

**FFY 2013 HOME Local Program Administrator (LPA)
Community Development Online (CDOL) Application Instructions**
Updated April 2014

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I. Community Development Online (CDOL) Application System

Applications for NYS HOME Local Program Administrator (LPA) funding are submitted through the Community Development Online (CDOL) application system. Applicants may make a request, based on demonstrated need, to submit a paper application in lieu of using the CDOL. Requests for approval to submit a paper application must be received no later than Friday, April 18, 2014. Mail requests to: NYS Homes and Community Renewal, Office of Community Renewal, Hampton Plaza, 4th Floor, 38-40 State Street, Albany, NY 12207.

NYS HOME LPA Program Application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Friday May 30, 2014. Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted or reviewed.

A. Registering Applicant & Security Manager

Please review the following to be sure that your organization is prepared to use the CDOL system.

To use CDOL, applicants must: 1.) be registered in the New York State Homes and Community Renewal (HCR) Statewide Housing Activity Reporting System (SHARS), **and** 2.) have designated a Security Manager for their organization. The Security Manager will serve as the individual who authorizes and monitors access to CDOL for the applicant's organization, including which people have the ability to update the organization's applications. Security Managers may go into CDOL system, and add or remove users for their organization. Forms are available on HCR's website: <http://www.nyshcr.org/Apps/CDOnline/>

- **If your organization has not previously applied to HCR for funding:** Submit an Applicant Registration Form so that you may be registered as a SHARS Applicant. This form also contains a section where you may designate a Security Manager for your organization. HCR staff will register your organization and Security Manager and you will be e-mailed a USER ID and password to access CDOL.
- **If you are a registered SHARS applicant, but you have not registered to use CDOL:** Submit a Security Manager Registration Form to HCR, which will allow you access to CDOL. Complete and return the Security Manager Registration Form with an original authorized signature to the address specified on the form and you will be e-mailed a User ID and temporary password with which to access the CDOL system.
- **If your organization has previously used the CDOL system to apply to HCR for funding:** Applicants who used CDOL in the past will still be registered, and may use the user ID and password previously assigned to them. If you have forgotten your password, you may go to CDOL and enter your USER ID and e-mail address and you will be e-mailed a new password. If you have changed your e-mail address since you first registered as a CDOL user, and you cannot remember your password, or if you have forgotten your USER ID, please send an email to **msr@nysher.org** for assistance.

B. Identifying and Registering Organization's Electronic Signatory

Applications submitted through the CDOL system must be electronically certified by an authorized representative of the applicant's organization. The person who will certify the application must be set up in CDOL as a user for your organization. The Security Manager (identified on the Security Manager Registration Form) may add the certifier by following these steps:

1. Log into CDOL and click on the User Administration link at the top of the page. The organization name will be displayed with a list of CDOL users.
2. To add your organization's authorized signatory, click 'Add New User', and enter their first and last name, and e-mail address.
3. Select their access level from the drop-down box.
 - Applicant inquiry allows the user to view but not change the application.
 - Applicant update allows the user to make changes to the application.
4. Click the box that reads 'Authorized to Sign Certification'.
5. Click the box next to the organization name. Then click 'Submit'.
6. CDOL will generate an e-mail providing the user with their User ID and temporary password. Later, when the application exhibits are complete, validated and ready to be submitted, the certifier must log-in to the CDOL, complete the certification, and submit the application exhibits. Required application attachments must also be certified prior to submission.

C. Verifying Applicant Information

Prior to beginning a new application using the CDOL system, an applicant must verify and update organization information if necessary. To do so, login and from the CDOL Main Menu, select the 'View' button to the right of the organization's name, under the 'Organization' heading. A pop-up window will appear with the organization information HCR has on file. If any of the information displayed is incorrect or needs updating, close the pop-up window, and select the 'Edit' button to the right of the organization name. Please be sure to include the name and mailing address for the contact authorized to execute a contract with HTFC. It is important for HCR and HTFC to know where to mail potential award and contract materials.

You may update your organization information in CDOL at any time for HCR's database, but you may not change the organization information included on your application once it has been submitted.

CDOL Applicant Information Fields to review and verify:

A. General Applicant Information

- If applicable, the applicant's Department of State (DOS) Charities Registration Number.
- The month and day of the applicant's fiscal year end date (for example: 12/31).
- Any aliases or acronyms the organization is also known as.

B. Type of Applicant

- Select each applicable applicant type.
- If applicable, add or correct the date of the non-profit applicant's legal incorporation.

C. Phone and Internet Data

If necessary, edit the applicant's telephone and fax numbers, e-mail address and URL.

D. Mailing Address(es)

If necessary, edit the applicant's primary mailing address in D1. The primary mailing address should be provided for correspondence related to this application and subsequent funding decision or contract correspondence. Provide alternate addresses in Section D2.

E. Primary Contact

If necessary, edit the name, title, phone number, extension, and e-mail address of the person who is the primary contact for the organization. This person must have the authority to legally represent the applicant. It is recommended that an organization provide a primary contact who is authorized to execute contract materials on behalf of the organization.

F. Other Principals

If necessary, edit or add principal organizations or employees of the applicant organization. For example, the Executive Director, CEO, Board President, or general partner.

II. Application Overview

A. Contents of Application

A complete HOME Program application includes five exhibits, an electronic certification, and seven attachments.

Exhibit 1 – Application Summary
Exhibit 2 – Program Summary
Exhibit 3 – Needs Statement Summary
Exhibit 4 – Relevant Experience
Exhibit 5 – Budget/Financing Plan

Electronic Application Certification

Attachment 1 – Administrative Plan (Required)
Attachment 2 – Funding Commitment Letters (Optional)
Attachment 3 – Community Need Statement (Required)
Attachment 4 – CHDO Home Ownership Program Analysis (Optional)
Attachment 5 – CHDO Funding Commitments (Optional)
Attachment 6 – Green Building/Energy Efficiency Supporting Documentation (Optional)
Attachment 7 – Supportive Services Agency Commitments (Optional)

B. Application Process

The submission of a HOME Program application via CDOL requires five steps:

- ✓ Completing five online application exhibits;
- ✓ Validating online application exhibits;
- ✓ Certifying and submitting online application exhibits;
- ✓ Uploading and submitting or omitting attachments; and
- ✓ Certifying attachments.

III. Completing Application Exhibits

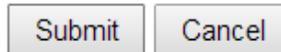
A. Creating a New Application in CDOL

- Log in to CDOL.
- Next to 'Start a New Application' under the 'Applications' heading, enter a distinct name for the proposed project.
- Select 'HOME Local Program' from the 'Application Type' drop-down menu.
- Press 'Submit' button.

A table of contents will be displayed with a list of all NYS HOME LPA Program Application Exhibits broken down by individual screens in CDOL. Instructions for completing each exhibit follow.

B. Application Exhibit Navigation

Complete the required fields for each Exhibit as explained below in the detailed instructions that follow. Once the information is entered in each field, and the exhibit is complete, press 'Submit' at the bottom of the screen.



- If the Exhibit is complete and accurate, a message will appear at the top of the screen in green to notify you that the 'Updates have been successfully saved'.
- If errors are present in the Exhibit, a message will appear in yellow at the top of the screen, and individual error messages will appear under the fields causing the error message(s). Follow instructions to correct the error(s) and press 'submit' again.

Once you receive the message notifying you that the 'Updates have been successfully saved,' Press the 'Next' navigation button at the top right of the screen to move to the next application exhibit.



DO NOT use the internet browser back and forward buttons to navigate in CDOL. Use the Previous and Next links in the top right of the screen, or the Menu and Exhibit List links in the top left of the screen. If an applicant uses the browser back and forward buttons, application information may be lost.

C. Instructions for Completing Application Exhibits

Exhibit 1 - Application Summary

Please note: do not enter zero '0' in exhibit fields. If you are not requesting funds for a particular activity, leave the field blank.

Select 'Edit' on the line of 1A. to begin completing the application fields.

1A. Funds Requested and Activities/Uses

1. **Local Program Name:** The project name that was entered on the main menu when you began the new application will be displayed. You may change it here if you wish. Please enter a brief, descriptive name. If awarded, the Local Program Name entered here will be used to label contract materials and to describe the program throughout the contract term, e.g., *City of Sample 2013 HOME LPA Program*
2. **HOME LPA Funds Requested:** Enter the total amount of HOME LPA funds you are requesting for this project, rounded to the nearest dollar. Include the amount requested for administrative funds in total request amount if HOME funds will be used.
- 3a. Indicate whether or not this application is proposing an eligible CHDO set-aside activity. Organizations must be a NYS designated CHDO no later than April 18, 2014. Please send an email to OCRinfo@nyshcr.org to request more information about the CHDO designation process.
- 3b. **HOME Program Activities/Uses of Funds:** Enter the number of units or households that will be assisted **and** the dollar amount (rounded to the nearest dollar) requested for each program activity/use included as part of the proposed HOME program. CDOL will calculate and enter the totals for each column when you click the 'Submit' button.

The maximum award amount is \$400,000 with a per unit cap of \$40,000. The minimum award amount is \$200,000. The maximum CHDO home ownership development award amount is \$500,000 with a per unit maximum of \$50,000. CHDOs are not eligible for administrative reimbursement, but do qualify for a project developer fee. CHDO home ownership developers will be subject to additional underwriting requirements. Applicants may submit more than one (1) application in response to this NOFA, but the combined amount requested may not exceed \$400,000 (\$500,000 for CHDO Applicants). For example, an Applicant may submit multiple applications for Housing Rehabilitation activities, at the minimum of \$200,000 per application, but the combined total of all requests cannot exceed \$400,000 (\$500,000 for CHDO Applicants).

Rehabilitation - Owner Occupied: Applicants may request funds for programs that provide moderate rehabilitation of single-family (1-4 units) owner-occupied housing.

- This activity may include the replacement of dilapidated mobile and manufactured housing with new HUD-certified, ENERGY STAR Qualified manufactured homes.
- This activity does not include units that are being newly purchased. Do not enter units or dollars on the Rehabilitation Owner Occupied line if you are proposing to rehabilitate units for purchase by low-income homebuyers.

Rehabilitation - Rental: Applicants may request funds for programs that provide investor-owned rental housing – defined as small rental projects with ten (10) units or fewer – with moderate rehabilitation.

Homebuyer Assistance: Applicants may request funds to provide down payment or closing cost assistance to homebuyers, with or without rehabilitation. The HTFC requires that HOME-assisted units meet HTFC rehabilitation standards at project completion, so it is expected that most homebuyer assistance programs will involve a rehabilitation component.

Tenant-Based Rental Assistance (TBRA): Applicants may request funds for the payment of rental subsidies on behalf of eligible low-income tenants. TBRA applications must be stand-alone applications, therefore an applicant cannot request TBRA funds in combination with any of the other eligible HOME activities.

Multiple Activities

To request funds for multiple activities, enter the number of units/households to be assisted and the funds requested for those activities on each applicable line. For example:

Application requests \$200,000 to rehabilitate ten two-unit buildings. Each building has one rental unit and one owner-occupied unit. Each rental unit will receive an investment of \$15,000 in HOME funds and each owner-occupied unit will receive \$5,000. Enter as follows:

<u>Activities/Uses of Funds</u>	<u>Number of Units</u>	<u>Amount</u>
Rehabilitation - Owner-Occupied	10	\$50,000
Rehabilitation - Rental	10	\$150,000

Administration: Enter that amount of HOME funds requested for administrative expense on the administration. Administrative funding requests are limited to 5% of the total funds requested.

All funds requested must be rounded to the nearest dollar, and the total amount requested in Exhibit 1A. Section 3b must equal the amount entered Exhibit 1A. Section 2.

Press “Submit” at the bottom of the screen, and use the “Next” link in the top right to move to the next screen.

1B. Applicant Information

If the applicant organization information has already been verified, as instructed above, only a few fields in this screen require completion. These may include:

- 5b. If applicable, indicate whether or not all required periodic or annual written reports have been filed in a timely manner (non-profit applicants only).
- 6. If you have multiple mailing addresses on file, select the address to which correspondence related to this application should be mailed.
- 8. Complete this section for the individual who will be the primary contact person for correspondence related to this application.
- 9. If the contact selected as the primary contact is not authorized to execute a contract with NYS Housing Trust Fund Corporation (HTFC), complete the fields to identify a contact who is authorized. Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

Press “Submit” at the bottom of the screen, and use the “Next” link in the top right to move to the next screen.

1C. Program Detail Information

1C-1. Counties/Municipalities

1. Project County: Select the county from the drop-down menu.
2. Countywide: Indicate whether or not the project will serve the entire county.
3. If 'yes' is selected for the above question, click 'submit' and go on to the next page. If 'no' is selected, choose the first municipality to be served from the drop-down Municipality menu. Click 'submit'. The page will be redisplayed with the county name and selected municipality in a grid. To add another municipality, click the 'add' button at the bottom of the grid. The county and municipality drop-downs will become available again. Select the county and municipality and click 'submit'. Repeat this step until all project municipalities have been added.

If the project will serve multiple counties: Complete the steps outlined above. To add another county, click the 'add' button. When the page is redisplayed, select another county from the drop-down menu.

1C-2. Regional Council

Select the Regional Council(s) associated with the region(s) in which your project is located. A map is available for reference here: <http://regionalcouncils.ny.gov/map>

1C-3. Buildings

1. Enter the approximate number of buildings that will be assisted by this local program.
This question is not applicable to Tenant Based Rental Assistance (TBRA) applications.
2. If one or more of the proposed building addresses are known, enter the addresses of the first building to be assisted in the appropriate fields. Click 'Submit'. The page will redisplay with the address information in a grid format. Click the 'Add' button to add another building. This question is not applicable to TBRA applications.

1C-4. Latitude & Longitude

Enter the Program Latitude and Longitude.

- For a Program proposing assistance to a single address, or property, use that address to obtain the latitude and longitude for the project.
- For a Program in a single municipality, select an address in a central location to obtain the latitude and longitude for the application.
- For a Program spanning a county, a multiple counties, select a central point, or use the address of the applicant organization's office if centrally located.

1D. Political Districts

Locate and click on the name(s) of the Assembly Member who represents the locality in which the project will be administered. Click on the top arrow to move the name into the box on the right. (You may remove a name by clicking on the bottom arrow). Repeat this as necessary for each Assembly, Senate and Congressional Representative who serves the project municipality(ies).

1E. Units Assisted

Units to be Assisted by Funding Source: Under the Home Units column, enter the number of residential new construction units and/or the number of residential existing/rehab units that will be assisted with NYS HOME Local Program funds.

Units to be Assisted by All Funding Sources: Enter the total number of new construction and/or existing residential, civic, and commercial units that will be assisted by this program. Include all units, including those that will not be assisted with NYS HOME Local Program funds.

1F. Income Targets

Enter the approximate number of residential units which are expected to be occupied by persons in each corresponding income group. The total residential units entered on this screen must be equal to the total residential units entered on screen 1E for all sources.

1G. Target Populations

On this screen, you will record the number of units targeted to special population households. The total number of units entered on this screen must be equal to the total units entered on screen 1E for all sources.

Exhibit 2 – Program Summary & Financing Plan

2A. Program Abstract

Follow the sample text provided to provide a brief abstract of the proposed program. **Please note, the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, HOME program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities HOME funds will be used for, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

Sample text: The Sample Organization proposes to utilize \$300,000 in HOME funds to provide renovations to approximately 15 low-income homeowners in the City of Sample. All improvement projects will incorporate the results of an energy audit into the scope of work, and added insulation, Energy Star rated appliances, light fixtures and heating systems will be utilized when indicated. \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) will supplement the HOME funds for a total project cost of \$450,000. This project will target households at or below 60% of area median income.

2B. Program Administration

2B-1. Key Staffing & Activities

Complete this section for each key staff member who will be responsible for the activities listed on the page.

1. Enter the name of the person responsible for one of the listed activities.
2. Enter the person's title.
3. Select the person's employer from the drop-down menu.
4. Describe specific staff experience or training relevant to the implementation of the proposed HOME Program. Include qualifications, licenses and certifications. Provide estimate of time to be committed in support of the proposed HOME Program.
5. Select each of the activities that the person will be responsible for.
6. If the person will perform activities other than those listed, use the 'Other Activities' box to briefly describe them.
7. If the person is authorized to enter into contractual agreements and/or to request disbursements, select the applicable box(es).
8. Indicate whether or not this person will be paid with HOME Program funds.

After you submit information about the first staffer, the page will be redisplayed as a grid. Click the 'Add' button to list additional staff.

2B-2a. Procurement & Oversight of Subrecipients, Consultants and Contractors

If consultants, subrecipients or contractors will perform administrative functions for the program, describe how they will be selected. Also, describe the controls the recipient will maintain over consultants and contractors to ensure compliance with things such as HOME Program requirements, quality control, timeliness and cost-effectiveness.

If not applicable, select 'Not Applicable' in the upper-right corner.

2B-2b. Consultant/Subrecipient/Contractor Listing

- Enter the name of the consultant/subrecipient/contractor that will be paid to perform administrative duties.
- Enter the amount they will be paid to perform these duties.
- Briefly describe how the pay rate was determined.

After you submit information about the first consultant/subrecipient/contractor, the page will be redisplayed as a grid. Click the 'Add' button to add another.

This page will not be open for updates if you selected 'Not Applicable' in Section 2B-2a.

2C. Supportive Services Agency Commitments

If the program will target any of the special needs populations listed in the HOME LPA Reference Materials, and includes a supportive service component, list each supportive service agency from which you have received a written commitment to provide services to special needs clients, or to maintain a referral system.

Provide the following information in the table: source name, a brief description of the terms of service, the date of the written commitment letter, the expiration date of the letter if applicable, and the name of the person who signed the commitment letter. These letters should be attached in the applicable application attachment, and verification may be requested by HTFC prior to entering into a contract with the recipient.

After entering information about the first commitment, press submit, and the page will be redisplayed as a grid. Click the 'Add' button to list additional commitments.

Click 'Not Applicable' where no supportive service agency commitments exist.

Exhibit 3 – Needs Statement Summary

PLEASE NOTE: Information provided in this Exhibit is used to determine the relative need in the program service area, as compared to those in other applications. It is not intended to measure the needs of occupants of the units to be assisted, or to identify the incomes and/or poverty characteristics of actual program beneficiaries. Applications are subject to public inspection following the completion of the funding round. Therefore, all information that is provided must be in a "blind" format. Do NOT provide information that identifies individual residents of the service area.

1. General Instructions

This exhibit has four sections:

3A. Individual Poverty:

Must be completed by all applicants regardless of proposed activity.

3B. Housing Rehabilitation:

Must be completed by those applicants proposing to undertake housing rehabilitation activities, including the Manufactured Home Replacement Initiative.

3C. Homebuyer Assistance:

Must be completed applicants proposing homebuyer assistance.

3D. Tenant-Based Rental Assistance:

Must be completed by applicants proposing tenant based rental assistance (TBRA).

Be sure to complete the section applicable to the proposed activity. For example, if the application proposes to undertake housing rehabilitation on some units and homebuyer assistance on others, complete 3A, 3B and 3C.

2. Data Source Recommendations

The recommended data sources for this Exhibit are set forth below, and differ for service areas comprised of entire municipalities and those that are partial municipalities (for example, a neighborhood). If you are proposing a TBRA program, see the directions for 3D below for the suggested data source.

For applicants who are proposing a service area comprised of an entire county, city, town, village, or census- designated place (CDP), the Census Demographic Profiles found at <http://censtats.census.gov/pub/Profiles.shtml> are easiest to use. Follow these steps:

1. On the webpage listed above, select New York State and enter the name(s) of the place(s) comprising your service area, then click 'Go';
2. A list of possible matches will be returned. Click on the correct place name;
3. A number of tables will be returned and listed as bookmarks on the left of the page. Click on the table corresponding to the section of this Exhibit you are completing, as follows:

3A - Individual Poverty:

Use Table DP-3 Profile of Selected Economic Characteristics: 2000.

3B - Housing Rehabilitation:

Use Table DP-4 Profile of Selected Housing Characteristics: 2000.

3C - Homebuyer Assistance:

Use Table DP-1 Profile of General Demographic Characteristics: 2000.

For applicants who are proposing a service area that is not an entire municipality or CDP, such as a neighborhood or a community, use Census tract data, or if the boundaries of your service area are smaller than a Census tract, use block group data. This data can be found in the SF3 Data Tables found at <http://factfinder.census.gov>

1. Go to the website listed above;
2. Click on **'Data Sets'**;
3. Select **'Census 2000 Summary File (SF3) - Sample Data'**. A drop-down menu will appear. Click on 'Enter a Table Number' and enter the table that corresponds to the section of this Exhibit you are completing, as follows:

3A - Individual Poverty:

Use Table P87 - Poverty Status in 1999 by Age.

3B - Housing Rehabilitation:

Use Table H34 - Year Structure Built.

3C - Homebuyer Assistance:

Use Table H7 - Tenure - Occupied Housing Units.

3. Exhibit Instructions

3A. Individual Poverty

This section must be completed by all applicants. Enter the total number and percentage of individuals below poverty in the proposed service area on lines 1 and 2, respectively. Enter the source of the data on line 3.

3B. Housing Rehabilitation

Complete this section only if you are proposing housing rehabilitation as an activity.

1. Total Number of Housing Units: Enter the total number of housing units in the service area.
2. Total Housing Units Built Before 1960: Enter the total number of housing units in the service area that were built prior to 1960.
3. Percentage of Housing Units Built Before 1960: CDOL will calculate the percentage built prior to 1960 for the service area on line 3 when you click 'Submit'.
4. Source of Data: Select the source of the data from the drop-down menu. If the source is not included, specify the source in the field below.

3C. Homebuyer Assistance

Complete this section only if you are proposing homebuyer assistance as an activity.

1. Enter the total number of occupied housing units.

2. Enter the total number of owner-occupied housing units.
3. This line will be calculated by the CDOL when you 'submit' the entire page.
4. Select the source of the data from the drop-down menu. If the source is not included, specify the source in the field below.
5. Affordability Index Worksheet:
 - A. Available Income: This section will determine the monthly income available for housing.
 1. 80% of Area Median Family Income: Enter the income limit for a low-income family of four (80% of Area Median Family Income) in the county or MSA in which your program is located. This number can be found in the HUD Income Limits.
 2. Monthly Income: When the entire page is completed and submitted, CDOL will update this field by dividing the number in line 1 (80% of Area Median Family Income) by 12.
 3. Monthly Income Available for Housing: When the entire page is completed and submitted, CDOL will update this field by multiplying line 2 (Monthly Income) by 0.30.
 - B. Monthly Housing Payment: This section will determine the monthly housing payment.
 1. Median Sales Price: Enter the current median sales price for the local program area. (Median sales price data can be obtained from the local Board of Realtors or from the National Association of Home Builders; the data must be specific to your program county.) If your program spans multiple jurisdictions, determine the median sales prices for each jurisdiction, and average the sales prices.
 2. Mortgage Amount: When the entire page has been completed and submitted, CDOL will update this line by multiplying line 1 (Median Sales Price) by 0.95 (assumes a five percent down payment).
 3. Monthly Principal and Interest: When the entire page has been completed and submitted, the CDOL will update this line by multiplying line 2 (Mortgage Amount) by 0.00632 (assumes a 30-year mortgage at 6% interest, the mortgage constant).
 4. Monthly Taxes/Source of Data: Enter the monthly estimated monthly taxes for the local program area (annual property tax divided by 12). (Property tax rates must be documented by the local assessor's office, with equalization rates applied to provide an accurate tax figure for a typical unit. Be sure to include all municipal and school taxes that apply (but not fees such as water and garbage pickup). If your program spans multiple jurisdictions, determine the tax rates for each jurisdiction, and average the sales prices and rates. Enter the source of your data in the space provided.
 5. Monthly Housing Payment: When the entire page has been completed and submitted, CDOL will update this line by adding together line 3 (Monthly Principal and Interest) and line 4 (Monthly Taxes).
 - C. Affordability Index: When the entire page has been completed and submitted, the CDOL will calculate line 3 (Affordability Index) by dividing the Monthly Income Available for Housing (A3) by the Monthly Housing Payment (B5).

An Affordability Index that is greater than 1 indicates a more affordable housing market.

3D. Tenant-Based Rental Assistance (TBRA):

Complete this section only if a TBRA activity is proposed. Use the CHAS data which is available on the United States Department of Housing and Urban Development's State of the Cities Data Systems website: <http://socds.huduser.org>. If your service area is smaller than an entire municipality, use the data for the entire municipality.

1. Enter the total number of very low-income renter households ($\leq 50\%$ of Median Family Income with a cost burden $> 30\%$ of income. (If you need assistance calculating the combined numbers of extremely-low ($\leq 30\%$ of MFI) and very-low-income ($> 30\%$ to $\leq 50\%$ of MFI) renters with a cost burden $> 30\%$ of income, contact your HCR representative.)

TBRA regulations at 22 CFR 92.253 (d) (5) require a written waiting list as evidence of demand for the program in the proposed service area. Please provide following information from the wait list.

2. Enter the total number of households on the Section 8 rental assistance waiting list for the service area.
3. Enter the estimated length of time a household will remain on the Section 8 rental assistance waiting list.

Exhibit 4 – Relevant Experience

Complete this Exhibit for each organization involved in the proposed local program, including the applicant, any organization that will administer the local program, and/or any consultant involved in the preparation of the application or in the administration of the local program.

Provide examples for up to five similar programs that these organizations have been involved with for the past three to five years, including those that are in progress, those they are currently administering, or those completed during that timeframe.

Check the ‘Not Applicable’ box at the top right of the Exhibit if there is no relevant experience to report, and go on to Exhibit 5.

4A. Relevant Experience

At the top of the page, select the role of the organization or person that the relevant experience is being reported for (applicant, consultant or administrator who is not the applicant).

Program Name: Enter a descriptive name for the project/program, such as *Sample Town Homebuyer Program 2012*.

Program Administrator/Contact Person Name: Provide the name of the individual able to provide additional details if needed.

Role: From the drop-down menu, choose the role that the organization assumed in the project/program.

Type: From the drop-down menu, select the type of activity that best describes the project/program.

Contract Start and End Dates and Pct. Completed: Enter the month and year (mm/yyyy) that work on the project/program began, the month it was completed, or that you expect it be completed, and the percentage of program completion.

Number of Units: Enter the total number of units or households assisted by the program.

Population Served: Enter a brief description of the target populations that were served by the program, for example, Frail Elderly.

Total Cost: Enter the total cost of the program, rounded to the nearest thousand.

Program Funding Source: Enter the name of the primary funding program that provided funding for the project/program.

Program Funding Agency: Enter the name of the agency that administers the funding source listed above.

Funding Source Contact Name and Phone Number: Enter the name and phone number of the primary contact person for the program listed in the spaces provided above.

Detail: Provide brief description of project accomplishments, describe how this experience is relevant to the proposed program, and address grant administration problems, delays or monitoring findings.

When all required data has been entered, click ‘Submit’ and the data will be redisplayed in a grid format. To add another record, click the ‘Add’ button at the bottom of the grid and repeat the steps listed above.

Exhibit 5 – Budget/Financing Plan

5A. Sources of Funds

Add each source of financing for the project in this exhibit. The total sources with the financing types (permanent, construction, or both), as described below, must equal the Total Program Cost for all outlined in Section 5B of this Exhibit. **An entry for NYS HOME Program funds must be added to complete your total project budget.**

Source: Select the funding source name from the drop down list. Funding sources are listed according to source type (HCR/HTFC, Federal Government, Local Government, Non-HCR State Government, and Private). If you cannot locate a specific source, each source category has a generic source code that can be selected (for example, ‘Federal Program – Other’).

Specify Source: If any of the funding sources in the drop-down menu are followed by ‘Specify’, you must enter the source name, program, lender, etc. in this space.

Funds Requested: Enter the amount of funds to be contributed by the source.

Financing Type: Select the type of financing from the drop-down menu: construction, permanent, both (both construction and permanent) or other.

Assistance Type: Select the assistance type from the drop-down menu: loan, grant or other.

Financing Term: If applicable, enter the number of months or years of the financing term.

Financing Term Type: If a Financing Term was provided, select either months or years. Otherwise, select ‘Not Applicable’.

Status: Select either ‘committed’ or ‘pending approval’ from the drop-down menu. Select committed only if the funds have been formally committed. If the funds are formally committed, please provide the date of the letter and the signatory and attach the commitment documentation as requested in Attachment 2.

When you click the ‘Submit’ button for the first source, the page will be redisplayed as a grid. To add another funding source, click the ‘Add’ button at the bottom of the grid and repeat the steps outlined above.

5B. Program Costs

Provide a line-item breakdown of all costs associated with the proposed program as follows: Under the column titled ‘HOME funds’, enter the total amount to be paid with HOME funds. Under the column titled ‘Other Funds’, enter the total amount to be paid with funds other than the HOME. Upon clicking the ‘submit’ button, CDOL will add the columns together and display the total in the column titled ‘Total Cost’. It will also calculate the total cost per unit in the column ‘Cost/Unit.’

TBRA applicants should only enter costs under lines 12, 14 & 15.

For purchase assistance programs, include private mortgages that buyers will be required to obtain and contributions that they will make from their own funds.

Please keep in mind that up to 5% of the total amount requested may be used to offset administrative expenses.

Line Items:

1. Acquisition: Enter the cost of the property being acquired as part of the program. **If the program will use HOME funds to assist in the purchase of affordable units, include only the acquisition cost on this line, and itemize the closing costs below.**

2-7. Soft Costs: Enter each non-construction cost that is part of the program on the appropriate line, exclusive of acquisition. If costs are entered for Lines 2, 6, or 7, applicant must provide details regarding these costs in the spaces provided, including the time period covered. For example, costs under line 2 for expenses such as legal services or energy audits, must be supported by details of exact duties, costs and the time period involved.

8. Lead Hazard Testing: Enter any costs associated with lead hazard testing or risk assessments. Do not include lead hazard testing on line 2.

9 & 10. Construction/Repair Costs: Enter all other construction and/or repairs costs associated with the proposed program.

11. Other: If costs are included on this line, an explanation must be provided in the field below.

12. Rental Assistance: **For TBRA applications only**, enter the total amount that will be used for rental assistance payments.

13. Total Program Costs: The CDOL will total the amounts entered in lines 1 through 11 for the first four columns, and calculate the per-unit cost for the fifth column.

14. Salaries/Fringe: Enter the salary and fringe benefit costs associated with the administration of the proposed program. Applicant will be required to detail the HOME Program portion of these costs in Section 5D of this Exhibit. The amount of HOME Funds for this line must be equal to the amount entered in Section 5D, line 3 of this Exhibit.

15. OTPS: Enter the other-than-personal-service (OTPS) costs associated with the proposed program. You will be required to detail the HOME Program portion of these items in Section 5D of this Exhibit. The amount of HOME funds for this line must be equal to the amount entered in Section 5D, line 5 of this Exhibit.

16. Total Administrative Costs: The CDOL will total the amounts entered in lines 14 and 15 for the first four columns, and calculate the per-unit costs for the fifth column.

17. Total All Costs: The CDOL will total the amounts entered in lines 13 and 16 for the first four columns, and will calculate the per-unit costs for the fifth column. The amount on this line under the 'Total Cost' column must equal the total permanent sources listed in Section 5A of this Exhibit for non-TBRA programs.

5C. Program Costs Per Unit

This section is not applicable to TBRA applications.

1. Total Number of HOME Units: The total number of units to be assisted with HOME funds will be displayed.

2. HOME Non-Administrative Cost Per Unit: This field will be calculated by CDOL by dividing the amount of HOME Funds entered in Section 5B, line 13, by the number of HOME units in the program.

3. HOME Total Cost Per Unit: This field will be calculated by CDOL by dividing the amount of HOME funds entered in Section 5B, line 17, by the number of HOME units displayed in 5C1.

4. Regulatory Term: Enter the number of years that assisted units will remain affordable to low-income persons.

Click the 'submit' button to update the page.

5D. Administrative Expenses

In this section, detail the administrative and operating expenses for the proposed program that will be paid with HOME funds. Administrative funding requests are limited to 5% of the total funds requested.

1. Staff Salaries: In the spaces provided under 'Staff Salaries', enter the job titles of all staff that will be paid with HOME funds. Enter the amount of HOME funds they will be paid in the corresponding space. If additional lines are needed, click the 'Add' button.

2. Fringe Benefits: Enter the total of all fringe benefits for the positions listed in line 1.

3. Total Personal Services Expenses: This line will be calculated by CDOL. The total of this line must equal the number entered under 'Home Funds' in Section 5B, line 14 of this Exhibit.

4. OTPS: In the spaces provided under 'OTPS', enter a description of each OTPS expense. Enter the amount of HOME funds for each expense in the space provided.

5. Total OTPS Expenses: This line will be calculated by CDOL. The total of this line must equal the number entered under 'HOME Funds' in Section 5B, line 15 of this Exhibit.

6. Total All Administrative Expenses: This line will be calculated by CDOL. The total of this line must equal the number entered under 'HOME Funds' in Section 5B, line 16 of this Exhibit.

5E. Budget Narrative

An applicant must use this field to explain the project budget. Please be specific, and list each source in a consistent format. This explanation of your program budget must be consistent with the required Sources and Uses budget tables. If a source is identified as committed, the applicable commitment letter must be attached where requested in the application. Specifically:

- Identify the total project cost and identify each source of funds and proposed use(s);
- For each source identified, indicate whether the source is formally committed or pending approval; Identify sources and amounts of available construction financing.
- For programs requiring owner/beneficiary investment, provide how the amount is determined.
- Explain how the proposed project will proceed if the pending sources are not secured.

IV. Validating Application Exhibits

An application must pass a series of validations. To validate the application, return to the Menu using the navigation links in the top left corner of the screen. Click 'validate' to the right of the application name.

The Validate Application screen will be displayed. Click 'Validate' again to begin the validation process. The validation process is done in 3 steps:

- Step 1 checks to make sure that all required Exhibits have been entered.
- Step 2 checks to make sure that all required Exhibits are complete.
- Step 3 checks to make sure that the information entered is consistent across Exhibits.

If any incomplete Exhibits, fields or inconsistencies are found, a message will appear: "Validation failed, please make the necessary corrections." Below this message will be an explanation(s) of the problems found during the validation process. Return to the Exhibits identified and complete them and/or correct the inconsistencies found. Each problem listed will have a link that will return you to the applicable Exhibit. If there are a number of errors it is suggested that you select the 'Print' button in the Banner. This will open the error messages in a new window which you can refer back to as you make corrections. Continue the validation process until you get the message "Validation Successful."



V. Applicant / Owner Certification

A. Certifying Application Exhibits

Please Note: Once you certify the application it cannot be changed.

After successful validation the 'Certify' link will be made available to users with the authorization to certify the application. If the person completing the application is not the person authorized on the Security Manager Designation Form to electronically certify the application, the person who is authorized must sign into CDOL to complete this step. The only way to get the 'Certify' link is to run a successful validation. If the validation process is completed, and the application is not certified, the validation process must be completed again prior to certification.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. Review the full text of the certification. Select Yes, or No for each Certification statement. If the answer to any question is NO, please provide a detailed explanation at the end of the Administrative Plan attachment. The full text of the Certification is available with the application screenshots at the end of this document.

To complete the certification, provide the CDOL Password, and user title as an electronic signature, then click the 'Submit' button. If the certification and submission was successful, CDOL will display a message acknowledging successful submission of the Exhibits or Step 1 of the CDOL Application Process. This message will also provide the application's SHARS ID number, which is a unique identification number. An e-mail message will also be delivered to the email address on record to confirm successful submission of the application exhibits.

 You have successfully completed Step 1 of the CDOL Application Process.
Your Exhibits have been submitted and your SHARS ID number is: **20133012**

 **PLEASE NOTE:** Your application submission is not complete until you have completed Step 2 of the Application process - submission of all required attachments. To upload attachments, return to the Menu and select the Attachments link associated with this application. When you have uploaded all required Attachments and, if applicable, clicked the 'omit' button for optional Attachments that you will not be submitting, click the 'Submit' button at the bottom of the Attachments page. Once this step is completed, your Application will be considered submitted.

Before submitting your Attachments, please note that if the Application Instructions indicate that your Application requires additional signatures, click the 'Print' button at the top of this page, which has space for additional signatures. Once all parties have signed and dated the certification, upload the page as the Application Certification Attachment.

A new window will open showing your completed application. **Please save a copy electronically and print a copy for you records.**

Next, return to the main menu using the navigation links in the top left corner of the screen. Now that the application exhibits are certified and submitted, click on the 'Attachments' link next to the application name on the main menu. The 'Attachments' link will transfer you to the Upload Attachments process.

Please Note: An application will not be considered complete until all required attachments are uploaded, submitted and certified. **Any portion of the application exhibits or attachments that have not been submitted by the deadline specified will not be accepted.**

VI. Application Attachments

- Attachment 1 – Administrative Plan (Required)
- Attachment 2 – Funding Commitment Letters (Optional)
- Attachment 3 – Community Need Statement (Required)
- Attachment 4 – CHDO Home Ownership Program Analysis (Optional)
- Attachment 5 – CHDO Funding Commitments (Optional)
- Attachment 6 – Green Building/Energy Efficiency Supporting Documentation (Optional)
- Attachment 7 – Supportive Services Agency Commitments (Optional)

A. Attachment Instructions

Attachment 1 - Administrative Plan (Required)

Applicants must answer the following questions in a clear, *concise* manner *in the order in which the information is requested*. While you may provide clarifying information with regard to these questions, please do not provide information not specifically asked in these questions.

Program Design

1. What program activities (housing rehabilitation, down payment assistance, CHDO, rental assistance, etc.) will be undertaken with HOME funds?
2. Identify the maximum subsidy amount for each program participant; include underwriting procedure for subsidy layering determination.
3. Provide detail for experience of staff assigned to program administration.
4. Identify the types of assistance you will provide (loans, grants, deferred loans, etc.).
5. Describe the program's service area, including the commonly-used name of the area, if applicable, (for example, the Fourth Ward of the City of Clinton), and the area's geographic location and boundaries. Include the entire area in which assisted properties may be located.
6. Indicate whether the program will have a specific focus on historic preservation, energy conservation or accommodations for special-needs tenants, or will assist buildings that have any known environmental review or design issues. Identify any project sites located in historic areas. Discuss any design modifications necessary to accommodate special-needs occupants.
7. Will the program assist mixed-use buildings? Will the program include mixed income buildings?

Eligibility

1. Identify the maximum income level, as a percentage of area median income, for program participants. Describe any other income-based eligibility criteria that will be used in the program.
2. Identify any special-needs populations that will be assisted by the program. (Refer to the Reference Materials for more information on special-needs populations).
3. Describe any other program participant eligibility requirements or preferences. For TBRA programs, describe any preferences or priorities that will be involved in tenant selection.

Supportive Services

1. If a special needs population is to be served, describe how you will identify households and how you will provide access to services beyond what is provided by the HOME assistance.
2. Describe pre-award and post-award counseling that will be provided to program participants, if any.
3. Describe any written and educational materials that will be provided to clients prior to receiving assistance and upon completion.

Homebuyer Programs (additional Supportive Services questions)

4. Homebuyer counseling is required. Describe pre-award and post-award counseling that will be provided to program participants,
5. Describe any written and educational materials that will be provided to clients prior to receiving assistance and upon completion.

Property Standards

1. Recipients must follow rehabilitation standards that are substantially equivalent to the “New York State Housing Trust Fund Corporation Rehabilitation Standards for One-to-Four-Unit Structures (June, 2006).” If you propose using a different rehabilitation standard, attach a copy and specify how compliance with each of the following elements will be achieved in assisted buildings:
 - a. NYS Uniform Fire Prevention and Building Code (also identify any local housing code that applies);
 - b. NYS Energy Code, Model Energy Code, or other applicable energy standards; and
 - c. Applicable accessibility standards.
 - d. Manufactured housing projects must comply with the property standards at 24 CFR 92.251(e) and rehabilitated manufactured housing must be in compliance with local or NYS building codes. In the absence of such codes, the project must comply with the Model Manufactured Home Installation Standards at 24 CFR 3285.
2. Describe the methods that will be used to assess energy conservation needs. Identify the energy audit protocol that will be followed (TIPS, TREAT, etc.) Include experience of assigned staff or consultant. Other procedures for evaluating the energy-efficiency of units to be assisted may also be acceptable. Be sure to include costs for conducted energy efficiency analyses or audits on the budget and whether HOME funds or matching funds will be utilized for these costs.
3. Describe what measures will be employed to promote energy conservation in assisted units, such as incorporating energy conservation measures into the work scope. If you plan to coordinate the program with a Weatherization Assistance Program subgrantee, describe the activities you will undertake to manage a successful coordination. Include process for assuring quality control.
4. Describe any additional health and safety measures planned to be incorporated into the program.

Program Outreach/Marketing

1. Describe the outreach and promotion activities that have been used or are planned to market the program, including actions that will be taken to ensure compliance with all State and Federal requirements concerning equal opportunity and fair housing, including provisions

regarding age discrimination and equal employment opportunity, pursuant to 24 CFR 92.350, and described more fully in 24 CFR 5.105(a).

2. If the program will assist projects with 5 or more units, provide an affirmative marketing plan that details measures that will be used to comply with 24 CFR 92.351. HTFC will assist recipients as needed with affirmative marketing policies, regardless of project size.

Eligibility Review and Selection Process

1. Describe the procedures for intake and review of applications, including the certification process that will be followed to ensure compliance with income targeting and income eligibility requirements. Income determination method is to be identified. (refer to 24 CFR 5.609)
2. Describe any client questionnaires and/or informational materials that will be provided to applicants.
3. Describe the procedures for selecting applicants who will receive assistance (lottery, waitlist, etc.).
4. If there is an existing waitlist for the proposed program, provide the following details: the number of eligible households on the list, and the approximate date that the list was established, and the most recent update.

Property Eligibility Determinations

1. Describe the types of properties that will be eligible for assistance under the program. Include such details as general location, sizes, structure type (such as mobile homes), number of units (indicate if you are planning to assist properties with more than one unit), and price. Also detail any restrictions that will be placed with regard to property eligibility.
2. Indicate whether households residing in mobile homes will be assisted by the program. If the program will involve the replacement of dilapidated mobile homes, describe the type of housing that will replace the mobile homes (for example, stick-built single family homes, new manufactured homes, modular homes, etc.). **Please note:** the property upon which the mobile or manufactured home that is to be replaced must be owned by the individual or family receiving the replacement manufactured home. Applications that propose rehabilitation of mobile homes or assistance to mobile homes located on leased land will not be considered for HOME Program funding.
3. **If you are undertaking an owner-occupied rehabilitation program**, describe the method to be used to ensure that the units assisted do not, after rehabilitation, exceed 95 % of the median purchase price for the area. This requirement is set forth in 24 CFR 92.254(b). (Refer to the Unified Funding Reference Materials for more information on median purchase prices).
4. For homeownership rehabilitation programs only, indicate how you will verify proof of ownership before committing to assisting the unit.
5. Describe the process for coordinating initial inspections with lead hazard risk assessments and energy audits.

Conflict of Interest

Participating jurisdictions, state recipients and sub-recipients, CHDOs, and their officers, employees, agents, consultants, and immediate family members who have access to information regarding the awarding of HOME program funds, or who may have influence on the policy or procedures by which HOME funds are awarded, are prohibited from gaining financial interest or benefit from such knowledge or influence. Describe the procedures that will be used to prevent such conflicts of interest from occurring. Include what factors will be considered in

requesting exceptions to the conflict of interest policy from HTFC, including how you will provide for full public disclosure (including publication in newspapers of general local circulation), should such exception be requested or granted.

Activity Specific Questions (provide information only on the activity for which you are requesting funds):

Investor-owned rental housing:

1. Describe any requirements investor-owners must meet to participate in the program. Include the financial contribution that participating owners will be required to make, and indicate at which point in the process owners will be required to provide the funds as well as when and how owners' investment will be disbursed.
2. Describe procedures to ensure that rental units assisted qualify as affordable housing during the affordability period. Be sure to include the proposed process for placing rent restrictions on assisted units.
3. Project funding must be firmly committed in writing prior to committing HOME funds to a specific project.
4. Describe the procedures for ensuring that owners will comply with the tenant and participant protections specified in 24 CFR 92.253. Participating Jurisdiction/sub-recipient must approve the lease form.
5. Describe the applicant's procedures to ensure compliance with requirements for each of the following during the regulatory period: ongoing monitoring and inspection of assisted units; rent adjustments; and tenant income eligibility. Rents and utility allowances must be approved by the Participating Jurisdiction/sub-recipient annually. (24 CFR 92.252 and 253)

Home purchase assistance underwriting (this section applies to LPA and CHDO Programs)

Homebuyer programs must have written policies that establish underwriting standards, protections against predatory lending, and criteria for refinancing (See Section 92.254(f) of the 2013 HOME Rule.)

1. Describe the process for determining the amount of subsidy that a participant will receive. Describe the loan underwriting process to determine subsidy amount. Also describe the lending ratios and/or other criteria that will be used to determine how much a program participant can afford.
2. If you will be coordinating the program with private lenders, describe the process that will be followed. Describe any loan products that are available from local private lenders that will be coordinated with the program or made available to buyers. Include information on rates, terms and qualifying ratios of other homebuyer programs that will be used.
3. Explain how you will discourage the use of sub-prime lenders, and how you will ensure that HOME Program funds will not be used to assist those whose first mortgage is more than 200 basis points above the average rate for unsubsidized conventional 30-year mortgages in the program service area.
4. Explain how you will ensure that homebuyers obtain mortgages from lenders that will maintain real property tax and insurance escrow accounts. Discuss any additional steps you will take to keep homebuyer debt low, reduce the risk of default, and otherwise ensure the financial viability of program participants, for example, requiring homebuyers to maintain repair or replacement reserve accounts.

5. Describe the structure of a typical homebuyer transaction, including: the issuance of a written loan commitment to participants; what requirements the participant has to fulfill to receive the loan commitment; anticipated purchase price; level of rehabilitation; first mortgage sources and amounts; and expected homebuyer contributions and subsidy amounts. If you expect that there will be than one typical transaction, provide the necessary information for each.
6. Homebuyer with rehabilitation and new construction programs must include an assessment of the current market demand in the neighborhood in which the project will be located, the experience of the developer, the financial capacity of the developer and firm written financial commitments for the project.
7. The 2013 HOME Final rule provides a 9 month sale period. Projects that are not sold within the 9 month period must be converted to HOME rental projects or repay the HOME investment. Describe the process for the conversion of a unit to a HOME rental unit and plan for property management.

CHDO Home Ownership Development Program

1. Discuss any public approvals or environmental reviews that will be required before these projects can be developed.
2. Indicate whether the State Historic Preservation Office has reviewed any of the sites, or whether there are any known historic review issues (including archaeological reviews). Indicate whether any part of the proposed service area is in a designated historic district, or adjacent to any registered historic landmark.
3. Describe how a typical project will be structured. Include: anticipated site and predevelopment acquisition costs; type and amount of subsidy for each project. Provide detail on firm written commitments from other project funding sources. Include detail on other subsidies or sources of funding. If multiple scenarios are anticipated, provide the necessary information for each. The description must include detail of how the sales price is determined.
4. Detail the process that will be used for identifying and acquiring properties to be assisted (for example, examining municipal tax delinquencies acquired at public auction).
5. Identify who will hold title to properties during construction, and detail when titles will be transferred to homebuyers.

Tenant Based Rental Assistance (TBRA)

1. How will program subsidy amounts for assisted households will be determined?
2. Describe the tenant selection process. Include detailed information about the waiting list including the number of qualified applicants listed, and the last update.
3. Discuss how required tenant contributions will be determined, and identify the source of the utility allowance schedules that will be used to determine tenant contributions.
4. Identify the rent standard that will be used, and explain how rent reasonableness determinations will be made.
5. Detail how the subsidy will be paid - to the tenant or to the landlord.
6. Discuss the use of program funds for security deposits on assisted units.
7. Detail the lease form that will be used.
8. Detail the rental assistance contract term that will be offered to tenants.

9. Discuss whether or not you will use the same income certification process used by the local Section 8 Program.
10. Describe the process that will be used for conducting inspections of assisted units to ensure that the meet HTFC standards.
11. Describe what steps will be taken to minimize the adverse impact on tenants when the HOME rental assistance subsidy expires. If you expect that Section 8 assistance will be offered to the tenants upon subsidy expiration, detail the average length of the local Section 8 Program waitlists.
12. Discuss any preferences or priorities that will be used to select tenants.

Owner Occupied Rehabilitation

1. What is the maximum amount of funds that will be spent on a project/unit?
2. Identify the type of units to be assisted? Will rental units also be assisted?
3. Will you impose an affordability period? If so, how long?
4. How will you secure the funds for the affordability period?
5. Describe your method for selecting applicants.
6. Do you have an existing waitlist? What is the waitlist development process? How many eligible applicants are listed? When was the last update?
7. Identify any specific focus for rehabilitation, for example, will you assist buildings with code violations or prioritize those of special needs recipients?

Contract and Construction Management

1. Describe the contract and payment process that will be followed to provide HOME funds to participants. For example, if you are proposing a rehab program, explain the contract process between you and the homeowners; the contract between the homeowners and the contractors and any contract between you and the contractors.
2. Describe the M/WBE utilization plan that will be adopted, including policies and procedures for subcontracting and/or procurement of goods and services, and identification of any M/WBEs that will be solicited in connection with the program. New York State maintains records on M/WBE participation based on contract reports submitted by recipients on M/WBE activities, and will assist recipients in their outreach efforts.
3. Section 3 of the Housing and Urban Development Act of 1968 was established for the purpose of ensuring that employment and other economic opportunities resulting from HUD assistance will, to the greatest extent possible, be directed to low- and very low-income persons, especially those living in HUD-assisted housing. Describe what steps the applicant will take to conduct outreach, provide employment, or otherwise comply with Section 3.
4. Describe how HOME funds will be disbursed to owners and/or contractors.

Work-scope development and bidding

1. For programs involving rehabilitation, describe the procedures that will be followed for initial and subsequent inspections. Also describe the process for coordinating initial inspections with lead hazard risk assessments and energy audits.
2. Describe each of the following procedures: developing independent work write-ups and cost estimates; reviewing plans and specifications; soliciting and reviewing bids; and conducting financial feasibility determinations, (identify the individual responsible for making such determinations).

3. Describe the procedures that will be used in selecting contractors. Also describe the insurance requirements for contractors, and specify the types and amounts of coverage that will be required.

Construction Management

1. Describe the applicant's procedures for construction management and quality control, including frequency of on-site monitoring;
2. Describe the applicant's procedures for disbursement and retainage of construction funds; change order approvals; punch list development; releasing retainage; certifying project completion; obtaining warranties; and, issuing lien releases.

Lead-Based Paint

1. Describe the applicant's procedures for notification, assessment, interim control, and clearance testing for lead-based paint hazards in housing to be rehabilitated with HOME funds, in accordance with 24 CFR Part 35. If the per unit Federal assistance is less than \$25,000, interim controls apply. **If the per-unit average Federal rehabilitation assistance and the per-unit hard costs for rehabilitation, less the cost of lead hazard reduction activities, exceeds \$25,000, also describe the procedures for abatement of lead based paint hazards in each assisted unit.**
2. Describe any efforts that have been made in the program service area to ensure that there is adequate contractor capacity to provide interim controls or abatement services.
3. For TBRA and homebuyer programs not involving rehabilitation, describe what procedures are in place for compliance with requirements for notification, assessment, paint stabilization, clearance testing and maintenance of assisted units.

Fiscal Management

1. Describe the process to be used for maintaining records that adequately identify the sources and uses of HOME Program funds, leveraged funds, Program Income, and repayments of invested HOME Program funds.
2. Describe how HOME funds will be disbursed to owners and/or contractors.
3. If funds will be provided by owners and other sources, describe the timing of pay-ins and coordination with payment of HOME Program funds.
4. Explain how you will ensure that assets are adequately safeguarded and used solely for authorized purposes, including required fidelity bond coverage.
5. Describe the written procedures used for determining reasonableness, allocation, and allowability of costs.
6. Demonstrate that all of the applicant's accounting records are supported by source documents, and that the applicant is able to prepare all required financial reports for this award.
7. Was the recipient was required to submit an audit conducted in accordance with OMB A-133 guidelines for the most recently completed fiscal year?

Compliance Monitoring

Continued Affordability

1. Discuss how you will ensure that assisted housing continues to qualify as affordable through the period of affordability.

2. Rental Only: Describe your schedule for on-site inspection to determine compliance with property standards and rent limitations during the affordability period.
3. Rental Only: Describe the annual income recertification process.
4. Homeownership: Describe the method for verification of ongoing occupancy for the period of affordability.

Warranties

If the program involves construction or rehabilitation, specify which warranties will be provided to owners on materials installed and on labor provided. Include details on the warranty period, documents to be provided to owners and what each warranty covers.

Attachment 2 - Funding Commitment Letters (Optional)

Attach documentation for each funding source identified as committed in Exhibit 5A – Sources of Funds.

Attachment 3 - Community Need Statement (Required)

The Community Need Statement is an opportunity to identify needs and challenges of a community that may not be apparent through the data provided in the earlier application exhibits.

Applicants should reference pertinent sections of local master plans, consolidated plans and other community development or strategic plans that support the proposed HOME program. Homeownership programs must include reference to the required current market assessment data for the proposed project neighborhood location.

The Community Needs Statement is required for all HOME Program applications. Please provide sources for all data used.

Please use the Community Needs Statement to:

1. Document the need for public investment and the HOME Program in the service area.
 - Include a brief assessment of existing housing conditions in the service area to supplement and support data provided in application exhibits. This assessment should include housing affordability, home ownership, building conditions, vacancy rates and other relevant residential needs.
 - Discuss recent events and socio-economic indicators that impact the service area and any external factors that will impact the service area during the next three-to-five years, such as regional economic trends or institutional investments.
2. Describe the impact the investment of HOME funds will have on housing conditions and/or affordable housing opportunities in the service area.
 - Explain why the proposed HOME funded activity was selected, and how the program will address the identified needs.
 - Document a sufficient market of eligible households, interested in participating in the proposed program.
 - Discuss the anticipated impact of the proposed investment of HOME funds in the service area, surrounding neighborhood and larger community including additional public and private investments that will support revitalization efforts, address affordable housing and community development needs.
 - Identify program elements designed to strengthen the impact and longevity of the proposed program's assistance. Examples are self-sufficiency programs as a condition of Tenant-Based Rental Assistance Programs; local code programs as a condition for rehab programs and targeted home buyer programs that revitalize neighborhoods for homebuyer programs.
3. Identify established relationships with other community stakeholders, existing public/private partnerships and collaborative efforts relevant to the proposed program.
4. Identify other available resources for this project and how they will be used to supplement the requested HOME funds in the revitalization of the service area. Describe the source and impact of each funding source identified in the budget include the name of the source, status of funding (committed, pending notification of status, pending application) and the uses of each of the sources.

Attachment 4 - CHDO Home Ownership Program Analysis (CHDO Applicants only)

If applying for funding as a community housing development organization (CHDO), the applicant must complete and submit the [CHDO Home Ownership Program Analysis](#) worksheet. Enter all information that is available for the proposed project. For the budget and affordability information, if specific costs are not known, provide typical or average costs for the proposed project.

CHDO applicants must obtain a NYS CHDO Determination Letter from the appropriate HCR office prior to the application due date, to show that the applicant qualifies as a CHDO. Enter the date of the qualifying letter in the appropriate box on the CHDO Home Ownership Program Analysis form. Do not attach qualifying documentation.

Attachment 5 - CHDO Funding Commitments (CHDO Applicants only)

If funding from sources other than HCR/HTFC is needed for construction financing and/or permanent financing for a proposed project, written firm commitment letters are required. Attach copies of letters or contracts showing that funds are committed. If a construction lender is willing to enter into a loan participation agreement for purposes of administering the construction financing, it should be indicated in the commitment letter. If funds have been applied for, provide documentation of application for funds.

Attachment 6 - Green Building/Energy Efficiency Supporting Documentation

CHDO home ownership project applicants proposing a new construction project and claiming Green Building Initiative points must complete the Green Building Criteria checklist. (<http://www.nyshr.org/Funding/UnifiedFundingMaterials/2012/GreenBldgCriteria.pdf>) This form must be signed by an authorized representative of the applicant and by a qualified green building professional that has participated in the design of the project. Submit the form as “Attachment 6- Green Building Initiative”.

CHDO home ownership project applicants that are proposing a new construction project and claiming Energy Efficiency Initiative points must submit an agreement with a participating New York Energy Star builder that demonstrates that the project will qualify as a New York ENERGY STAR labeled home upon completion. The agreement must be labeled “Attachment 6 – Energy Efficiency Initiative.”

Multifamily home ownership projects that qualify for the NYSERDA Multifamily Building Performance Program may also claim Energy Efficiency Initiative points. Submit evidence that NYSERDA has approved the proposed Energy Reduction Plan for the project, or, if not yet approved, evidence that the Energy Reduction Plan has been submitted to NYSERDA, or, if the plan has not yet been submitted, a copy of a signed contract between the Participant and a NYSERDA-approved Performance Partner. The materials must be clearly labeled “Attachment 6 – Energy Efficiency Initiative.”

Attachment 7 – Supportive Services Agency Commitments (Optional)

Supporting documentation should be provided for each Supportive Services Agency Commitment identified in Application Exhibit 2C. To complete application, applicant must select ‘omit’ if attachments will not be uploaded. The agreement must be labeled “Attachment 7 – Supportive Services Agency Commitments.”

VII. Uploading & Certifying Attachments

A. Uploading Attachments

To begin the Attachment upload process, click on the 'Attachments' link to the right of the application name in the main menu.

The Attachment Upload page lists the applicable attachments for the application.

To the right of each listed attachment is an 'Add' link. When the 'Add' link is clicked, an option to "Choose File" will be presented. Browse to the location of the file on your computer, select the file, click "Open" in the window, then "Upload" in the CDOL window. Once the file is successfully uploaded, the file name will be displayed under the attachment.

To the right of each uploaded file will be two links: 'View' and 'Delete'. Please click on 'View' to confirm that the correct file is attached. Click on 'Delete' to remove the attachment prior to submission.

Attachments that are not required will have an 'Omit' link. **You must click the 'Omit' link if you chose not to upload these types of attachments.**

You may upload multiple files for each attachment. Please limit the uploaded files to those documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one. All required attachments must be uploaded before the group can be submitted.

B. Submitting and Certifying Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory must log-in and click 'Submit' on the Attachment Upload page. CDOL will display an 'Attachment Receipt' then an 'Attachment Certification' which must both be clicked to complete the submission. Once complete, a message will appear at the top of the screen indicating that you have successfully submitted the application attachments, and that you have reached the conclusion of the Application process. Once the attachments have been submitted, the NYS HOME LPA Program Application is complete and may not be changed.

Return to the main menu using the navigation menu in the top left corner of the screen. Now that the application exhibits and attachments are complete, submitted and certified, the 'Application Status' next to your application name should indicate 'Completed'

NYS HOME LPA Program Application exhibits and attachments must be submitted via the CDOL system by 4:00 PM, EST, Friday May 30, 2014. Applications and supplemental materials will not be accepted after the stated deadline.

VIII. Application Screenshots

HOME – CDOL Table of Contents & Exhibit List

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Exhibit 1 - Application Summary

1A. Funds Requested & Activities/Uses

1. Local Program Name: *

Please enter a brief, descriptive name. If awarded, the Local Program Name entered here will be used to label contract materials and to describe the program throughout the contract term. e.g., City of Sample 2012 HOME LPA Program.

2. HOME LPA funds requested: \$

3. HOME Local Program Information:

a. Is this application proposing an eligible CHDO set-aside activity?

b. Activities/Uses of Funds	Number of Units	Number of Households	Amount
1. Rehabilitation - Owner-Occupied	<input type="text"/>	N/A	\$ <input type="text"/>
2. Rehabilitation - Rental	<input type="text"/>	N/A	\$ <input type="text"/>
3. Homebuyer Assistance	<input type="text"/>	N/A	\$ <input type="text"/>
4. Tenant Based Rental Assistance	N/A	<input type="text"/>	\$ <input type="text"/>
5. Administration	N/A	N/A	\$ <input type="text"/>
Totals	5	0	\$0

1B. Applicant Information

- 1. Applicant Name:
- 2. Federal EIN:
- 3a. DOS Charities Registration Number:
- 3b. Not-for-Profit Incorporation Date: 00/00/200
- 4. Fiscal Year End Date: 00/00
- 5a. Applicant Types:
- 5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely manner? *

- 5c. DUNS Number:
- 6. Official Mailing Address:
Select the mailing address for Contract or Award Materials



SAMPLE ADDRESS



SAMPLE ADDRESS 2

- 7. Applicant Phone and Internet Data

Phone Number:
Phone Extension:
Fax:
Email Address:
URL:

- 8. Primary Contact Person for Correspondence Related to this Application:

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: *

Example: 212-555-1212

Phone Extension:

Fax Number:

Example: 212-555-1212

Email Address: *

Is this person authorized to execute an agreement with the HTFC should the proposal be funded? *

- 9. Contact Authorized to Execute a Contract with HTFC:

Please note: for City, County, Town or Village applicants only the Chief Elected Official is authorized to execute a contract with HTFC.

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: *

Example: 212-555-1212

Phone Extension:

Fax Number:

Example: 212-555-1212

Email Address:

1C-1. Counties/Municipalities

Project County: *

Will the project be county wide? *

Municipality: *

1C-2. Regional Council

1. Regional Council(s): *

Select all that apply

- | | |
|---|---|
| <input type="checkbox"/> Capital Region | <input type="checkbox"/> Mohawk Valley |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> New York City |
| <input type="checkbox"/> Finger Lakes | <input type="checkbox"/> North Country |
| <input type="checkbox"/> Long Island | <input type="checkbox"/> Southern Tier |
| <input type="checkbox"/> Mid-Hudson | <input type="checkbox"/> Western New York |

1C-3. Buildings

Number of buildings in the proposed Project: *

Street Number:

Street Name:

Street Suffix:

City:

Zip Code:

Example: 12345-0000

1C-4. Latitude & Longitude

Click [HERE \(http://itouchmap.com/latlong.html\)](http://itouchmap.com/latlong.html) to determine Latitude and Longitude. Your latitude must be between 40.000000 and 49.999999. Your longitude must be between -70.000000 and -79.999999. For Programs that span multiple locations, please enter the latitude/longitude of your organizations home or central office in New York State or a central point for multi-county projects.

Project Latitude: *

Project Longitude: *

1D. Political Districts

1. New York State Assembly District(s):

	<input type="button" value=">"/> <input type="button" value="<"/>	
--	---	--

2. New York State Senate District(s):

	<input type="button" value=">"/> <input type="button" value="<"/>	
--	---	--

3. New York State Congressional District(s):

	<input type="button" value=">"/> <input type="button" value="<"/>	
--	---	--

1E. Units Assisted

Units to be assisted by Funding Source:

Unit Type	HOME Units
Residential - Existing/Rehab:	5
Residential - New Construction:	<input type="text"/>
Total residential Units by Funding Source:	5
Total HOME Activities/Uses of Funds Units entered on Exhibit 1A:	5

Total Units to be assisted by All Funding Sources:

Unit Type	All Sources Units
Residential - Existing/Rehab:	5
Residential - New Construction:	<input type="text"/>
Civic - Existing/Rehab:	<input type="text"/>
Civic - New Construction:	<input type="text"/>
Commercial - Existing/Rehab:	<input type="text"/>
Commercial - New Construction:	<input type="text"/>

1F. Income Targets

Target Group	Units
Public Assistance <=30% of Median Income	<input type="text"/>
31% through 40% of Median Income	<input type="text"/>
41% through 50% of Median Income	<input type="text"/>
51% through 60% of Median Income	<input type="text"/>
61% through 70% of Median Income	<input type="text"/>
71% through 80% of Median Income	<input type="text"/>
Total:	
Total Residential Units to be assisted by all funding sources:	

1G. Target Populations

1. Special Population Households

HOME Units

	HOME Units
No Target Population	<input type="text"/>
Families who are Homeless	<input type="text"/>
Persons and Families who are in Long Term Recovery from Alcohol Abuse	<input type="text"/>
Persons and Families who are in Long Term Recovery from Substance Abuse	<input type="text"/>
Persons who are Frail Elderly	<input type="text"/>
Persons who are Homeless	<input type="text"/>
Persons who are Mentally Retarded/Developmentally Disabled	<input type="text"/>
Persons who are Victims of Domestic Violence	<input type="text"/>
Persons with AIDS/HIV Related Illness	<input type="text"/>
Persons with Physical Disability/Traumatic Brain Injury	<input type="text"/>
Persons with Psychiatric Disabilities	<input type="text"/>
Veterans who are Homeless	<input type="text"/>
Veterans in Long Term Recovery from Alcohol Abuse	<input type="text"/>
Veterans in Long Term Recovery from Substance Abuse	<input type="text"/>
Veterans who are Mentally Retarded/Developmentally Disabled	<input type="text"/>
Veterans who are Victims of Domestic Violence	<input type="text"/>
Veterans with AIDS/HIV Related Illness	<input type="text"/>
Veterans with Physical Disabilities/Traumatic Brain Injury	<input type="text"/>
Veterans with Psychiatric Disabilities	<input type="text"/>
Veterans who are Frail Elderly	<input type="text"/>

Total Units identified for all Target Populations:0

Total Residential Units to be assisted by all funding sources:

Exhibit 2 - Program Summary

2A. Program Abstract

Provide a brief abstract of the proposed program. **Please note, the abstract provided may be included in press materials.** This abstract should include, but not be limited to the following information: Organization name, HOME program request amount, estimated total project cost, other sources of funding, main goal(s) of the program, activities HOME funds will be used for, and any special emphasis of the program, such as special needs populations or areas/neighborhoods to be served, income ranges to be targeted, etc.

Sample text: The Sample Organization proposes to utilize \$300,000 in HOME funds to provide renovations to approximately 15 low-income homeowners in the City of Sample. All improvement projects will incorporate the results of an energy audit into the scope of work, and added insulation, Energy Star rated appliances, light fixtures and heating systems will be utilized when indicated. Water conserving fixtures, low VOC compounds and non-mold propagating materials will be used when indicated. \$100,000 from the City of Sample and \$50,000 from other grant sources (specify) will supplement the HOME funds for a total project cost of \$450,000. This project will target households at or below 60% of area median income and offer home maintenance classes to the households assisted to aid in the on-going upkeep of the improved properties.

2B-1. Key Staffing & Activities

Staff Name: *

Title: *

Employer: *

Describe specific staff experience or training relevant to the implementation of the proposed HOME Program. Include qualifications, licenses and certifications. Provide estimate of time to be committed in support of the proposed HOME Program.

Qualifications: *

 Text will be limited to 1,000 characters and use of special characters is limited.

Activities: * Select all activities that apply:

- Fiscal Management & Tracking
- Lead Inspections
- Prepare Specs/Work Write-ups
- Counseling Participants
- Compliance Monitoring
- Construction/Rehab Management
- HQS & Structural Inspections
- Energy Assessments
- Prepare Cost Estimates
- Initial/Annual Income Cert
- Arrange Financing
- Market/Sell Properties

Other Activities:



Use of special characters is limited to the following:

& * ; , . - \$ " = / < > () + % # ? : ' @ ! Text will be limited to 1,000 characters and use of special characters is limited.

Authorizations: Select all authorizations that apply:

- Enter into Contractual Agreement
- Request Disbursements

Paid with HOME funds: *

2B-2a. Procurement & Oversight of Subrecipients, Consultants & Contractors

Describe the selection and oversight process for consultants, sub-recipients and contractors. Include a description of the oversight process for contracted services.

Not Applicable:



Note: Text will be limited to 2,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

2B-2b. Consultant/Subrecipient/Contractor Listing

Name: *

Amount to be Paid: *

How Pay Rate was Determined: *



Use of special characters is limited to the following: & * ; , . - \$ " = / < > () + % # ? : ' @ ! Text will be limited to 1,000 characters and use of special characters is limited.

2C. Supportive Services Agency Commitments

Not Applicable:

Source Name: *

Services Provided: *

Letter Date: * Example: mm/dd/yyyy

Letter Expiration Date: * Example: mm/dd/yyyy

Signatory: *

Exhibit 3 – Needs Statement Summary

3A. Individual Poverty

1. Total Individuals Below Poverty: *
2. Percentage of Individuals Below Poverty: * %
3. Source of Data: *
- Other Source of Data (specify):
-

3B. Housing Rehabilitation

1. Total Number of Housing Units: *
2. Total Housing Units Built Before 1960: *
3. Percentage of Housing Units Built Before 1960: 0%
4. Source of Data: *
- Other Source of Data (specify):

3C. Homebuyer Assistance This section of the application only applies to applications that have Homebuyer Assistance as a proposed activity.

1. Total Occupied Housing Units: *
2. Total Owner-Occupied Housing Units: *
3. Percentage of Owner-Occupied Housing Units: 0.00%
4. Source of Data: *
5. Affordability Index Worksheet
- A. Available Income
1. 80% of Area Median Family Income: * \$
2. Monthly Income: \$ 0
3. Monthly Income Available for Housing: \$ 0
- B. Monthly Housing Payment
1. Median Sales Price: *\$
- Median Sales Price Data Source: *
2. Mortgage Amount: \$ 0
3. Monthly Principal & Interest: \$ 0
4. Monthly Taxes: *\$
- Monthly Taxes Data Source: *

5. Monthly Housing Payment: \$ 0



C. Affordability Index

- 1. Monthly Income Available for Housing: \$ 0
- 2. Monthly Housing Payment: \$ 0
- 3. Affordability Index: 0



3D. Tenant Based Rental Assistance This section of the application only applies to Tenant-Based Rental Assistance applications.

- 1. Total Number of Very Low-Income Renter Households for Whom Rent is Greater Than 30% of Income: *
- 2. Total Number of Households on Section 8 Wait List: *
- 3. Estimated Wait Time: *

Exhibit 4 - Relevant Experience

4A. Relevant Experience

Please provide up to five entries for similar projects/programs completed by the applicant or related program administrator over the past three to five years.

Not Applicable:

Indicate which organization involved in the local program this section is being completed for:*

Program Name: *

Program Administrator/Contact Person Name: *

Role: *

Type: *

Contract Start Date: *

Example: mm/yyyy

Contract End Date: *

Example: mm/yyyy

Percentage Complete: *

%

Number of Units: *

Population Served: *

Total Cost: * \$

Program Funding Source: *

Program Funding Agency: *

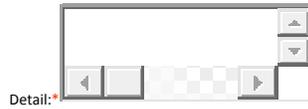
Funding Source Contact Name: *

Funding Source Contact Phone: *

Example: 212-555-1212

Provide brief description of project accomplishments.

- Describe how this experience is relevant to the proposed program.
- Address grant administration problems, delays or monitoring findings.



Detail:

Text will be limited to 1,000 characters and use of special characters is limited.

Exhibit 5 - Budget/Financing Plan

5A. Sources of Funds

Source: *

Specify Source:

Funds Requested: * \$

Financing Type: *

Assistance Type: *

Financing Term:

Financing Term Type:

Status: *

If committed, enter the following information:

Date of Letter: Example: mm/dd/yyyy

Signatory:

5B. Program Costs Budget/Financing Plan

Total HOME Local Program Funds Requested: \$

Total Residential units in Local Program - all funding sources:

Total Residential units in Local Program to be assisted with HOME funds: 5

Program Costs

	HOME Funds	Other Funds	Total Cost	Cost/Unit
1. Acquisition	<input type="text"/>	<input type="text"/>	\$0	\$0
2. Professional Fees - Specify	<input type="text"/>	<input type="text"/>	\$0	\$0
3. Financing Fees	<input type="text"/>	<input type="text"/>	\$0	\$0
4. Permits/Legal Fees	<input type="text"/>	<input type="text"/>	\$0	\$0
5. Fair Housing/Affirmative Marketing	<input type="text"/>	<input type="text"/>	\$0	\$0
6. Relocation - Specify	<input type="text"/>	<input type="text"/>	\$0	\$0
7. Staff Costs - Specify	<input type="text"/>	<input type="text"/>	\$0	\$0

8. Lead Hazard Testing	<input type="text"/>	<input type="text"/>	\$0	\$0
9. Construction/Repair Labor Costs	<input type="text"/>	<input type="text"/>	\$0	\$0
10. Construction/Repair Materials Costs	<input type="text"/>	<input type="text"/>	\$0	\$0
11. Other - Specify	<input type="text"/>	<input type="text"/>	\$0	\$0
<input type="text"/>				
12. Rental Assistance	<input type="text"/>	<input type="text"/>	\$0	\$0
13. Total Program Costs (Lines 1 - 12)	\$0	\$0	\$0	\$0

Administrative Expenses

	HOME Funds	Other Funds	Total Cost	Cost/Unit
14. Salaries/Fringe	<input type="text"/>	<input type="text"/>	\$0	\$0
15. OTPS	<input type="text"/>	<input type="text"/>	\$0	\$0
16. Total Admin Costs (Lines 14 & 15)	\$0	\$0	\$0	\$0
17. Total All Costs (Lines 13 & 16)	\$0	\$0	\$0	\$0

5C. Program Costs Per Unit

1. HOME Costs Per Unit:
 Total Number HOME Units:
 HOME Non-Administrative Cost Per Unit: \$
 HOME Total Cost Per Unit: \$
 Regulatory Term: Years

5D. Administrative Expenses

Personal Services	HOME Funds
1. Staff Salaries	<input type="text"/>
<input type="text"/>	<input type="text"/>
+ add	
2. Fringe Benefits	<input type="text"/>

3. Total Personal Services Expenses (Line 1 & 2)	\$
<hr/>	
OTPS Services	HOME Funds
<hr/>	
4. Other Than Personal Services	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
+ add	
<hr/>	
5. Total OTPS Expenses (Line 4)	\$
<hr/>	
6. Total Administrative Expenses (Lines 3 & 5)	\$
<hr/>	

5E. Budget Narrative

Explain the project budget. Please be specific, and list each source in a consistent format. This explanation of your program budget must be consistent with the required Sources and Uses budget tables. If a source is identified as committed, the applicable commitment letter must be attached where requested in the application. Specifically, Identify the total project cost; identify each source of funds and proposed use(s); For each source identified, indicate whether the source is formally committed or pending approval; identify sources and amounts of available construction financing. For programs requiring owner/beneficiary investment, provide how the amount is determined. Explain how the proposed project will proceed if the pending sources are not secured.



 Note: Text will be limited to 4,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

Certification and Submission

Applicant Certification

<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that I am an authorized representative and have been specifically authorized to file this submission and required documents for the proposed project with HCR/HTFC on behalf of the APPLICANT NAME
<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that the Applicant is authorized to carry out the proposed activities and that the Applicant is familiar with and will comply with all applicable statutes, rules and regulations established.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I further authorize the agency receiving this application to forward it to any other State agency which administers a program for which a funding request is indicated in this application.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I certify that I have reviewed the full application and attached documents, and statements contained in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith, including data contained in the Organization's Relevant Experience (Exhibit 4) and I agree to immediately inform HTFC of any change in circumstances. A false certification or failure to disclose information shall be grounds for termination of any award.
For the period beginning 10 (ten) years prior to the date of this certification:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Applicant has not been a principal in a project in which a mortgage has ever been in default, assigned or foreclosed or for which relief by a lender has been granted.
<input type="checkbox"/> Yes <input type="checkbox"/> No	The Applicant has not experienced a default or non-compliance under any HUD, USDA, ESDC, HFA, AHC, DHCR, HTFC or any other federal, state or local loan or grant.
<input type="checkbox"/> Yes <input type="checkbox"/> No	There are no unresolved findings raised as a result of audits, management reviews or other investigations by federal, state or local government entities concerning the Applicant or projects in which the Applicant is a principal.
<input type="checkbox"/> Yes <input type="checkbox"/> No	There has not been a suspension or termination of payment under any HUD, DHCR, USDA, HTFC and other Federal, State and local government housing finance agency assistance contracts in which any principal, partner, or officer of the applicant organization has had a legal or beneficial interest attributable to a principal's, partner's, or officer's fault or negligence.
<input type="checkbox"/> Yes <input type="checkbox"/> No	No principal, partner, or officer of the Applicant organization has been convicted of a felony and is not presently, to my knowledge, the subject of a complaint or indictment charging a felony (a felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less)
<input type="checkbox"/> Yes <input type="checkbox"/> No	No principal, partner, or officer of the Applicant organization has been suspended, debarred or otherwise restricted by any department, agency or authority of the Federal government or any state or local government from doing business with such department, agency or authority and, no principal, partner, officer of the applicant organization has defaulted on an obligation covered by a surety or performance bond and has not been the subject of a claim under an employee fidelity bond.
<input type="checkbox"/> N/A <input type="checkbox"/> Attached	If the answer to any question is NO, please provide a detailed explanation at the end of the Administrative Plan attachment.

CDOL User ID:

CDOL Password:*

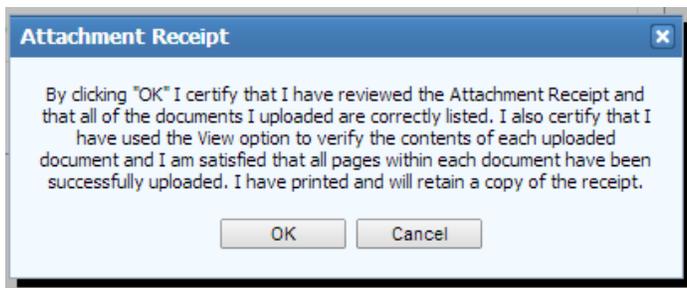
Title:

Date of Electronic Signature:

NYS HOME Program Attachment Upload Screen

Attachment Category	Options
1 - Administrative Plan [required]	add
2 - Funding Commitment Letters	add omit
3 - Community Need Statement [required]	add
4 - CHDO Home Ownership Program Analysis	add omit
5 - CHDO Funding Commitments	add omit
6 - Green Building/Energy Efficiency Supporting Documentation	add omit
7 - Supportive Services Agency Commitments (executed agreements, MOUs, letters of support)	add omit

Attachment Receipt



Attachment Certification

