

**2011 HOME Local Program Administrator (LPA)**  
**Online Application Instructions**

**Table of Contents**

<b>I. COMMUNITY DEVELOPMENT ONLINE (CDOL) APPLICATION SYSTEM.....</b>	<b>2</b>
A. REGISTERING APPLICANT & SECURITY MANAGER .....	2
B. IDENTIFYING AND REGISTERING ORGANIZATION’S ELECTRONIC SIGNATORY .....	2
C. VERIFYING APPLICANT INFORMATION.....	3
<b>II. APPLICATION OVERVIEW .....</b>	<b>5</b>
A. CONTENTS OF APPLICATION .....	5
B. APPLICATION PROCESS.....	5
<b>III. COMPLETING APPLICATION EXHIBITS .....</b>	<b>6</b>
A. CREATING A NEW APPLICATION IN CDOL.....	6
B. APPLICATION EXHIBITS .....	6
C. APPLICATION EXHIBIT INSTRUCTIONS .....	6
EXHIBIT 1 - APPLICATION SUMMARY .....	6
EXHIBIT 2 – PROGRAM SUMMARY & FINANCING PLAN.....	10
EXHIBIT 3 – NEEDS STATEMENT SUMMARY .....	12
EXHIBIT 4 – RELEVANT EXPERIENCE.....	15
EXHIBIT 5 – BUDGET/FINANCING PLAN .....	16
EXHIBIT 6 – PROGRAM SCHEDULE.....	19
<b>IV. VALIDATING APPLICATION EXHIBITS .....</b>	<b>20</b>
<b>V. APPLICANT / OWNER CERTIFICATION .....</b>	<b>21</b>
A. CERTIFYING APPLICATION EXHIBITS .....	21
<b>VI. APPLICATION ATTACHMENTS.....</b>	<b>23</b>
A. ATTACHMENT INSTRUCTIONS .....	23
1. Attachment 1 - Administrative Plan (Required).....	23
2. Attachment 2 - Energy Use Reduction and Green Rehab/Green Building Plan (Required) .....	25
3. Attachment 3 - Community Need Statement (Required).....	29
4. Attachment 4 - CHDO Home Ownership Program Analysis (CHDO Applicants only) .....	30
5. Attachment 5 - CHDO Funding Commitments (CHDO Applicants only) .....	30
6. Attachment 6 - Green Building/Energy Efficiency Supporting Documentation .....	30
<b>VII. UPLOADING &amp; CERTIFYING ATTACHMENTS .....</b>	<b>31</b>
A. UPLOADING ATTACHMENTS .....	31
B. SUBMITTING AND CERTIFYING APPLICATION ATTACHMENTS .....	31
<b>VIII. APPLICATION EXHIBIT SCREENSHOTS.....</b>	<b>32</b>
EXHIBIT 1 - APPLICATION SUMMARY .....	32
EXHIBIT 2 - PROGRAM SUMMARY & FINANCING PLAN.....	37
EXHIBIT 3 - NEEDS STATEMENT SUMMARY .....	41
EXHIBIT 4 - RELEVANT EXPERIENCE .....	43
EXHIBIT 5 - BUDGET/FINANCING PLAN .....	44
EXHIBIT 6 - PROGRAM SCHEDULE .....	47

## 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 sent to: NYS Homes and Community Renewal, Office of Community Renewal, Hampton Plaza, 9<sup>th</sup> 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 April 29, 2011.** Applications and supplemental materials received after the stated deadline will be considered a late submission and will not be accepted.

### 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://nysdhcr.gov/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@nyshcr.org](mailto:msr@nyshcr.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, you should verify and update your 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, but you may not change the organization information 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 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. If the mailing address for correspondence related to this application differs from your primary address, add the address in Section D2. You will be able to select the address to which you would like award decision or contract correspondence mailed once you submit and application.

#### **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.

**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 six exhibits, an electronic certification, and six attachments.

Exhibit 1 – Application Summary  
Exhibit 2 – Program Summary and Financing Plan  
Exhibit 3 – Needs Statement Summary  
Exhibit 4 – Relevant Experience  
Exhibit 5 – Budget/Financing Plan  
Exhibit 6 – Program Schedule

Electronic Application Certification

Attachment 1 – Administrative Plan (Required)  
Attachment 2 – Energy Use Reduction and Green Rehab/Green Building Plan (Required)  
Attachment 3 – Community Need Statement (Required)  
Attachment 4 – CHDO Home Ownership Program Analysis  
Attachment 5 – CHDO Funding Commitments  
Attachment 6 – Green Building/Energy Efficiency Supporting Documentation

### **B. Application Process**

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

- ✓ Completing six online application exhibits;
- ✓ Validating online application exhibits;
- ✓ Certifying and submitting online application exhibits;
- ✓ Uploading and submitting required 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 Exhibits**

Complete the required fields for each Exhibit as explained in C. Application Exhibit Instructions. 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 enter zero '0' in exhibit fields. If you are not requesting funds for a particular activity, please leave the field blank.

#### **C. Application Exhibit Instructions**

##### **Exhibit 1 - Application Summary**

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.
- 2a. HOME LPA Funds Requested:** Enter the total amount of HOME LPA funds you are requesting for this project, rounded to the nearest dollar. Be sure to include all administrative funds in your request if you intend to use HOME funds for one of these purposes.
- 2b. AHC Home Improvement Funds Requested:** If applicable, enter the total amount of AHC Home Improvement funds requested, rounded to the nearest dollar. Be aware that in order to request AHC funds on this application, you must also request HOME funds. For further information on AHC funds, please contact AHC directly at (212) 872-0438.

**3a.** Indicate whether or not this application is proposing an eligible CHDO set-aside activity.

**3b. HOME Program Activities/Uses of Funds:** For each type of program activity/use listed that you are proposing to undertake in this application, enter the number of units or households that will be assisted and the dollar amount (rounded to the nearest dollar) that you are requesting for that activity. CDOL will calculate and enter the totals for each column when you click the ‘Submit’ button.

**Please note the following when completing this table:**

Rehabilitation - Owner Occupied: means the rehabilitation of owner-occupied housing. 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. **The replacement of manufactured homes falls under the rehabilitation – owner occupied category; this is the category you will use for the Manufactured Homes Replacement Initiative.**

Rehabilitation - Rental: means the rehabilitation of units for low-income tenants, either in combination with rehabilitation or acquisition of owner-occupied property, or rehabilitation of investor-owned property.

Homebuyer Assistance: means direct purchase assistance to low-income homebuyers, or the new construction or rehabilitation of units for purchase by low-income homebuyers.

Tenant-Based Rental Assistance (TBRA): means the payment of rental subsidies on behalf of eligible low-income tenants. TBRA applications must be stand-alone applications. That is, you should not request TBRA funds in combination with any of the other eligible HOME activities.

If you are proposing to undertake multiple activities in the same buildings, enter the number of units/households to be assisted and the funds requested for those activities on each applicable line. For example:

You are requesting \$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:

Rehabilitation - Owner-Occupied	10	\$50,000
Rehabilitation - Rental	10	\$150,000

Administration: If you are proposing to use HOME funds for administrative costs, be sure to enter that amount on the administration funds requested line. Administrative funding requests are limited to 8% of the total funds requested.

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

#### **4. Co-Funding:**

Applicants that require multiple sources of funding to address a comprehensive revitalization initiative are encouraged to apply for more than one OCR program to co-fund such initiatives. Applicants may use the resources of more than one OCR program to meet the match requirements for NYMS and AHC Programs and to fund comprehensive revitalization initiatives within an identified neighborhood, commercial district or a similar target area. A comprehensive revitalization initiative is a strategy that encompasses multiple community development activities

that can be addressed through the use and coordination of OCR funding resources. HCR supports concentrated investments where a greater impact may be realized. For example, applicants may apply for AHC funds for the rehabilitation of housing stock within a target area; at the same time they can apply for CDBG funds for infrastructure improvements within the same target area to benefit the overall project.

Applicants that propose activities that are not within an identified neighborhood, commercial district or similar target area will not be considered for co-funding. Applicants seeking such funding must demonstrate the need for multiple funding sources and the administrative capacity to complete the program within the specified timeframe. Applicants seeking funding from more than one OCR program for the same activity are discouraged.

Applicants participating in the Co-funding Initiative must submit a complete application for each OCR program according to each of the program's requirements by the stated application deadline. Applicants electing to submit a proposal for HOME and AHC Home Improvement funds must submit a joint application via CDOL.

**a. Indicate all the additional sources of OCR funding being applied for:** Please check the box next to any other OCR funding source that is being applied for. Please check the box next to 'No additional OCR source of funding' if no additional applications will be submitted for OCR sources.

**b. The OCR program funds requested will finance all or a portion of the project costs including:** If an additional source of OCR funds was selected in 4a, please indicate the intended use of those funds by selecting the required NYMS Program match, the required AHC program match, or leverage.

## **1B. Applicant Information**

If you have already verified your organization information as instructed above, only a few fields on this screen need to be completed. 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 applicant is a municipality, enter the name and title of the municipality's chief elected official.

## **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 you answer ‘yes’ to the above question, click ‘submit’ and go on to the next page. If you answer ‘no’, select 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 your 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. 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. If you have knowledge that the building has previously received New York State housing funds, enter the source of those funds in the space provided. 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.

### **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. If applicable, enter the number of residential existing/rehab units that will be assisted with AHC 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 or AHC 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.

1. In Section 1, click on a special population category (or categories if the household falls into more than one special population category, for example, Frail Elderly or Veterans) that the program will serve.
2. In the section entitled ‘Proposed Units for the Target Population’, enter the total number of households to be served from the selected special population category(ies). Click ‘submit’ and the screen will redisplay as a grid. To add another special population, click the ‘add’ button. Repeat steps 1 and 2 until all units are accounted for.

Note: Please select a household as Elderly or Frail Elderly, but not both.

## **Exhibit 2 – Program Summary & Financing Plan**

### **2A. Program Summary**

Provide a brief abstract of the proposed program activities. Identify major goals of the program, what activities HOME funds will be used for, and any special emphasis of the program. Do not duplicate the detail requested in Attachment 1.

### **2B. Financing Plan**

A firm funding commitment or letter of interest should be in place from each funding source that is necessary to complete the program or is listed as leverage in Exhibit 5A. If your program includes homeownership, the letter must describe the conditions under which mortgage financing will be provided to homebuyers. Provide the following details about each funding commitment and/or letter of interest you have obtained: source name, type of letter (select either funding commitment or letter of interest), the date of the letter, the name of the person who signed the letter, and the amount or value of the funds committed.

After you submit information about the first letter, the page will be redisplayed as a grid. Click the ‘Add’ button to list additional letters.

Click ‘N/A’ if no letters exist.

### **2C. Program Administration**

#### **2C-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. Provide a brief description of the person’s qualifications.
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.

### **2C-2. Other Program Staffing**

For each recipient, consultant and/or subrecipient staff member who will work on the program, performing activities other than those listed in 2C-1, provide the following information: name, title, name of employer, a brief description of work to be performed, and whether or not they will be paid with HOME Program funds.

If there are no additional staff to report, select the 'Not Applicable' box in the upper-right corner.

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

### **2C-3a. Selection & 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.

### **2C-3b. Consultant/Subrecipient/Contractor Listing**

1. Enter the name of the consultant/subrecipient/contractor that will be paid to perform administrative duties.
2. Enter the amount they will be paid to perform these duties.
3. 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 2C3a.

## **2D. Supportive Services Agency Commitments**

If the program will target any of the special needs populations listed in the Unified Funding 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, and the name of the person who signed the

commitment letter. These letters may be requested by HTFC prior to entering into a contract with the recipient.

After you submit information about the first commitment, 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 a Unified 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 what type of activity they are undertaking.*

##### **3B. Housing Rehabilitation:**

*Must be completed by those applicants who are 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 applicable section for each activity you are proposing in this application. For example, if you are proposing 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: Enter the source of the data (e.g., U.S. Census) on line 4.
5. Land Use Mix: Provide an estimate of the percentage of land in the service area that is used for residential, commercial, industrial and open space.
6. Housing Stock Mix: Provide an estimate of the percentage of residential units in the service area that are in 1- to 4-unit buildings, 5- to 50-unit buildings, or buildings with more than 50 units.
7. Percent Abandoned Housing Stock: Indicate the percentage of the housing stock that is abandoned on the block the proposed site(s) are located on and within two blocks of the proposed site(s).
8. Housing Characteristics: Provide an estimate of the percentage of housing units in the service area that are owner-occupied and the percent that are renter-occupied.

### **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. Enter the source of the data.
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, which are contained in the Unified Funding 2011 Reference Materials.
    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 you are proposing TBRA as an activity. 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.)
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.

Each involved organization should complete this form for every housing program that they have been involved with for the past three years, including those that are in progress, those they are currently administering, or those completed during that timeframe.

If you have no experience to report, check the 'Not Applicable' box at the top of the Exhibit 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 *Valley Mills Homebuyer Program 2010*.

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.

Construction 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.

When all required data has been entered, and you click 'Submit' 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. Be sure to complete this Exhibit for each involved organization.

### **Exhibit 5 – Budget/Financing Plan**

#### **5A. Sources of Funds**

On this screen, you will add each source of financing for the project. The total sources with the financing types (permanent, construction, or both), as described below, must equal the Total Program Cost for all sources in Section 5B of this Exhibit.

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').

An entry for NYS HOME Program funds must be added to complete your total project budget.

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 you entered data into Financing Term, select either months or years. Otherwise, select 'Not Applicable'.

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. If applicable, enter the total amount to be paid with AHC funds. Under the column titled 'Other Funds', enter the total amount to be paid with funds other than the HOME Program or AHC. Upon clicking the 'submit' button, the 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 8% 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 you enter costs for Lines 2, 6, or 7, you must provide details regarding these costs in the spaces provided, including the time period covered. For example, if you enter costs under line 2 for expenses such as legal services or energy audits, you should detail 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 you enter costs on this line, provide an explanation of these costs in the space provided.

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. You 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 & Operating 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 8% 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 you need additional lines, 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 and Operating 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.

## **Exhibit 6 – Program Schedule**

### **6A. Implementation Schedule**

Enter the anticipated dates (mm/dd/yyyy) for program implementation assuming that, if the proposed program is awarded HOME funds, a contract will be executed that provides HOME funds effective October 1, 2011, and that HOME funds will be available as of that date. This information will be used to evaluate the likelihood that the program can be successfully completed if HOME funds are awarded. This schedule will become part of the contract between HTFC and the awardee. If applicable, also enter the anticipated dates for each milestone if the program is awarded AHC Home Improvement funds.

‘Marketing and Outreach’ refers to those activities that will be undertaken to publicize the program to potential participants. ‘Eligibility’ refers to any activity necessary to ensure that participants qualify for assistance, such as receipt of pre-applications and third-party verification of income. ‘Pre-commitment’ activities include such things as inspections, work write-ups, and cost estimates for rehabilitation programs, and underwriting, inspections, credit checks, and related activities that must be completed prior to issuing a loan commitment for homebuyer programs.

For the purposes of this schedule, use the HOME Program regulatory definition of ‘Commitment’: an agreement between the recipient and a property owner, household receiving rental assistance, or homebuyer who will receive purchase assistance, to provide a specific amount of HOME funds for an eligible program activity. Enter the dates that 50% and 100% of Program funds, excluding administrative funds, will be committed to specific local projects by means of executed written agreements. Also enter the dates by which 50% and 100% of the amount of HOME funds reserved for the recipient's administrative costs will be expended. In the last row, enter the date by which all funds will be expended and all other program activities will be completed.

### **6B. Program Production Schedule**

Beginning with the first month of the first year that any program or administrative funds will be requested from HTFC, enter the total amount of HOME funds that you anticipate will be requested for each month, and the number of units that you project will be completed during that month. Repeat this step for each year that the program is expected to operate, until program completion. Be sure the totals entered equal those entered in Exhibits 1 and 5.

#### **IV. Validating Application Exhibits**

Before you can certify and submit a completed application it 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, you will receive the message: "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 you validate the application but do not certify it, the validation will have to be run again.

To electronically certify and submit the application exhibits, click the 'Certify' link on the Validation page. At the bottom of the Applicant/Owner Certification enter your password, your title and 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 you with the application's SHARS ID number, which will be used to identify your application. An e-mail message will also be delivered to you confirming successful submission of the application exhibits.

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

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 your application 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.**

### B. Certification Text

I certify that I am authorized to file this submission with HCR/HTFC on behalf of the corporation/municipality/ person/firm/association/ partnership/limited liability corporation to execute all necessary documents for this application for funding; that the corporation/municipality/person/firm/association partnership/limited liability corporation is authorized to carry out the proposed activities and that the corporation/municipality/person/ firm/association/partnership/limited liability corporation is familiar with and will comply with all applicable statutes, rules and regulations established. 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.

I certify that all the 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 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.

A. I certify that each of the following statements is true:

1. The Relevant Experience Exhibit (Exhibit 4) contains a listing of all similar activities that the Applicant has participated in during the past three years, including those that were in progress, operating or completed during that period.
  2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certificate:
    - a. No mortgage on a project listed in Exhibit 4 has ever been in default, assigned to the State or foreclosed, nor has mortgage relief by the mortgagee been given;
    - b. Neither the corporation/municipality/person/firm/ association/partnership/limited liability corporation nor its principals, partners, or officers have been found to be in default or non-compliance under any HUD, USDA, DHCR, HTFC, or other Federal, State and local government housing finance agency's project;
    - c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD, DHCR, or HTFC audits, management reviews or other governmental investigations concerning me or my projects;
    - d. 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 corporation/municipality/person/firm/ association/partnership/ limited liability corporation has had a legal or beneficial interest attributable to a principal's, partner's, or officer's fault or negligence;
    - e. No principal, partner, officer of the corporation/ municipality/person/firm/association/ partnership/limited liability corporation 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);
    - f. No principal, partner, officer of the corporation/ municipality/person/firm/association/partnership/ limited liability corporation 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,
    - g. No principal, partner, officer of the corporation/ municipality/person/firm/association/ partnership/limited liability corporation 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.
- B. Applicants that cannot certify that each of these statements is true cannot submit the application. Contact HTFC for assistance.

## **VI. Application Attachments**

- Attachment 1 – Administrative Plan (Required)
- Attachment 2 – Energy Use Reduction and Green Rehab/Green Building Plan (Required)
- Attachment 3 – Community Need Statement (Required)
- Attachment 4 – CHDO Home Ownership Program Analysis
- Attachment 5 – CHDO Funding Commitments
- Attachment 6 – Green Building/Energy Efficiency Supporting Documentation

### **A. Attachment Instructions**

#### 1. Attachment 1 - Administrative Plan (Required)

Each LPA applicant will receive a boilerplate Administrative Plan which will detail the statutorily required portions of the HOME program that the LPA must follow. To supplement this Administrative Plan, each LPA applicant must answer the following questions in a clear, *concise* manner *in the order in which the information is requested*.

#### **Program Design**

1. Identify the maximum subsidy amount for each program participant.
2. Identify the types of assistance you will provide (loans, grants, deferred loans, etc.).
3. Identify the program service area including geographic location and boundaries.
4. Will the program assist mixed-use buildings?

#### **Eligibility**

5. Identify the maximum income level, as a percentage of area median income, for program participants.
6. Describe any other eligibility requirements or preferences, if any.

#### **Counseling and Supportive Services**

7. If a special needs population is to be served, describe how you will identify households and how you will provide services.
8. Describe pre-award and post-award counseling that will be provided to program participants, if any.
9. Describe any written and educational materials that will be provided to clients prior to receiving assistance and upon completion.

#### **Review and Selection Process**

10. Describe your selection procedures for intake and review of applications including the certification process to ensure compliance with your income targeting and eligibility requirements.

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

##### A. Investor-owned rental housing:

11. Describe any requirements investor-owners must meet to participate in the program.
12. Describe procedures to ensure compliance during the regulatory period: monitoring and inspection of assisted units, rent adjustments, and tenant income eligibility.

##### B. Home purchase assistance underwriting

13. Describe the process for determining the amount of subsidy a participant will receive.
14. If you will be coordinating the program with private lenders, describe the process that will be followed. Include information on loan products, rates, terms, and qualifying ratios.

C. CHDO Home Ownership Development Program

15. Explain your role in this project – ensure that it meets the CHDO criteria.
16. List **all** public approvals and environmental reviews required before the project can be developed.
17. If you have not identified and/or acquired all sites detail the process for identifying and acquiring sites.
18. Detail any predevelopment activities that have been undertaken.
19. Identify who will hold title to properties during construction and detail when titles will be transferred to homebuyers.

D. Tenant Based Rental Assistance (TBRA)

20. How will program subsidies be determined?
21. How will required tenant contributions be determined (identify source of utility allowance schedules).
22. Identify the rent standard that will be used and explain how rent reasonableness determinations will be made.
23. Who will receive subsidy – tenant or landlord?
24. Describe the lease form that will be used.
25. Detail the rental assistance contract term that will be offered to tenants
26. Will you use the same income certification process used by the local Section 8 Program?
27. Describe the process that will be used for conducting Housing quality Standard inspections.
28. If there will be any preferences or priorities for tenant selection, please describe.

E. Owner Occupied Rehabilitation

29. What is the maximum amount of rehabilitation funds that will be spent on a project/unit?
30. Identify the type of units to be assisted? Will rental units also be assisted?
31. How will you secure the funds?
32. Will you impose an affordability period? If so, how long?
33. Describe your method for how you will select applicants?
34. Do you have an existing wait list?
35. Identify any specific focus for rehab
36. Will you assist buildings with code violations or prioritize those of special needs recipients?

**Contract, Construction, and Fiscal Management**

37. Describe the contract and payment process that will be followed to provide HOME funds to project owners.
38. Describe procedures 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.
39. Describe how HOME funds will be disbursed to owners and/or contractors.

**Continued Affordability**

40. Discuss how you will ensure that assisted housing continues to qualify as affordable through the period of affordability.
41. Rental Only: Describe your schedule for on-site inspection to determine compliance with property standards and rent limitations during the affordability period.
42. Rental Only: Describe the annual income recertification process.

## 2. Attachment 2 - Energy Use Reduction and Green Rehab/Green Building Plan (Required)

This document is intended to provide guidance to NYS HOME Program Local Program Administrator (LPA) applicants on preparing application materials for the Energy Efficiency Initiative (for housing rehabilitation, home ownership and rental assistance applications), Green Rehab/Green Building, and Environmental Health and Safety sections of the LPA application. Applicants are encouraged to format energy use reduction and green rehab/green building plans so that the requested elements are presented in the same order given here. Please limit narratives to provide the requested information as concisely as possible, and avoid supporting materials. Please note: the replacement of mobile or manufactured homes with HUD certified ENERGY STAR Qualified manufactured homes will qualify for all or a portion of these points.

**1. Energy Use Reduction Plans** - Housing rehabilitation, home ownership and rental assistance applications that propose a comprehensive plan for reduction of energy use in assisted units may receive up to five points. Please note that these instructions do not apply to CHDO new construction applications. For instructions on applying for the energy efficiency initiative for a CHDO new construction application, please see Attachment 6.

Energy use reduction plans must show that the LPA will take the following actions.

- Conduct an energy audit on each unit before the work scope is developed, and incorporate cost-effective conservation measures identified by the audit into the rehabilitation work scope. All audits must be conducted by a Weatherization Assistance Program subgrantee or by a building analyst certified by the Building Performance Institute (BPI). Audits must be in a format approved by the US Department of Energy for use in low-income residential programs;
- Incorporate all energy conservation measures that are determined to have a savings-to-investment ratio of 1.0 or greater, as a result of the audit, into bid specifications, and verify installation through the LPA's construction monitoring and final inspection procedures. For home ownership and rental assistance programs, the work may be funded from a separate source, but proper installation must be verified by an independent entity under contract with the LPA for this purpose;
- Specify installation of Energy Star materials, appliances and fixtures (for items where an Energy Star standard has been established) when replacement is indicated;
- Specify that, when replacing heating systems, only Energy Star-labeled systems will be installed. In general, the Energy-Star label means furnaces with annual fuel utilization efficiency (AFUE) of 90% or greater, or boilers with AFUE of 85% or greater;
- Specify installation of domestic hot water systems that meet Energy Star efficiency requirements, when replacement is indicated;
- Specify replacement of interior and exterior lighting fixtures with Energy Star-labeled lighting fixtures, and, wherever cost-effective, replace incandescent bulbs with compact fluorescent bulbs;
- Specify routine air sealing measures, performed by using pre- and post-test blower door analysis, in work scopes;
- Specify that all window and door replacements will use Energy Star-rated products;
- Identify any other practices that will be followed to promote energy efficiency in assisted buildings; and,
- Provide owner and occupant education materials and follow other practices to maximize the benefit of efficiency during the life of installed measures.

**2. Green Rehabilitation/Green Building Practices** – LPAs and CHDOs proposing to use HOME funds for rehabilitation or construction activities may receive points to the extent that they agree to follow “green” construction practices. Those practices must be described in a plan that includes the following elements.

- a. Rehabilitation and home ownership assistance programs** – For programs that include a rehabilitation component, submit a plan that shows that green building practices will be followed to provide a healthy environment for occupants and minimize impact on the environment. These practices must be incorporated into all bid specifications, on site construction management and post inspection processes, to verify that the green building practices were followed.
- i. Only low/no volatile organic compounds (VOC) paints, primers, adhesives and sealants will be used when painting, sealing, etc.;
  - ii. Formaldehyde-free composite wood or any composite wood containing urea-formaldehyde with exposed particleboard must be sealed;
  - iii. If providing floor coverings, use the Carpet and Rug Institute’s Green Label certified (or equivalent) carpet and pad;
  - iv. Only Energy Star labeled bathroom fans that exhaust to the outdoors with a humidistat sensor or timer will be used;
  - v. Only Energy Star labeled kitchen fans that exhaust moisture and cooking fumes to the outdoors will be used ;
  - vi. Procedures to verify that each unit has 15 cubic feet per minute of fresh air per occupant following completion of work;
  - vii. A tankless hot water heater, sealed combustion water heater, or an Energy Star rated boiler with an integrated domestic hot water system will be installed in each unit;
  - viii. Hot and cold water pipe insulation will be installed in each unit;
  - ix. Moisture-resistant materials will be used in wet areas;
  - x. Clothes dryers will be vented directly to the outside;
  - xi. Integrated pest management methods will be followed (see the US EPA web site for more information: <http://www.epa.gov/pesticides/factsheets/ipm.htm>);
  - xii. Construction waste managed to reduce amount of materials disposed of in landfills (for example, by recycling cardboard and minimizing amount of lumber wasted);
  - xiii. Use of recycled-content building materials will be maximized; and,
  - xiv. Informational materials will be provided to owners to explain the green building materials installed and practices followed, so that occupants understand correct operation of systems and can maximize the benefit provided.
- b. CHDO Home Ownership New Construction Applications** - Applicants that submit a plan to incorporate green building practices into their project work scopes may receive additional points. The plan must address green building in three main areas: employing a development team with expertise in green building practices which will follow a written development plan; incorporating healthy building practices into the work scope, and incorporating renewable energy systems and materials beneficial to the environment. These practices must be incorporated into all bid specifications, on site construction management practices and post inspection processes, to verify that the green building practices were followed.

Each plan will be evaluated to determine how many of the elements associated with each of the three areas below (development plan, healthy building practices, and renewables/beneficial materials) are addressed.

**i. Development plan:** Applicants must provide a written development plan outlining the integrated design approach to be taken by a development team that includes a qualified green design expert and includes the following criteria.

- An occupant’s manual or guide and new resident orientation will be provided for each home buyer;

- A surface water management plan and Phase I environmental site assessment has been completed;
- The development will utilize a smart site location in close proximity to existing development, community services and retail facilities;
- The development will utilize a smart site location in close proximity to public transit;
- The development will utilize a smart site location that avoids sensitive environmental resources including wetlands, critical habitats, steep slopes, prime farmland and parkland;
- The location and orientation of the buildings in the project will be planned to make the greatest use of passive solar heating/cooling;
- Development on a brownfield, grayfield or adaptive reuse site was considered;
- The development will achieve densities of at least 15 units per acre for apartments, 10 units per acre for town homes and 8 units per acre for detached/semi-detached houses; and,
- The development will provide sidewalks and suitable pathways to public spaces, open spaces and adjacent development to ensure walkable neighborhoods.

**ii. Healthy Building Practices:** The development plan shows that the following will be incorporated into the work scope.

- Only low/no volatile organic compounds (VOC) paints, primers, adhesives and sealants will be used when painting, sealing, etc.;
- Formaldehyde-free composite wood or any composite wood containing urea-formaldehyde with exposed particleboard must be sealed;
- If providing floor coverings, use the Carpet and Rug Institute's Green Label certified (or equivalent) carpet and pad;
- Only Energy Star-labeled bathroom fans that exhaust to the outdoors with a humidistat sensor or timer will be used;
- Only Energy Star-labeled kitchen fans that exhaust moisture and cooking fumes to the outdoors will be used;
- Work scopes will specify a ventilation system for each unit providing 15 cubic feet per minute of fresh air per occupant;
- A tankless hot water heater, sealed combustion water heater, or an Energy Star rated boiler with an integrated domestic hot water system will be installed in each unit;
- Hot and cold water pipe insulation will be installed in each unit;
- Moisture-resistant materials will be used in wet areas;
- Clothes dryers will be vented directly to the outside; and,
- Integrated pest management methods will be followed (see the US EPA web site for more information: <http://www.epa.gov/pesticides/factsheets/ipm.htm>).

**iii. Renewable Energy/ Materials Beneficial to the Environment:** Applications that incorporate into the development plan methods for utilizing three or more of the green building practices listed below may receive additional points.

- Installation of photovoltaics, geothermal, or other renewable energy systems that will provide at least 25% of the project's estimated electricity demand;
- Reduction of construction waste sent to landfills by 25%;
- Use of 25% total recycled content building materials in project construction;
- Use at least 50% (by cost) wood products and materials that are certified in accordance with the Forest Stewardship Council, salvaged wood or engineered framing materials;
- Use water-permeable materials in 40% or more of walkways and 40% or more of paved parking areas (proposed materials must not conflict with accessibility requirements); and
- Use a) Energy Star-compliant and high-emissive roofing for the entire roof or, a "green" (vegetated) roof covering at least 50% of the roof; and b) light-colored/high-albedo materials and/or an open-grid pavement over at least 30% of the site's hardscaped area.

Additional information on these requirements can be found in the HCR Green Building Criteria Reference Manual.

**3. Targeting Units with Environmental Health or Safety Issues** – Housing rehabilitation, down-payment assistance and tenant-based rental assistance applications that will only assist units that have been identified as at-risk for lead paint hazards, radon, asbestos, indoor air quality problems or other environmental health and safety issues may receive up to five points. Include a separate sheet that is clearly labeled “Environmental Health and Safety” and includes the name of the applicant and the name of the local program. State the total number of residential units that will be assisted with NYS HOME Program funds, and the number that will be reserved for units identified as having one or more of the following hazardous conditions that must be addressed to permit safe occupancy of the unit:

- Lead based paint;
- Asbestos;
- Moisture-related health problems, such as mold;
- Other indoor air quality issues (i.e. CO problems related to faulty heating systems);
- Other immediate threat health and safety issues (cited by code for dangerous electrical hazards, lack of potable water, etc.).

Briefly describe the procedure that the recipient will follow for identifying units where a hazardous condition exists and any related concerns. Be sure that information provided in this section is consistent with the administrative plan for the proposed program.

For down-payment assistance and tenant-based rental assistance programs where NYS HOME Program funds will not be used for construction or repair, identify the source of funds that will be used to correct the hazardous conditions, and attach documentation from the lender or funding agency showing that funds are committed and available for this activity.

3. 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.

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.
  - Applicants requesting funding from more than one OCR program must explain how the proposed program meets the intent of HCR's Co-funding Initiative.

4. 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](#). 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 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. If more than a year has passed since the applicant's certification, the applicant must certify that no changes have occurred that would affect the organization's qualification as a CHDO.

5. Attachment 5 - CHDO Funding Commitments (CHDO Applicants only)

If funding from sources other than HCR/HTFC is needed, evidence must be provided of their interest in or intent to provide construction financing and/or permanent financing for the proposed project. Attach copies of letters or contracts showing that funds are committed. Firm commitments indicate a more "ready-to-build" project and may result in a higher score. 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.

6. 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. 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.

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."

## VII. Uploading & Certifying Attachments

### A. Uploading Attachments

When you are ready to upload attachments, click on the ‘Attachments’ link to the right of the application name. When you click this link you will be transferred to the Upload Attachments process.

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, you will be presented with the ability to select one (1) file for upload. Selecting the 'Browse' button will allow you to browse your computer for the file you want to upload. After locating and selecting the file, clicking the 'Upload' button will complete the transfer. A progress section will be displayed to show the progression of the upload. You will be brought back to the attachment list and will receive a message that the file has been 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'. 'View' allows you to view and optionally print the file so that you can verify that it is complete and satisfactory. 'Remove' allows you to delete the file 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 in order 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 April 29, 2011. Applications and supplemental materials will not be accepted after the stated deadline.**

## VIII. Application Exhibit Screenshots

### Exhibit 1 - Application Summary

#### 1A. Funds Requested & Activities/Uses

1. Local Program Name:

2. Funds Requested:

a. Total HOME LPA funds requested: \$

b. AHC Home Improvement funds requested: \$  ?

c. Total funds requested: \$

3. HOME Local Program Information:

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

b. Activities/Uses of Funds:

Type of Program Activity/Use	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			\$ <input type="text"/>

#### 4. Co-Funding:

Applicants that require multiple sources of funding to address a comprehensive revitalization initiative or need additional funds to meet OCR program match requirements are encouraged to apply for more than one OCR program to co-fund such initiatives and to meet the match requirements. Applicants seeking funding from more than one OCR program must ensure that the proposed project meets the requirements of each of the respective programs including applicant and activity eligibility.

Applicants requesting funds from more than one OCR program must respond to the following questions:

a. Indicate all of the additional sources of OCR funding being applied for: \*

- No additional OCR source of funding       Community Development Block Grant (CDBG)

- Access to Home
- Affordable Housing Corporation (AHC)
- New York Main Street (NYMS)
- RESTORE

b. The OCR program funds requested will finance all or a portion of the project costs including:

- the required NYMS program match
- the required AHC program match
- leverage

**1B. Applicant Information**

1. Applicant Name:

2. Federal EIN:

3a. DOS Charities Registration Number:

3b. Not-for-Profit Incorporation Date:

4. Fiscal Year End Date:

5a. Applicant Types:

5b. Have all required periodic or annual written reports been filed with the Attorney General's office in a timely manner?

6. Applicant Mailing Address for this Application

7. Applicant Phone and Internet Data

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

First Name:

Last Name:

Salutation:

Title:

Phone Number:

Phone Extension:

Fax Number:

Email Address:

 0  0

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

9. Municipality's Chief Elected Official:

First Name:

Last Name:

Salutation:

Title:

Phone Number:

Phone Extension:

Fax Number:

Email Address:

**1C-1. Counties/Municipalities**

Project County:

Will the project be county wide?

Municipality:

County Name	Municipality	Options
		add

**1C-2. Buildings**

Number of buildings in the proposed Project:

Street Number:

Street Name:

Street Suffix:

City:

Zip Code:

NYS Funding Sources:

Building Address	NYS Funding Sources	Options
		add

**1D. Political Districts**

1. New York State Assembly District(s):

>
<

2. New York State Senate District(s):

>
<

3. New York State Congressional District(s):

	<input style="border: none; background-color: #d3d3d3; padding: 2px 5px;" type="button" value=" &gt; "/> <input style="border: none; background-color: #d3d3d3; padding: 2px 5px;" type="button" value=" &lt; "/>	
--	---	--

**1E. Units Assisted**

Units to be assisted by funding source:

HOME Units

AHC Units

Residential - Existing/Rehab:



Residential - New Construction:

Total Residential Units by Funding Source:

Total HOME Activities/Uses of Funds Units entered on Exhibit 1A:

Total Units to be assisted by All Funding Sources:

**Unit Type**

**All Sources Units**

Residential - Existing/Rehab:

Residential - New Construction:

Civic - Existing/Rehab:

Civic - New Construction:

Commercial - Existing/Rehab:

Commercial - New Construction:

**1F. Income Targets**

Target Group	Units
Public Assistance <=30% of Median Income	<input style="width: 100%; height: 24px;" type="text"/>
31% through 40% of Median Income	<input style="width: 100%; height: 24px;" type="text"/>
41% through 50% of Median Income	<input style="width: 100%; height: 24px;" type="text"/>
51% through 60% of Median Income	<input style="width: 100%; height: 24px;" type="text"/>
61% through 70% of Median Income	<input style="width: 100%; height: 24px;" type="text"/>

71% through 80% of Median Income

Total:  
Total Residential Units to be assisted by all funding sources:

**1G. Target Populations**

1. Select at least 1, but no more than 3 populations:

- No Target Population (or Unknown)
- Persons with AIDS/HIV-Related Illness
- Persons/Families who are in Long-Term Recovery from Alcohol Abuse
- Persons with Psychiatric Disabilities
- Persons who are Elderly
- Families who are Homeless
- Persons who are Homeless
- Persons with Physical Disabilities
- Persons who are Ex-Offenders
- Persons/Families who are in Long-Term Recovery from Substance Abuse
- Persons who are Veterans
- Persons who are Victims of Domestic Violence
- Persons with Mental Retardation/Developmental Disabilities
- Persons who are First-Time Home Buyers
- Persons who are Seasonal Farm Workers
- Persons who are Frail Elderly

2. Proposed units for the targeted population:

Total Units identified for all Target Populations:

Total Residential Units to be assisted by all funding sources:

Population(s)	Units	Options
		add

## Exhibit 2 - Program Summary & Financing Plan

### 2A. Program Summary

Provide a brief abstract of the proposed program activities. Identify major goals of the program, what activities HOME funds will be used for, and any special emphasis of the program. Do not duplicate the detail requested in Attachment 1.

Note: Text will be limited to 16,000 characters (1 page of 12 point Times New Roman single spaced text is approximately 4000 characters).

### 2B. Financing Plan

Not Applicable:

Source Name:

Type of Letter:

Letter Date:

Signatory:

Amount Committed: \$

Source Name	Type of Letter	Letter Date	Signatory	Amount Committed	Options
-------------	----------------	-------------	-----------	------------------	---------

add

### 2C-1. Key Staffing & Activities

Staff Name:

Title:

Employer:

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:

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:

Staff Name	Title	Employer	Paid with HOME Funds	Options
				add

**2C-2. Other Program Staffing**

Not Applicable:

Name:

Title:

Employer:

Work to be performed:

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

Paid with HOME funds:

Name	Title	Employer	Work to be Performed	Paid with HOME funds	Options
					add

### 2C-3a. Selection & Oversight of Subrecipients/Consultants & Contractors

Describe the selection and oversight process for consultants, sub-recipients and contractors.

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).

### 2C-3b. Consultant/Subrecipient/Contractor Listing

This section of the application does not apply if (you did not complete Exhibit 2C-3a) or (if consultants, subrecipients or contractors will not perform administrative functions for the program).

Name:

Amount to be Paid:

How Pay Rate was Determined:

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

Name	Amount to be Paid	How Pay Rate was Determined	Options
			add

## 2D. Supportive Services Agency Commitments

Not Applicable:

Source Name:

Services Provided:

Letter Date:

Signatory:

Source Name	Services Provided	Letter Date	Signatory	Options
				add

## Exhibit 3 - Needs Statement Summary

### 3A. Individual Poverty

1. Total Individuals Below Poverty:

2. Percentage of Individuals Below Poverty:  %

3. Source of Data:

### 3B. Housing Rehabilitation

1. Total Number of Housing Units:

2. Total Housing Units Built Before 1960:

3. Percentage of Housing Units Built Before 1960:

4. Source of Data:

### 5. Land Use Mix:

Residential:  %

Commercial:  %

Industrial:  %

Open:  %

### 6. Housing Stock Mix:

1-4 unit buildings:  %

5-50 unit buildings:  %

51 or more unit buildings:  %

### 7. Percent Abandoned Housing Stock:

Same block as proposed site:  %

Within two blocks of site:  %

### 8. Housing Characteristics:

Owner Occupied:  %

Rented:  %

### 3C. Homebuyer Assistance

1. Total Occupied Housing Units:

2. Total Owner-Occupied Housing Units:

3. Percentage of Owner-Occupied Housing Units:

4. Source of Data:

#### 5. Affordability Index Worksheet

##### A. Available Income

1. 80% of Area Median Family Income: \$

2. Monthly Income: \$

3. Monthly Income Available for Housing: \$

##### B. Monthly Housing Payment

1. Median Sales Price: \$

Median Sales Price Data Source:

2. Mortgage Amount: \$

3. Monthly Principal & Interest: \$

4. Monthly Taxes: \$

Monthly Taxes Data Source:

5. Monthly Housing Payment: \$

##### C. Affordability Index

1. Monthly Income Available for Housing: \$

2. Monthly Housing Payment: \$

3. Affordability Index:

### 3D. Tenant Based Rental Assistance

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

Not Applicable:

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

Program Name:

Role:

Type:

Program Start Date:

Program End Date:

Percentage Complete:  %

Number of Units:

Population Served:

Total Cost: \$

Program Funding Source:

Program Funding Agency:

Funding Source Contact Name:

Funding Source Contact Phone:

Program Name	Organization	Role	Type	Options
--------------	--------------	------	------	---------

add

## Exhibit 5 - Budget/Financing Plan

### 5A. Sources of Funds

Source:

Specify Source:

Funds Requested: \$

Financing Type:

Assistance Type:

Financing Term:

Financing Term Type:

Program Name	Organization	Role	Type	Options
				add

### 5B. Program Costs

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

8. Lead Hazard Testing	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	\$
9. Construction/Repair Labor Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	\$
10. Construction/Repair Materials Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	\$
11. Other - Specify	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	\$
<div style="border: 1px solid black; padding: 5px; width: 200px; height: 60px;"> <input type="text"/> </div>					
12. Rental Assistance	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	\$
13. Total Program Costs (Lines 1 -12)	\$	\$	\$	\$	\$
<b>Administrative Expenses</b>	<b>HOME Funds</b>	<b>AHC HI Funds</b>	<b>Other Funds</b>	<b>Total Cost</b>	<b>Cost/Unit</b>
14. Salaries/Fringe	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	\$
15. OTPS	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$	\$
16. Total Admin Costs (Lines 14 & 15)	\$	\$	\$	\$	\$
17. Total All Costs (Lines 13 & 16)	\$	\$	\$	\$	\$

**5C. Program Costs Per Unit**

1. HOME Cost Per Unit:

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

**5D. Administrative & Operating Expenses**

**Personal Services**

**HOME Funds**

1. Staff Salaries





+ add

2. Fringe Benefits

3. Total Personal Services Expenses (Line 1 & 2) \$

---

**OTPS Services** **HOME Funds**

---

---

4. Other Than Personal Services

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

+ add

---

5. Total OTPS Expenses (Line 4) \$

---

6. Total Administrative /Operating Expenses (Lines 3 & 5) \$

---

## Exhibit 6 - Program Schedule

### 6A. Implementation Schedule

Program Implementation Schedule	Projected Date HOME	Projected Date AHC Home Improvement
Contract Start Date	<input type="text"/>	<input type="text"/>
Initiation of Marketing and Outreach	<input type="text"/>	<input type="text"/>
Initiation of Eligibility Determinations	<input type="text"/>	<input type="text"/>
Completion of Pre-Commitment Activities	<input type="text"/>	<input type="text"/>
50% of Funds Committed	<input type="text"/>	<input type="text"/>
100% of Funds Committed	<input type="text"/>	<input type="text"/>
50% of Administrative Funds Expended	<input type="text"/>	<input type="text"/>
100% of Administrative Funds Expended	<input type="text"/>	<input type="text"/>
Program Completion	<input type="text"/>	<input type="text"/>

### 6B. Program Production Schedule

Month	<u>Year 1</u>		<u>Year 2</u>		<u>Year 3</u>	
	HOME \$	Units	HOME \$	Units	HOME \$	Units
January	<input type="text"/>					
February	<input type="text"/>					
March	<input type="text"/>					
April	<input type="text"/>					
May	<input type="text"/>					
June	<input type="text"/>					
July	<input type="text"/>					
August	<input type="text"/>					
September	<input type="text"/>					
October	<input type="text"/>					
November	<input type="text"/>					
December	<input type="text"/>					