

HOUSING APPLICATION

AMOUNT OF FUNDS

REQUESTED FROM WAUKESHA COUNTY

NUMBER OF UNITS TO BE ADDED

<u>APPLICANT INFORMATION</u> Applicant's Legal Name: Address: _____ Contact Name and Title:) _____ FAX (Telephone: (E-Mail: Federal Identification Number: ______Date Incorporated ____/___ DUNS Number: _____ **Debarrment:** Is / has the applicant organization been barred from doing business with either the State of Wisconsin or the Federal Government, or is any such action pending? Yes No (If yes, please indicate the reason(s) for the debarment and the date(s) your firm was debarred in the space below): **CHDO**: Is the applicant organization a CHDO? Yes No If yes, please provide information required for CHDO certification for this project (see instructions). If you are requesting CHDO Operating Funds, refer to application instructions. **Project Summary** BRIEF DESCRIPTION OF THIS PROJECT: ADDRESS OF PROJECT:

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TOTAL PROJECT COST

PROJECT SCOPE (20 Points Maximum) Project Name:

Project Address:	
Project County:	
□ Waukesha□ Jefferson□ Washington□ Ozaukee	
Project Type (Check One):	
□ New Construction (For Sale) □ New Construction (Rental) □ Acquisition/Rehabilitation (For Sale) □ Acquisition/Rehabilitation (Rental) □ Other (describe)	
Please provide a brief description of your project:	
Provide a list of any partners who are working with you on this project:	
When will the project get underway?// When will it be completed?// Expected Occupancy Date://	

What percent of the housing units in your rental project are affordable to households (non-elderly) making less than 50% of the area median income?

A. Number of units for households making	
less than 50% of area median income B. Total Units	
B. Total Units	
Percent (A/B)	
Are any of the units in your project public housing the local Housing Authority?	g replacement units through an agreement with
□Yes □No	
Is your project a mixed use development (examp	ole: housing and commercial)?
□Yes □No	
Will your project incorporate the Star Home Progenergy savings program that provides guarantee housing units?	
□Yes □No	
What percent of the proposed units are designed in Federal and State guidelines?	d to be fully handicapped accessible as defined
A. Number of fully accessible units	
B. Total Units	
Percent (A/B)	
Describe how you will ensure that the project me hazards:	eets housing and code standards, including lead

Answer these questions ONLY for residential rental projects

Provide the following information about specific units in a RENTAL project:

For rental housing and rental assistance, at least 90 percent of benefiting families must have incomes that are no more than 60 percent of the HUD-adjusted median family income for the area. In rental projects with five or more assisted units, at least 20 percent of the units must be occupied by families with incomes that do not exceed 50 percent of the HUD-adjusted median.

		Rental Project		
Number of Units	Income Category	Monthly Unit	Includes	Amount of
		Rent	Utilities?	HOME Per Unit
	Below 30% CMI			
	30.1% 50% CMI			
	50.1% 60% CMI			
	60.1% 80% CMI			

Describe briefly your tenant selection criteria and process.
Does the project include plans to provide supportive services to residents or links to appropriate services? If yes, please describe.

Consolidated Plan Priorities

Select the appropriate activity category below for your project. Items are listed in order of the HOME Board's 2015—2019 preferences.

Development of new affordable single family owned housing
Development of new affordable rental housing
Rehabilitation of single family owned housing
Rehabilitation of rental housing

Analysis of Impediments

Indicate how your agency is working to alleviate impediments identified in the 2015-2019 Analysis of Impediments to Fair Housing Choice.

Increase Knowledge of Fair Housing (check all that apply)
☐ Agency staff attends fair housing seminars or educational opportunities.
☐ Agency provides education or training for rental property owners and managers on the
requirements of the Fair Housing Act, the definitions of protected classes, discriminatory practices, and potential consequences for non-compliance.
☐ Agency provides education or training to tenants on their rights under the Fair Housing Act.
Create Balance between Job Centers and Affordable Housing Options (check all that apply)
□ Project is located in high opportunity community near a job center.
□ Project is located in low or moderate income census tract.
Improve NIMBY/Prejudiced Attitudes (check all that apply)
☐ Agency develops and integrates appropriate diversity awareness information into staff and organizational development training.
☐ Agency creates and disseminates information regarding what affordable, workforce and
mixed-income housing is and what economic benefits they offer to the community, via printed materials, training sessions, website education or other methods.
☐ Agency participates in regional housing initiatives and collaborative efforts.
Offer Housing Options for People with Disabilities and the Aging Population
□ Project creates housing for people with disabilities or the elderly.
□ Project has construction design concepts such as universal design (UD) or visit-ability
standards and features.

Market Study

Attach a market study for this project as Appendix 1. This market study should be consistent with the type and size of project you are applying for. Provide data and information to demonstrate that your project is feasible and that there is a market for the type of housing you are producing.

SITING AND DESIGN (15 Points Maximum)

Project Design

Please submit design information as Appendix 2. Include such things as a scaled site plan, and building elevation and floor plan drawings to document the design characteristics of the proposed development.

Project Amenities	
Provide a list of any amenities or special design features	s of the housing to be developed.
Readiness to Proceed	
Do you have site control?	
□Yes	
□No	
Form of Site Control:	
□ Option	
□ Accepted Offer	
□ Fee Simple □ Other:	
Lother.	
Is the site zoned for this development?	
□Yes	
□No	
If no, is site currently in process of rezoning? When will the zening issue he received?	□No
When will the zoning issue be resolved?	
Explain:	

Location:

 Describe the site in terms of its accessibility to social, recreational, educational, commercial, health facilities and services, and other municipal facilities and services, or any other beneficial aspects of the site. Discuss why this location is desirable for your project. Please note if the project is in a "high opportunity" community as noted in on Map 1, PROJECTED JOB/HOUSING IMBALANCES IN SEWERED COMMUNITIES IN THE SOUTHEASTERN WISCONSIN REGION, which can be found on the Community Development Website at http://www.waukeshacounty.gov/uploadedFiles/Media/PDF/Parks_and_Land_Use/Community_Development/Apply_for/Job%20and%20Housing%20Imbalances.pdf
Adverse Conditions:
Describe any adverse conditions or other challenges this site may face, including any environmental issues, proximity to existing or proposed freeways, flooding issues, or proximity to odors or pollution from industrial issues. Note that projects funded with this grant are subject to environmental review.

AFFORDABILITY (10 Points Maximum) Population to be served (Check all applicable): □ Family □Elderly ☐ Special Needs **Income Levels** What income levels will be served with this project? Income Level Number of Units Households with income under 30% county median income Households with income over 30% but under 50% county median income Households with income over 50% but under 60% county median income Households with income over 60% but under 80% county median income **TOTAL UNITS** Length of Affordability Income and rent are limited during the period of affordability. All units funded with HOME funds are required to meet the minimum HOME affordability periods. What is your proposed period of affordability? How will you ensure long term affordability?

FINANCIAL FEASIBILITY (25 Points Maximum)

Sources of Funds

Please indicate the sources of funds available for your project in the spreadsheet below (double click on the table to enter information). If funds are secure, provide documentation as Appendix 3.

Sources of Funds	Amount	Funds Secure (yes or no)	
TOTAL FUNDS			

Uses of Funds

Please indicate the Uses of Funds for your project in the table below:

Uses of Funds	Amount
Acquisition	
Construction/Rehabilitation	
Construction Contingency	
Developer fee	
Soft Costs:	
Financing (loan interest, etc.)	
Insurance	
Maintenance/Utilities	
Property Taxes	
Reserves	
Other	
Other	
TOTAL USES OF FUNDS	\$

Sour	ces and Uses:	
Do the ☐ Ye ☐ No		
If yes	, please explain how the gap will be covered.	
Sumr	mary of Project Costs	
Pleas	e provide the following information for your project:	
	Construction cost per unit	
	Soft cost per unit	
TOT	AL cost per unit	
Perc	ent of total funds secure at time of application	
Tota	I developer fee for the project	
Cons	struction costs as a percent of total development cost	
Doro	ent of HOME funds to total project funding	
Perc	ent of HOME funds to total project funding	
Retur	n of Funds	
How \	will the requested funds be returned to the HOME Consortium as prog	gram income?
	50% or more returned within 20 years of award	•
	Up to 49% returned within 20 years of award No return within 20 years of award Other, please describe:	
Matcl	h	
sourc from b	dollar of HOME funds used must be matched with at least 25 cents fes, which may include donated materials or labor, the value of donate bond financing, and other resources. Please describe how your projectum 25% federal match requirement:	ed property, proceeds

DEVELOPER CAPACITY (30 Points Maximum)

Organizational Experience

rescribe the organization's housing development experience. Provide specific examples of rojects your organization has completed that are similar to the one proposed here.						

Developer Team Experience

f as Appendi	nd any past affo x 4.			

Other Organizational Experience

Will the project create any challenges for the organization? If so, how will these be overcome? Has your agency received HOME Consortium funding in the past? If so, describe the project funded and outcome.

Potential Challenges:
Past Experience using HOME funds:
Financial Capacity
Provide your most recent audited financial statements as Appendix 5.
Has you audit indicated any deficiencies or concerns in the last three year period?
□ Yes □ No
If yes, please identify and explain:

Provide a description of your organization's financial reporting systems. What internal controls are in place that minimize opportunities for fraud, waste and abuse? What is your Board's role in fiscal oversight? What accounting procedures are in place that will allow you to segregate HOME funds from other agency fund for purposes of identification, tracking and reporting?
APPLICANT AUTHORIZATION
On behalf of(Applicant), I submit this application for funding to the HOME Consortium. To the best of my knowledge all information contained herein is accurate and complete as stated. I am authorized to sign on behalf of my organization.

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Title

Date

Signature

Print Name