating experience under another non-profit entity which meets this criteria, **or**
- c. For-profit entity proposing to use funds for an eligible activity.
- d. For either nonprofit or for-profit, demonstrated successful experience in undertaking comparable programs or projects.

Designated Community Housing Development Organizations (CHDO's) must distinguish between HOME Sub-recipient, CHDO Operating, CHDO Set aside, and other CHDO activities.

- Preference will be given to applicants who can, and have demonstrated, the capacity to successfully manage and complete HOME assisted housing developments.

Relocation/Displacement Plan (if applicable)

If the project involves rehabilitation of occupied housing, you must attach a plan that fully addresses the procedures you will implement to temporarily or permanently relocate tenants during the rehabilitation. Provide details on all costs you will pay and expenses for which the tenants will be reimbursed. No HOME Investment Partnership funds resulting from this application may be used for relocation assistance.

Leverage Requirements

HOME funds are to be used as a **gap** financing subsidy that is necessary to help make a project or development cost effective for the intended low-to moderate income beneficiary. HOME funds may not be used to replace other available City, State or Federal funds. In order to encourage the use of HOME funds in this fashion, the following leverage is required:

- Non-construction programs: \$1 of HOME must be matched by a minimum of \$2 of non-CDBG/HOME funds.

Pro forma

All applicants must submit a well-documented pro forma supporting the financing and ongoing maintenance of the project. In addition to the pro forma, information to be submitted includes the following as applicable:

- all sources of secured financing and a description of the financing;
- documentation of all projected expenses;
- rental rates;
- for homeownership projects, projected sales prices.

I. Program Description

Provide a detailed **summary** of the program or project. Please include the following:

- a. Type of activity proposed
- b. Housing unit information
- c. Expected household income level
- d. Proposed rents and utility allowances
- e. Proposed sale prices for homeowner projects
- f. Existing tenant information (for acquisition, rehabilitation projects)
- g. Total project cost
- h. Amount of funds requested
- i. Use of funds
- j. Other financial resources secured

II. Program Need

Thoroughly explain the need and how the project will address the stated need. Answer the following questions: (Please refer to key HOME requirements identified in the HOME Loan procedures document when completing this section.)

- a. What specific groups or individuals will benefit from the program?
- b. What income levels will you serve: moderate, low, or very low?

See HUD Section 8 Income Limits for Athens-Clarke County, GA MSA attached.

- c. How will participant eligibility be determined, documented, and monitored and how will your organization ensure compliance with all HOME regulations?

III. Organizational Capacity

1. Give the name and title of the individual(s) responsible for the success of this development or project. What kind of experience and qualifications do these individuals have related to housing development? Who would manage the project if these key personnel leave your organization?
2. Please describe your organization's abilities and expertise regarding financial management.
3. Please describe your organization's abilities and expertise regarding construction project management. Describe your organization's history and experience in completing similar projects or developments? Please quantify how successful your organization has been in conducting these programs or projects.

IV. Program/Project Management

Please address the following:

1. **Schedule.** Provide a detailed schedule of the project or development from start to finish.
2. **Site Control.** Have the site(s) been identified and secured or will they have to be acquired? Examples of site control include a property deed, a sales contract, or a written option to purchase the property. Is the site in full zoning compliance for the proposed project, or will a re-zoning or variance be required?
3. **Professional Cost Estimates.** Has a professional cost estimate been performed (i.e., by an Architectural and Engineering firm, contractor, or other certified expert?) If so, please provide the estimate being used as the basis for the project budget and name the firm that performed it.
4. **Preliminary Design Specifications.** Have any preliminary designs or specifications been developed for the project prior to the submittal of this application? If so, please name the developing firm.

DEVELOPMENT TEAM *Identify and attach resumes.*

A. Architect: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

B. General Contractor: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

C. Appraiser: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

D. Engineer: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

E. Cost Estimator: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

F. Project Attorney: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

H. Property Manager: (If applicable) _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

I. Syndicator or Underwriter: (If applicable) _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

Type of Applicant *(Check all that apply)* _____

Applicant is an existing entity

Applicant is a new entity formed for the purpose of receiving financing from ACC HED

Corporation
 Limited Partnership
 Joint Venture
 Non-Profit
 Developer
 CHDO*

General Partnership
 Limited Liability Company
 For-Profit
 Housing Authority
 Contractor
 Other: (specify)

* If CHDO, is agency acting as owner, sponsor, and/or developer?

PRINCIPALS OF APPLICANT

Provide contact-information and ownership stake for Managing Partner, General Partners, and all corporate Officers:

Name	Address	Phone/Email	Title	%
			Managing Entity	
			President/Director	
			Project Manager	
			Secretary/Treasurer	
			Other Officer(s) or Partners	

CO-APPLICANT INFORMATION (If applicable)

Name			
Address			
Mailing Address (if different)			
City			
State & Zip			
Federal Identification #			
Phone & Fax			
E-mail address			

Does applicant and/or co-applicant have, or is applicant and/or co-applicant delinquent on local, federal and/or state debt? Yes No

Does applicant and/or co-applicant have unresolved local, federal, or State findings?
 Yes No

Is applicant and/or co-applicant delinquent on the filing of any federal or State tax returns?
 Yes No

(If the answer to any of these questions is "yes", please attach an explanation.)

EVIDENCE OF SITE OR PROPERTY CONTROL

(Provide this information for each address on which you will be completing your project)

Identify and attach supporting documentation.

Applications submitted without this information will not be considered.

Address:

Warranty Deed (recorded)

Contract for Deed

Purchase Option

In Escrow

Earnest Money Contract

Long term Contract for Lease

Long term Option to Lease

Notice to Purchase

Expiration of Contract or Option: ____/____/____

Expiration of Feasibility Contingency: ____/____/____ (Applies to pre-development loans only.)

Expiration of Financing Contract: ____/____/____

Anticipated Closing Date: ____/____/____

DESCRIPTION OF PROJECT

TYPE (Check all that apply)

Multifamily Rental

Residential Condominium

Townhouse Units

Duplexes

Single Floor (flats) Units

Congregate Care

Elderly Housing

Emergency Shelter

Transitional Housing

Detached Single Family Residences: New Construction, scattered site

Detached Single Family Residences: Rehabilitation, scattered site

Detached Single Family Residence Subdivision

Attached Single Family Residence New Construction

Other: (specify) _____

SITE DESCRIPTION

Size: _____ acres OR _____ square feet of proposed structure(s)

Is the property zoned for intended use? Yes No

Is the present use non-conforming under existing zoning restrictions? Yes No

Is the property in the process of rezoning? Yes No

Current zoning (or describe permitted uses):

Flood Zone Designation:

Describe Topography:

Mark all proposed or existing off-site facilities

Electric

Gas

Storm Drains

Water - public

Water - private

Sidewalks

Street Lights

Fire Hydrants

Sewers-public

Sewers-private

Paved Streets

Concrete Curbs

Rolled Curbs

Well

Septic

Expected date of availability: ____/____/____

DESCRIPTION OF IMPROVEMENTS (Acquisition, rehabilitation, resale; rental projects only.)

Total # Units: _____ # Buildings: _____ # Floors: _____ Age: _____ years

Current vacancies: _____ as of ____/____/____ # Program Units: _____

Net Residential Sq. Ft.: _____ Common Area Sq. Ft. _____

Non-Residential Sq. Ft.: _____ Gross Sq. Ft. _____

For **Housing Unit Rehab projects** identify and attach a detailed, line by line work write-up for each unit on which you propose to complete work.

CONSTRUCTION SPECIFICATIONS*Please provide a complete listing of your construction specifications. See examples below.*

Wood Frame	Steel Frame	Masonry	Poured-in-place Concrete
Forced Air Unit	Central Heat & Air	Heat Pump System	

INTERIOR FEATURES & SPECIFICATIONS*(Continue listing of your construction specifications. See examples below.)*

Range & Oven	Hood & Fan	Garbage Disposal	Dishwasher
Refrigerator	Microwave	Washer & Dryer	Wash/Dry Conn.

ON-SITE AMENITIES – Rental Developments Only*(Continue listing of your construction specifications. See examples below.)*

Community Room	Recreation Room	Crafts Room
Tennis Court	Common Dining	Residential Kitchen

VALUATION INFORMATION*Required if funds are used for the acquisition of single family lots. List for each property under consideration. If appraisal is complete, please attach.***APPRAISED VALUE**

Address: _____

Land Only: \$ _____ Date of Valuation: ____/____/____

Existing Building (as is): \$ _____ Date of Valuation: ____/____/____

Proposed Building (as completed): \$ _____
Date of Valuation: ____/____/____

Appraiser: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____

ASSESSED VALUE

Land: \$ _____ Assessment for the Year of: _____
Building: \$ _____ Valuation by: _____
Total Assessed Value: \$ _____

ALL OTHER SOURCES OF FUNDS

(if additional space is necessary, attach information directly behind this page)

Source I: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Email _____

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Source II: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Email _____

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Source III: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Email _____

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Designations for "Type of Loan" Entries*

- A. Conventional Construction
- B. Conventional Permanent
- C. Conventional Gap
- D. Conventional Mini-Perm
- E. FHLB
- F. HOME Program
- G. Private Funds
- H. CDBG Funds
- I. Bond Funds
- J. Proceeds from Syndication of Low Income Housing Tax Credits
- K. Other State Funds: (specify) _____
- L. Other Federal Funds: (specify): _____
- M. Local Government Funds: (specify) _____

Certification

I certify that _____ (Organization Name) is in good standing with all Departments of Athens-Clarke County Government, including, but not limited to, the Tax Assessor, Public Utilities, Central Services and Building Inspections.

I understand that the following documentation and/or certifications are required to receive a HOME Investment Partnership Loan from the Unified Government of Athens-Clarke County:

- Articles of Incorporation & Bylaws
- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Board Resolution Authorizing Grant Signatories
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

Signature and Title

Date

CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that _____ (organization name):

Drug Free Workplace -- Will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying Athens-Clarke County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying -- To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

Section 3 -- _____ (organization name) will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

Signature/Authorized Official
Title:

Date

ATHENS-CLARKE COUNTY CONSOLIDATED PLAN GOALS AND STRATEGIES HUD FISCAL YEARS 2006-2010

GUIDING PRINCIPLES

The Athens-Clarke County 5-Year Consolidated Plan will

- Champion fair access to decent, safe affordable housing and promote safety and health in the community by providing community services and economic opportunity;
- Promote active and representative citizen participation in decision making so community members can meaningfully influence decisions that affect their lives;
- Encourage collaboration and cooperation among non-profit corporations, faith-based organizations, and private sector entities;
- Support agency efforts to streamline and coordinate services through coordinated outreach, intake, and assessment and create clear and direct linkages between residents, non-profits, workforce development agencies, and local employers;
- Direct Annual Action Plan activities towards prioritized blocks within neighborhood revitalization areas; and
- Reward high performing agencies that advance individual and community-level outcomes.

AFFORDABLE HOUSING GOALS

Goal: Provide decent, safe, and accessible affordable housing opportunities for low-to-moderate income residents particularly in neighborhood revitalization areas.

Strategy 1: Provide down payment assistance, low-interest mortgages, and interest rate subsidies for homebuyers.

Strategy 2: Acquire vacant lots and construct new, quality, affordable housing.

Strategy 3: Acquire and rehabilitate dilapidated properties, returning the units to the housing stock as quality, affordable housing.

Strategy 4: Acquire and demolish dilapidated properties to allow for new affordable housing construction.

Strategy 5: Provide assistance for the restoration, rehabilitation, and accessibility of low-to-moderate income, owner-occupied properties.

Strategy 6: Provide emergency shelter, transitional-housing, and related housing assistance for homeless people and families.

Housing Development Analysis Criteria

- a. Is the stated need reflected in the ACC 5 Year Consolidated Plan?
- b. Does the project take place in a neighborhood in which other revitalization efforts are underway or proposed? East Athens (Census Tracts 301 and 302) or the Hancock Corridor (Census Tracts 6 and 9).
- c. What is the quality of the proposed construction? Preference is given to higher quality products (hardiplank, extended life architectural roofing shingles, quality landscaping, enhanced energy efficiency, etc.). Provide construction specifications.
- d. Does the project have documented neighborhood support?
- e. Does the project fit into the fabric of the neighborhood?
- f. Has the market demand for the project been adequately documented?
- g. Is the proposed housing affordable to the intended beneficiary? Affordability must be demonstrated based on HOME Investment Partnership Program Guidelines.
- h. Is the cost per housing unit reasonable and competitive?
- i. Are administrative and soft costs reasonable relative to similar projects?
- j. Have all costs, including any required infrastructure, been estimated by an experienced professional?
- k. Does the project have firm financial commitments (on letterhead) for permanent or construction financing?