Unified Funding 2010 New York State (NYS) HOME Local Program Administrator (LPA) Online Application Instructions

This document consists of the following sections:

A. NYS HOME LPA General Instructions;

B. Instructions for Beginning a NYS HOME LPA Application using the Community Development Online (CDOL) System;

C. NYS HOME LPA CDOL Application Exhibit Instructions;

D. NYS HOME LPA CDOL Application Exhibits;

E. NYS HOME LPA CDOL Application Certification; and,

F. NYS HOME LPA Attachment Instructions.

A. NYS HOME LPA General Instructions

It is recommended that applicants use the Community Development Online (CDOL) System (formerly known as CDWAS) to apply for funding. If the applicant is unable to use this system, the applicant may make a special request based on demonstrated need, to utilize a Word/Excel fillable paper application in lieu of CDOL. Requests must be made in writing to Margaret Aldrich at (518) 473-6843 and received no later than February 1, 2010.

1. Online Application Submission

All NYS HOME LPA application exhibits and attachments should be submitted electronically over the web using the CDOL System. **Application exhibits and attachments for the NYS HOME LPA Program must be submitted by 5:00 PM, EST, Thursday, March 18, 2010.** Any application exhibits or attachments for this program received after the stated deadline will be considered a late submission and will be returned to the applicant.

The submission of an application via CDOL consists of three steps:

1) Completing and validating the online application exhibits;

2) Certifying and submitting the application exhibits; and,

3) Uploading, certifying and submitting all required application attachments.

When your application exhibits are complete and validated by the CDOL, the person who is authorized by your organization to electronically certify the application must log in to the CDOL and certify and submit the application exhibits. Once submitted, your application is assigned a SHARS ID number, which will be used to link the required attachments to your application. **The application is not complete until all required attachments are certified and submitted. The required attachments are listed in Section 8 below.**

Please carefully review the following steps which are necessary to complete and submit your NYS HOME LPA Program application via the CDOL.

2. Registering Your Organization's Security Manager

Please review the following to make sure that your organization is prepared to use the CDOL and the person you designate to have the authority to certify the application is set up as a registered CDOL user for your organization.

In order to use the CDOL, applicants must be registered in DHCR's Statewide Housing Activity Reporting System (SHARS), and have designated a Security Manager for their organization. The Security Manager is the individual who authorizes and monitors access to the CDOL for the applicant's organization, including which people have the ability to update the organization's applications. Security Managers may go into the CDOL system, and add or remove users for their organization.

If your organization is a registered SHARS applicant, but you have not registered to use the CDOL, you may submit a **Security Manager Registration Form** to DHCR, which will allow you access to the 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.

If your organization has not previously applied to DHCR for funding, you must complete and submit an **Applicant Registration Form** so that your organization may be registered as a SHARS Applicant. The form contains a section where you may designate a Security Manager for your organization. DHCR staff will register your organization and Security Manager and you will be e-mailed a USER ID and password to access the CDOL.

Applicants who used the CDOL to apply for funding in the past will still be registered, and may use the CDOL with the user ID and password previously assigned to them. If you have forgotten your password, you may go the 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, you cannot remember your password, or if you have forgotten your USER ID, please either call the MSR Unit at (518) 473-2525 or e-mail us at: msr@nysdhcr.gov for assistance.

3. Registering your Organization's Electronic Signatory

All application exhibits and attachments submitted through the CDOL 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 the CDOL as a user for your organization. The Security Manager may add the certifier by following these steps:

a. Log into the 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.

b. To add your organization's authorized signatory, click 'add new user', and enter their first and last name, and e-mail address.

c. 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.

d. Click the box that reads 'Authorized to Sign Certification'.

e. Click the box next to the organization name. Then click 'Submit'.

f. The CDOL will generate an e-mail providing the user with their User ID and temporary password. 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.

4. Completing and Validating the Application Exhibits

The UF 2010 NYS HOME LPA Program Application consists of six exhibits (and five attachments), which are listed in Section 8 below. After completing the exhibits, you must validate the application. Validation is essentially an editing process performed by the CDOL that notifies the user of incomplete, missing, or inconsistent data in the application. The application may not be submitted until all problems found during validation are corrected. To validate, return to the main menu, and click the 'Validate' link to the right of the Application name. Click 'Validate' again and the CDOL will check to ensure all required data is complete and consistent. If errors or inconsistencies are found, the CDOL will provide a list of the items that need to be completed or corrected before the Exhibits can be submitted. Once your application is successfully validated, it is recommended that you print and review the entire application before taking the next step, certifying and submitting the application exhibits. Once the application exhibits have been certified, they can no longer be changed.

5. Certifying and Submitting the Application Exhibits

When your application exhibits are complete and validated, and you are ready to submit them, your organization's authorized signatory must log into the CDOL to certify and submit the application Exhibits. To certify, click the 'Validate' link to the right of the application name. Click 'Certify'. The certifier should read the certification, enter their CDOL password and title and then click 'Submit'. The CDOL will display a message acknowledging successful submission of the exhibits, and providing 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.

Remember that your application is not complete until all Application Exhibits and Attachments have been submitted. Any portion of the Application exhibits or attachments which have not been submitted by the deadline specified above will not be accepted.

6. Uploading Required Attachments

When you are ready to upload attachments, click on the 'Attachments' link to the right of the application name. The page will be redisplayed with a list of NYS HOME LPA Program attachments. If you have completed the exhibits for multiple applications, be sure to select the correct application for which you want to upload attachments.

Click on the 'add' link to the right of the attachment that you want to upload. The page will be redisplayed with the option to 'select a file'. Click the 'browse' button to locate up to three files on your computer. To add the files, double click on them. When you have selected the file(s), click 'Upload'. The CDOL will return a message informing you as to the successful upload of the files. You may add additional files, by clicking the 'add' link to the right of the attachment name. You may upload multiple files for each attachment, and each file name uploaded will be listed below the attachment. Please limit the uploaded files to contain documents specifically requested in the Attachment Instructions. Whenever possible, combine multiple files into one.

Once uploaded, the Attachment Upload page will display two new buttons to the right of the attachment file name – 'view' and 'delete'. The view function allows you to view and print the file so that you can verify that it is complete and satisfactory. The delete function allows you to delete the file prior to submission.

All required attachments must be uploaded and any that do not pertain to your application must be omitted before you can press the submit button located at the bottom of the page. The "Submit" and "Omit" buttons are not highlighted for use until the application has been validated and certified. The final step in submitting the application is to omit any attachments not required for your program and to submit all required attachments (see Section 7 below).

7. Certifying and Submitting Application Attachments

When all required application attachments have been uploaded, the organization's authorized signatory should log-in and click 'Submit' on the Attachment Upload page. The CDOL will display a 'Certification' which must be completed in order to complete the submission. Once the attachments have been submitted, the NYS HOME LPA Program Application is complete and may not be changed.

8. Required Exhibits and Attachments

UF 2010 NYS HOME LPA Program Exhibits & Application Certification The NYS HOME LPA Program Application consists of the following six Exhibits and an electronic certification
Exhibit 1 – Application Summary
Exhibit 2 – Program Summary & Financing Plan
Exhibit 3 – Needs Statement Summary
Exhibit 4 – Relevant Experience
Exhibit 5 – Budget/Financing Plan
Exhibit 6 – Program Schedule
Electronic Application Certification

After completing, certifying and submitting your application, you must upload all required application attachments, as set forth below:

NYS HOME LPA Program Application Attachments **Attachment 1 & 2 are required for all HOME LPA Program Applications.** **Attachments 3 & 4 are required only if you are applying as a community housing development organization (CHDO). Attachment 5 is required only if applying as a CHDO and applying for the Green Building Initiative.**
Attachment 1 – Administrative Plan
Attachment 2 – Energy Use Reduction & Green Rehab/Green Building Plan
Attachment 3 – CHDO Homeownership Program Analysis
Attachment 4 – CHDO Funding Commitments
Attachment 5 – Green Building/Energy Efficiency Supporting Documentation

B. Instructions for Beginning a New NYS HOME LPA Program Application

1. Verifying your Organization Information before Beginning a New Application

Before you begin a new application using the Community Development Online (CDOL) system, you should verify and update your organization information. To do so, log-in, 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 DHCR 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.

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

A. General Applicant Information

Verify and, if necessary, edit the following fields in this section:

- 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 by which the organization is known.

B. Type of Applicant

Verify and edit this section as necessary:

- 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 is other than your primary address, add the address in Section D2. You will be able to select the address to which you would like correspondence mailed once you begin the 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 (i.e. Executive Director, CEO, Board President, or general partner).

2. Beginning a New Application

After verifying and editing your organization information, you are ready to begin a new application. Return to the menu and under the 'Applications' heading, to the right of the text 'Start a New Application', enter a unique name for the project, then select 'HOME Local Program' from the 'Application Type' drop-down menu, and click 'Submit'. A table of contents will be displayed with a list of all NYS HOME LPA Program Application Exhibits broken down by individual screens within CDOL

Instructions for completing each screen follow.

C. NYS HOME LPA Application Exhibit Instructions

Exhibit 1 – Application Summary

1A. Funds Requested & 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. AHC funds may or may not be available; please contact AHC directly at (212) 688-4000 for more information.

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. The 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 which 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 standalone 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.

1B. Applicant Information

If you have already verified your organization information as suggested above, you need only complete a few fields on this screen. 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. Select the county from the drop-down menu.

2. 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 which 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 which will be assisted by this program. Include all units, including those which 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 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 which 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. <u>Other Program Staffing</u>

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. <u>Selection & Oversight of Subrecipients, Consultants and Contractors</u>

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. <u>Consultant/Subrecipient/Contractor Listing</u>

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 by those who are proposing homebuyer assistance.

3D – Tenant-Based Rental Assistance: must be completed by those 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 which corresponds 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 which 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 which 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: The 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., US 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 2010 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, the 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, the 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, the 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 (<=50% of Median Family Income with a cost burden >30% of income. (If you need assistance calculating the combined numbers of extremely-low (<=30% of MFI) and very-low-income (>30% to <=50% of MFI) renters with a cost burden >30% of income, contact your DHCR Regional Office.)

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 which 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 which were 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.

1. Select from the drop-down menu the organization for which the information is being entered (applicant, consultant or administrator who is not the applicant.)

2. Enter a descriptive name for the program that the applicant administered, such as, 'Valley Mills Homebuyer Program 2010'.

3. Select the role that the organization assumed in the program from the drop-down menu.

4. Select the applicable type of program from the drop-down menu.

5, 6 & 7. Enter the month and year the program began and was (or will be) completed, and then enter the percentage of program completion.

8. Enter the total number of units or households assisted by the program.

9. Enter a brief description of the target populations that were served by the program, for example, frail elderly.

10. Enter the total cost of the program, rounded to the nearest thousand.

11 & 12. Enter the name of the primary funding program and the name of the governmental agency which administers that program in the two spaces provided.

13 & 14. Enter the name and phone number of the primary contact person for the program listed above in the spaces provided.

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.

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 (DHCR/HTFC, Federal Government, Local Government, Non-DHCR State Government, and Private). If you cannot locate a specific source, each source category has a 'generic' source code which can be selected (for example, 'Federal Program – Other').

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

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

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

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

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

Financing Term Type: If 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 entitled '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 entitled '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 entitled '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 repair 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 online.

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 & 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 the 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, 2010, 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.

D. NYS HOME LPA PROGRAM APPLICATION EXHIBITS

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

4. HOME Program Activities/Uses of Funds:

Type of Program Activity/Use	Number of Units	Number of Households	Amount
1. Rehabilitation - Owner-Occupied		N/A	$
2. Rehabilitation - Rental		N/A	$
3. Homebuyer Assistance		N/A	$
4. Tenant Based Rental Assistance	N/A		$
5. Administration	N/A	N/A	$
Totals			$

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):

> <

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	
31% through 40% of Median Income	
41% through 50% of Median Income	
51% through 60% of Median Income	
61% through 70% of Median Income	
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 AND 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				$	$
2. Professional Fees - Specify				$	$
3. Financing Fees				$	$
4. Permits/Legal Fees				$	$
5. Fair Housing/Affirmative Marketing				$	$
6. Relocation - Specify				$0	$
7. Staff Costs - Specify				$	$
8. Lead Hazard Testing				$	$
9. Construction/Repair Labor Costs				$	$
10. Construction/Repair Materials Costs				$	$
11. Other - Specify				$	$
12. Rental Assistance				$	$
13. Total Program Costs (Lines 1 -12)	$	$	$	$	$

Administrative Expenses	HOME Funds	AHC HI Funds	Other Funds	Total Cost	Cost/Unit
14. Salaries/Fringe				$	$

15. OTPS				$	$
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	
+ 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		
Initiation of Marketing and Outreach		
Initiation of Eligibility Determinations		
Completion of Pre-Commitment Activities		
50% of Funds Committed		
100% of Funds Committed		
50% of Administrative Funds Expended		
100% of Administrative Funds Expended		
Program Completion		

6B. Program Production Schedule

	Year 1		Year 2		Year 3	
Month	HOME $	Units	HOME $	Units	HOME $	Units
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

E. APPLICANT/OWNER CERTIFICATION

I certify that I am authorized to file this submission with DHCR/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 not 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.

E. HOME LPA Program Application Attachment Instructions

The following attachments must be submitted for each application, except where indicated. Omissions may result in the loss of points or a determination of ineligibility. Be sure to follow the suggested format, and clearly mark each attachment with the appropriate title as follows:

A - Administrative Plan

B – Energy Use Reduction and Green Rehab/Green Building Plan

C – CHDO Homeownership Program Analysis (CHDO applicants only)

D – CHDO Funding Commitments (CHDO applicants only)

E – Green Building/Energy Efficiency Initiative (CHDO applicants only)

Attachment 1 - Administrative Plan

Each LPA applicant must submit an Administrative Plan. The Administrative Plan details the applicant's procedures for implementing the proposed program, consistent with the applicant's corporate policies. The applicant must present a feasible plan for administering the program and provide sufficient detail on HOME Program requirements so that a reasonable person would understand how the program will operate. If an application receives a funding award, the applicant ("recipient") may be asked to revise the Administrative Plan. Once approved, the Administrative Plan becomes part of the funding contract.

The Administrative Plan must include:

1. general program structure, types of assistance offered, and targets;

2. outreach and selection process (including fair housing and equal opportunity compliance and conflict of interest policy);

3. activity-specific policies, where applicable (investor-owned rental housing, home buyer assistance program underwriting, CHDO home buyer project development, tenant-based rental assistance (TBRA)policies);

4. contracting and construction management (compliance with property standards, energy conservation, lead hazard control);

5. fiscal management; and,

6. post-occupancy monitoring.

Instructions for each of these elements are provided below. Each of these points must be addressed in sufficient detail to permit use of the administrative plan as a contract exhibit, if the proposal receives a funding award. Failure to provide all required components may result in a lower score for the application.

1. Program Design

a. Program Design

i. What program activities (down payment assistance, housing rehabilitation, acquisition/rehabilitation/resale, new construction, etc.) will be undertaken with HOME funds?

ii. What is the maximum subsidy amount for a program participant?

iii. What type of assistance (loans, grants, deferred loans, etc.) will the program provide?

iv. Describe the program's service area, including the commonly-used name of the area, if applicable, (for example, the Fourth Ward of the City of Clinton), and the area's geographic location and boundaries. Include the entire area in which assisted properties may be located.

v. Identify any program components that are part of the strategy to meet the goals of the Energy Reduction Plan identified in Attachment 2.

vi. Indicate whether the program will have a specific focus on historic preservation, energy conservation or accommodations for special-needs tenants, or will assist buildings that have any known environmental review or design issues. Identify any project sites located in historic areas. Discuss any design modifications necessary to accommodate special-needs occupants.

vii. Will any mixed-use buildings be assisted by the program? Explain.

b. Participant Eligibility & Priorities

i. Identify the maximum income level, **as a percentage of area median income**, for participants in the program. Describe any other income-based eligibility criteria that will be used in the program.

ii. Identify any special-needs populations that will be assisted by the program. (Refer to the Unified Funding Reference Materials for more on special-needs populations).

iii. Describe any other program participant eligibility requirements or preferences. For TBRA programs, describe any preferences or priorities that will be involved in tenant selection.

c. Counseling and Supportive Services

i. Describe the pre-award and post-award counseling that will be provided to program participants.

ii. Describe the written educational materials that will be provided to clients prior to receiving assistance, and upon completion.

iii. Describe the supportive services that will be provided for special-needs clients.

d. Property Standards

i. Recipients must follow rehabilitation standards that are substantially equivalent to the “New York State Housing Trust Fund Corporation Rehabilitation Standards for One-to-Four-Unit Structures (June, 2006).” If an applicant proposes using a different rehabilitation standard, attach a copy and specify how compliance with each of the following elements will be achieved in assisted buildings:

1. NYS Uniform Fire Prevention and Building Code (also identify any local housing code that applies);

2. Federal Housing Quality Standards;

3. NYS Energy Code, Model Energy Code, or other applicable energy standards;

4. Applicable accessibility standards; and,

5. Lead-based paint hazard control regulations.

ii. Describe the methods the applicant will use to assess energy conservation needs. Identify the energy audit protocol that will be followed (TIPS, TREAT, etc.). Other procedures for evaluating the energy-efficiency of units to be assisted may also be acceptable. Be sure to include costs for conducted energy efficiency analyses or audits on the budget.

iii. Describe what measures the applicant will employ to promote energy conservation in assisted units, such as incorporating energy conservation measures into the work scope. If you plan to coordinate the program with a Weatherization Assistance Program subgrantee, describe the activities you will undertake to manage a successful coordination.

iv. Describe any additional health and safety measures planned to be incorporated into the program.

2. Participant & Property Selection

a. Program Outreach/Marketing

i. Describe the outreach and promotion activities that have been used or are planned to market the program, including actions that will be taken to ensure compliance with State and Federal requirements concerning equal opportunity and fair housing, including provisions regarding age discrimination and equal employment opportunity, pursuant to 24 CFR 92.350, and described more fully in 24 CFR 5.105(a).

ii. If the program will target any of the special needs populations listed in the Unified Funding Reference Materials and includes a supportive service component, discuss how the special-needs households will be identified, and how services will be provided to those households.

iii. Explain how the program will be administered in accordance with all State and Federal requirements concerning equal opportunity and fair housing, including provisions regarding age discrimination and equal employment opportunity, pursuant to 24 CFR 92.350, and described more fully in 24 CFR 5.105(a).

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

b. Application Review and Selection Process

i. Describe the applicant's procedures for intake and review of applications, including the certification process that will be followed to ensure compliance with income targeting and income eligibility requirements.

ii. Describe any client questionnaires and/or informational materials that will be provided to applicants.

iii. Describe the applicant's procedures for selecting applicants who will receive assistance (lottery, waiting list, etc.).

iv. If there is an existing waitlist for the proposed program, provide the following details: the number of households on the list, and the approximate date that the list was established.

c. Property Eligibility Determinations

i. Describe the types of properties that will be eligible for assistance under the program. Include such details as general location, sizes, structure type (such as mobile homes), number of units (indicate if you are planning to assist properties with more than one unit), and price. Also detail any restrictions that will be placed with regard to property eligibility.

ii. Indicate whether households residing in mobile homes will be assisted by the program. If the program will involve the replacement of dilapidated mobile homes, describe the type of housing that will replace the mobile homes (for example, stick-built single family homes, new manufactured homes, modular homes, etc.). **Please note**: to be eligible for the MHRI, the property upon which the mobile or manufactured home that is to be replaced must be owned by the individual or family receiving the replacement manufactured home. Please see the Request for Proposal for further information. Applications that propose rehabilitation of mobile homes or assistance to mobile homes located on leased land will not be considered for HOME Program funding.

iii. **If you are undertaking an owner-occupied rehabilitation program**, describe the method to be used to ensure that the units assisted comply with respect to after-rehabilitation value requirements set forth in 24 CFR 92.254.

iv. For homeownership rehabilitation programs only, indicate how you will verify proof of ownership before committing to assisting the unit.

v. Describe the process for coordinating initial inspections with lead hazard risk assessments and energy audits.

d. Conflict of Interest

i. Recipients, CHDOs, and their officers, employees, agents, consultants, and immediate family members who have access to information regarding the awarding of HOME program funds, or who may have influence on the policy or procedures by which HOME funds are awarded, are prohibited from gaining financial interest or benefit from such knowledge or influence. Describe the procedures that will be used to prevent such conflicts of interest from occurring. Include what factors will be considered in requesting exceptions to the conflict of interest policy from HTFC, including how you will provide for full public disclosure (including publication in newspapers of general local circulation), should such exception be requested or granted.

3. Activity-specific policies (only provide this information if applicable to the activity for which you are requesting funds)

a. Investor-owned rental housing (only applicable if funds requested for this activity)

i. Describe the requirements investor-owners must meet to participate in the program. Include the financial contribution that participating owners will be required to make, and indicate at which point in the process owners will be required to provide the funds.

ii. Describe the applicant's procedures to ensure that rental units assisted qualify as affordable housing as set forth in 24 CFR 92.252. Be sure to include the proposed process for placing rent restrictions on assisted units.

iii. Describe the applicant's procedures for ensuring that owners will comply with the tenant and participant protections specified in 24 CFR 92.253.

iv. Describe the applicant's procedures to ensure compliance with requirements for each of the following during the regulatory period: ongoing monitoring and inspection of assisted units; rent adjustments; and, tenant income eligibility.

b. Home purchase assistance underwriting

i. Describe the applicant's process for determining the amount of subsidy that a participant will receive. If you will use a loan underwriting process to determine subsidy amounts, describe the process. Also describe the lending ratios and/or other criteria that will be used to determine how much a program participant can afford.

ii. If you will be coordinating the program with private lenders, describe the process that will be followed. Describe any loan products that are available from local private lenders that will be coordinated with the program or made available to buyers. Include information on rates, terms, and qualifying ratios of other homebuyer programs that will be used.

iii. Explain how you will discourage the use of sub-prime lenders, and how you will ensure that HOME Program funds will not be used to assist those whose first mortgage is more than 200 basis points above the average rate for unsubsidized conventional 30-year mortgages in the program service area.

iv. Explain how you will ensure that homebuyers obtain mortgages from lenders that will maintain real property tax and insurance escrow accounts. Discuss any additional steps you will take to keep homebuyer debt low, reduce the risk of default, and otherwise ensure the financial viability of program clients, for example, requiring homebuyers to maintain repair or replacement reserve accounts.

v. Describe the structure of a typical homebuyer transaction, including: whether or not you will issue written loan commitments to participants; what requirements the participant has to fulfill to receive the loan commitment; anticipated purchase price(s); level of rehabilitation; first mortgage sources and amounts; and expected homebuyer contributions and subsidy amounts. If you expect that there will be than one typical transaction, provide the necessary information for each.

c. CHDO Home Ownership Development Program Details. Complete this Section only if the applicant has checked the CHDO box on Page 1, and is requesting CHDO funding to develop home ownership housing.

i. Provide a brief description of the proposed home ownership development projects, and explain the applicant's role in the program. Provide an example of how a typical transaction will be structured. Additional details on the structure of the project will be requested in Attachment 3.

ii. Discuss any public approvals or environmental reviews that will be required before these projects can be developed.

iii. Indicate whether the State Historic Preservation Office has reviewed any of the proposed sites, or whether there are any known historic review issues (including archaeological reviews). Indicate whether any part of the proposed service area is in a designated historic district, or adjacent to any registered historic landmark.

iv. Describe how a typical project will be structured. Include: anticipated site and predevelopment acquisition costs; type and amount of subsidy for each project; projected sales prices; other financing; and any other expected subsidies or sources of funding. If multiple scenarios are anticipated, provide the necessary information for each.

v. Detail the process that will be used for identifying and acquiring properties to be assisted (for example, examining municipal tax delinquencies acquired at public auction).

vi. Detail any predevelopment activities that have been or will be undertaken, and indicate whether a predevelopment advance will be requested.

vii. Identify who will hold title to properties during construction, and detail when titles will be transferred to homebuyers.

d. Tenant Based Rental Assistance (TBRA applicants only)

i. How will program subsidy amounts for assisted households will be determined?

ii. Discuss how required tenant contributions will be determined, and identify the source of the utility allowance schedules that will be used to determine tenant contributions.

iii. Identify the rent standard that will be used, and explain how rent reasonableness determinations will be made.

iv. Detail how the subsidy will be paid - to the tenant or to the landlord.

v. Discuss the use of program funds for security deposits on assisted units.

vi. Detail the lease form that will be used.

vii. Detail the rental assistance contract term that will be offered to tenants.

viii. Discuss whether or not you will use the same income certification process used by the local Section 8 Program.

ix. Describe the process that will be used for conducting Housing Quality Standards inspections.

x. Describe what steps will be taken to minimize the adverse impact on tenants when the HOME rental assistance subsidy expires. If you expect that Section 8 assistance will be offered to the tenants upon subsidy expiration, detail the average length of the local Section 8 Program waitlists.

xi. Discuss any preferences or priorities that will be used to select tenants.

4. Contract and Construction Management

a. Contract Process

i. Describe the contract and payment process that will be followed to provide HOME funds to project owners. Example: If you are proposing a rehab program, explain whether you will contract directly with homeowners who then hire contractors, or whether you will contract with both homeowners and contractors.

ii. Describe the M/WBE utilization plan that will be adopted, including policies and procedures for subcontracting and/or procurement of goods and services, and identification of any M/WBEs that will be solicited in connection with the program. New York State maintains records on M/WBE participation based on contract reports submitted by recipients on M/WBE activities, and will assist recipients in their outreach efforts.

iii. Section 3 of the Housing and Urban Development Act of 1968 was established for the purpose of ensuring that employment and other economic opportunities resulting from HUD assistance will, to the greatest extent possible, be directed to low- and very low-income persons, especially those living in HUD-assisted housing. Describe what steps the applicant will take to conduct outreach, provide employment, or otherwise comply with Section 3.

b. Work-scope development and bidding

i. For programs involving rehabilitation, describe the procedures that will be followed for initial and subsequent inspections. Also describe the process for coordinating initial inspections with lead hazard risk assessments and energy audits.

ii. Describe each of the following procedures:

1. developing independent work write-ups and cost estimates;

2. reviewing plans and specifications;

3. soliciting and reviewing bids; and,

4. conducting financial feasibility determinations, (identify the individual responsible for making such determinations).

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

c. Construction Management

i. Describe the applicant's procedures for construction management and quality control, including frequency of on-site monitoring;

ii. Describe the applicant's procedures for disbursement and retainage of construction funds; change order approvals; punch list development; releasing retainage; certifying project completion; obtaining warranties; and, issuing lien releases.

d. Lead-Based Paint

i. Describe the applicant's procedures for notification, assessment, interim control, and clearance testing for lead-based paint hazards in housing to be rehabilitated with HOME funds, in accordance with 24 CFR part 35. **If the program's per-unit average Federal rehabilitation assistance and the per-unit hard costs for rehabilitation, less the cost of lead hazard reduction activities, exceeds $25,000, also describe the procedures for abatement of lead based paint hazards in each assisted unit.**

ii. Describe any efforts that have been made in the program service area to ensure that there is adequate contractor capacity to provide interim controls or abatement services.

iii. For TBRA and homebuyer programs not involving rehabilitation, describe what procedures are in place for compliance with requirements for notification, assessment, paint stabilization, clearance testing and maintenance of assisted units.

5. Fiscal Management

a. Describe the process to be used for maintaining records that adequately identify the sources and uses of HOME Program funds, leveraged funds, Program income, and repayments of invested HOME Program funds.

b. Describe how HOME funds will be disbursed to owners and/or contractors.

c. If funds will be provided by owners and other sources, describe the timing of pay-ins and coordination with payment of HOME Program funds.

d. Explain how you will ensure that assets are adequately safeguarded and used solely for authorized purposes, including required fidelity bond coverage.

e. Describe the written procedures used for determining reasonableness, allocation, and allowability of costs.

f. Demonstrate that all of the applicant's accounting records are supported by source documents, and that the applicant is able to prepare all required financial reports for this award.

g. Was the recipient was required to submit an audit conducted in accordance with OMB A-133 guidelines for the most recently completed fiscal year?

6. Compliance Monitoring

a. Continued Affordability

i. Rental & Homeownership: Discuss how you will ensure that assisted housing continues to qualify as affordable housing throughout the period of affordability?

ii. Rental Only: Describe the schedule for conducting on-site inspections to determine compliance with property standards and rent limitations during the period of affordability.

iii. Rental Only: Describe the annual income certification process.

b. Warranties

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

Attachment 2 – Energy Use Reduction & Green Rehab/Green Building Plan Instructions

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 5.

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 o 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 DHCR 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.

Attachment 3 – CHDO Home Ownership Program Analysis
(CHDO Applications 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 DHCR regional 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.

Attachment 4 - CHDO Funding Commitments
(CHDO Applications only)

If funding from sources other than DHCR/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.

Attachment 5 - 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 5.

CHDO home ownership project applicants that are proposing a new construction project and claiming Energy Efficiency Initiative points must submit an agreement with a 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 5 – 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 5 – Energy Efficiency Initiative."