Small Projects Program (SPP) Application Instructions

This document consists of the following sections:

A. General Instructions for submitting a Small Projects Program (SPP) application using the Community Development Online (CDOL) System;

B. Instructions for beginning a CDOL SPP application;

C. SPP CDOL Application Exhibit Instructions;

D. SPP CDOL Application Exhibits;

E. Omnibus Certification; and,

F. SPP Attachment Instructions.

A. General Instructions for Submitting a SPP Application using the Community Development Online (CDOL) System

WARNING: FUNDED APPLICATIONS WILL BE MADE AVAILABLE IN THEIR ENTIRETY FOR PUBLIC REVIEW ON DHCR'S WEBSITE. APPLICATIONS SHOULD NOT INCLUDE PERSONAL OR PROPRIETARY INFORMATION.

1. SPP Application Guidelines

Not-for-profit organizations, including not-for-profit subsidiaries of housing authorities, that will act as the applicant, developer and owner may request construction or permanent financing under the Small Projects Program (SPP) application using Housing Trust Fund Corporation (HTFC) funds. Please note, however, that the HTFC will give preference to applications that propose a construction lender other than the SPP funding source. Unless otherwise notified, SPP funding cannot be used to create space for a community service facility.

Applicants **must** contact the nearest DHCR Regional Office to schedule a pre-application meeting with regional office staff at least 60 days prior to submitting any SPP application.

A SPP application may propose up to 15 residential rental units total and cannot include Federal or New York State Low-Income Housing Tax Credits as a financing source.

SPP applications seeking financing under the HTF Program are limited to $125,000 per unit.

HOME funds are extremely limited at this time, so it is strongly recommended that prospective applicants request only HTF funds for a SPP project. HOME financing for SPP applications may be available in 2009.

The regulatory period for SPP housing will be 30 years, and the loan instrument is anticipated to be a zero percent interest (0%) balloon loan.

SPP Applications must propose the creation of residential rental units. Homeownership units may not be proposed under this program.

2. Online Application Submission

SPP applications may be submitted at any time; however, applicants MUST contact the nearest DHCR Regional Office to schedule a pre-application meeting at last 60 days before submitting any SPP application.

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

1) Completing 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 to electronically certify the application must log in to the CDOL and certify and submit the application exhibits. Once submitted, the CDOL will assign your application 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 A8 below.**

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

3. Registering Your Organization's Security Manager

Please review the following to make sure that your organization is prepared to use the CDOL, and that you have someone with the authority to certify the application 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 will serve as 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 you are 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 you 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 (formerly known as CDWAS) to apply for LPA 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, and you cannot remember your password, or if you have forgotten your USER ID, please either call the MSR Unit at (518) 486-5000, or e-mail us at: msr@dhcr.state.ny.us for assistance.

4. 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.

5. Completing and Validating the Application Exhibits

The SPP application consists of eight exhibits (and 24 attachments), which are listed in Section A9 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.

6. **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, 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.

At this point, you may choose to continue with the uploading and submission of required application attachments, or you may log-in to the CDOL at a later time, and upload and submit your application attachments. **Remember that your application is not complete until all required application exhibits and attachments have been submitted. Any portion of the required application exhibits or attachments which have not been submitted by the deadline specified above will not be accepted.**

7. **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 SPP project application 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.

You must select the 'omit' button for all attachments which you will not be submitting. This is required as an acknowledgement that you are intentionally omitting the attachment(s).

All required attachments must be uploaded before the group can be submitted.

8. **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 application is complete and may not be changed.

9. **Required Exhibits and Attachments**

Small Project Program (SPP) Application Exhibits & Application Certification The Small Project Program Application consists of the following eight Exhibits and an electronic certification:
Exhibit 1 – Application Summary (Required)
Exhibit 2 – Proposal Summary (Required)
Exhibit 3 – Development Budget/Funding Sources (Required)
Exhibit 4 – Unit Rents & Affordability (Required)
Exhibit 5 – Project Income & Operating Budget (Required)
Exhibit 6 – Development Timetable (Required)
Exhibit 7 – Development Team's Relevant Experience (Required)
Exhibit 8 – Site & Building Information (Required)
Electronic Omnibus Certification (Required)

Small Project Program Application Attachments The following Attachments are required for all SPP applications unless otherwise noted:
A. Project Readiness Attachments
Attachment A1 – Evidence of Site Control (Required]
Attachment A2 – Zoning Compliance (Required)
Attachment A3 – Public Approvals (Required)
Attachment A4 – State Historic Preservation Office Submissions (Required)
Attachment A5 – State Environmental Quality Review (SEQR) Submissions (Required)
Attachment A6 – Environmental Approvals (Required)
B. Project Design/Construction & Site Suitability Attachments
Attachment B1 – Outline Specifications (Required)
Attachment B2 – Construction Cost Estimate Summary (Required)
Attachment B3 – Preliminary Plans (Required)
Attachment B4 – Site Photographs (Required)
Attachment B7 – Energy Efficiency Program Documentation and/or RES*check* (Required for applications seeking consideration under funding under the Energy Efficiency Initiative and/or scoring points under HTF, HOME, LIHC or SLIHC)
Attachment B8 – Energy Efficient Construction Costs (Required for applications seeking funding under the Green Building or Energy Efficiency Initiative and/or scoring points under HTF, HOME, LIHC or SLIHC.
Attachment B9 – Green Building Criteria Checklist (Required for applications seeking funding under the Green Building Initiative or and/or scoring points under HTF, HOME, LIHC or SLIHC).
Attachment B10 – Visitable, Accessible and Fully Adapted Units (Required for all applications except UI and RARP standalone applications).
C. Community Need/Market Demand Attachments
C2 – Market Study/Analysis (Required)
C4 – Local Support Documentation (Required)
D. Project Underwriting Attachments
D1 – Appraisal (Required only if the project includes an individual site with acquisition costs of $100,000 or more, or where there is an identity of interest between project participants and the seller)
D2 – Operating Budget Documentation (Required)
D3 – Funding Commitments (Required for any application that requires funding from non-DHCR/HTFC sources)
E. Special Needs/Elderly/Supportive Housing
E – Support Services for Persons who are Elderly, Tenants who are Persons with Special Needs and Tenants of Supportive Housing (Required for applications proposing to serve an elderly population, tenants who are persons with special needs, or tenants of supportive housing. Also required when a portion of the project will be used for a program of health or social services).
F. Miscellaneous Attachments
F3 – Non-Profit Participation as Applicant or Owner (Required)
F4 – HOME Program CHDO Determination Letter (Required only if the application is requesting HOME funds and seeks review as a CHDO application)
F5 – Request for Waiver from HTFC Standards (Required for any application seeking a waiver from HTFC standards).
F6 – Existing Occupant Info./Relocation Plan (Required if application proposes funding for an occupied project)

B. Instructions for Beginning a New Capital Project Application

1. Logging into the CDOL

When you have received your CDOL User ID and password, go to DHCR's homepage: www.nysdhcr.gov. Click on the 'Forms and Applications' tab at the top of the homepage. Next, click on the 'Community Development Online (CDOL)Application System' link under the 'Applications' heading. Scroll down and click on the text that reads 'Login to CD Online'. You will be brought to the log-in screen. Enter your User ID and password and click 'Submit'. The first time you log-in, you will be prompted to change your temporary password. New passwords must be at least eight characters long, and contain a minimum of two numbers. On the first log-in, you will also be prompted to enter your organization's federal employer identification number. Should you forget your password, go to the log-in page and click the 'forgot your password' text. Enter your User ID and e-mail address, and a new temporary password will be e-mailed to you.

2. 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 edit or update your organization information if necessary. 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 heading 'Organization'.

Main Menu

Organization

Name	Options
Affordable Housing Company of Central New York	view | edit | select

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

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

A. General Applicant Information

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

B. Type of Applicant

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; for example, the Executive Director, CEO, Board President, or general partner.

3. Beginning a New Application

After verifying and editing your organization information, you are ready to begin a new application. Return to the main menu. If you are an authorized user for multiple applicants, click the 'Select' link to the right of the organization name whose application you will be working on. Next, to the right of the text 'Start a New Application', enter a unique name for the project. Select 'Capital Project' from the 'Application Type' drop-down menu, then select 'Small Projects Program (SPP) - Open Window' from the 'Capital Application Type' drop-down menu. Click 'Submit'. A table of contents will be displayed with a list of all SPP Application Exhibits broken down by individual screens within CDOL. Click on the 'edit' button to update a screen. While you may update some screen out of order, others may not be updated until previous screens have been completed due to data dependencies.

Instructions for completing each screen follow.

C. Small Project Program (SPP) CDOL Application Exhibit Instructions

Exhibit 1 – Application Summary

1A. Applicant Information

If you have already verified your organization information as suggested above, you need only complete a few fields on this screen.

5b. If the applicant is a charitable or non-profit organization, select the applicant's IRS tax-exempt category. If you select 'other', specify the type in the space provided.

5c. If the applicant is a charitable or non-profit organization, indicate whether or not all required periodic or annual written reports have been filed in a timely manner.

5e. If the applicant is a Minority- and/or Women-Owned Business Enterprise (M/WBE) which has been certified by the NYS Department of Economic Development's Division of Minority and Women's Business Development, select the applicable type of M/WBE. Select Not Applicable if not a M/WBE.

5f. If the applicant is a limited liability corporation (LLC) or a limited partnership (LP), provide the names of each member or general partner. For any managing member or general partner that is another LLC or LP, provide the names of its members or general partners. Continue to add the names of all managing member or general partner LLCs or LPs until all members or general partners have been identified.

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. If this person is not authorized to sign documents on behalf of the applicant, complete Section 9.

9. If applicable (see Section 8), provide the requested information for an employee or officer of the applicant who is authorized to sign documents on behalf of the applicant.

1B. Owner Information

1. Indicate whether or not the applicant will transfer title to another entity upon completion. If you check yes, complete the rest of Section B. If you check no, click 'Submit' and go on to the next screen.

2. If known, enter the legal name of the eventual project owner, or check 'Unknown'. Indicate whether the entity is proposed or existing (incorporated).

3. If the owner is an existing entity, enter the owner's federal employer identification number.

4. If the owner is an existing entity, enter the month and day (mm/dd) of the owner's fiscal year end date.

5a. Select each applicable organization type.

5b. Indicate whether or not the owner is a 501(c)(3) corporation (non-profit IRS tax-exempt category).

5c. If the owner is a limited liability corporation (LLC) or a limited partnership (LP), provide the names of each member or general partner. For any managing member or general partner that is another LLC or LP, provide the names of its members or general partners. Continue to add the names of all managing member or general partner LLCs or LPs until all members or general partners have been identified.

6. Enter the owner's mailing address, phone and fax numbers, and primary contact person's name and title. At a minimum, you must enter the owner's city, state, zip code and phone number.

C. General Project Information

1a. Indicate whether or not **this project** has previously received any capital funding from DHCR/HTFC, including seed money.

1b. If you answer yes to Question 1a, enter the DHCR-issued SHARS ID number(s) assigned to the project.

2. 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.

3. Select the name of the county in which the project is to be located from the drop-down list.

4. Select the municipality in which the project is to be located from the drop-down list. Be sure to select the correct municipality when there are both a town and village with the same name.

5. Enter the requested information for the chief elected official of the municipality in which the project is to be located.

D. Program Funding

Questions 1a and 2a are not applicable for the SPP.

3. Capital Project Funding Requests

3a. Program Funds Requested

For each program from which you are requesting SPP funds, enter the total amount of funds requested in the corresponding space provided. **Please note** that you may only request SPP funds from the HTF, HOME, UI, RARP and HDF Programs.

1. If applicable, enter the amount of Housing Trust Fund (HTF) Program funds requested.

2. If applicable, enter the amount of HOME Program funds requested.

3. HWF is not an eligible SPP Program.

4. SLIHC is not an eligible SPP Program.

5. 9% LIHC is not an eligible SPP Program.

6. If you are requesting Urban Initiatives (UI) Program funds in conjunction with this SPP project, enter the amount of UI funds requested.

7. If you are requesting Rural Area Revitalization Program (RARP) funds in conjunction with this SPP project, enter the amount of RARP requested.

8. If you are requesting construction funding for a SPP project that includes HOME financing, you may request Housing Development Fund (HDF) Program funds as the construction source, depending on funds availability. **Please note** that HDF funds may only be used for construction financing, and only in conjunction with NYS HOME Program funds (line 2). If you are requesting HDF funds, enter the amount of HDF requested on line 8.

3b. If you have entered funding requests from both the HTF and HOME Program, indicate whether the request is for **EITHER** HTF or HOME, or if you are requesting funds from **BOTH** Programs.

Questions 3c and 3d are not applicable to SPP Applications.

E. Project Initiatives and Program-Specific Application Designations

For detailed information on all special project initiatives and non-profit application designations, please refer to the Capital Programs Manual (CPM).

1. Special DHCR/HTFC Project Initiatives

Select each type of initiative that you are requesting that this application be reviewed as. If you are not choosing any of the Initiatives, select 'Not Applicable'.

- The Energy Efficiency Initiative may be selected only if the proposed project demonstrates participation in the New York State Energy Research and Development Authority (NYSERDA) Multifamily Building Performance Program or the New York Energy Star Labeled Home Program.

2. New York/New York III (NY/NY III) Supportive Housing Agreement

The NY/NY III Agreement between the State and City of New York is a commitment to increase the City's supportive housing capacity for homeless persons. The Agreement defines supportive housing as the pairing of rental assistance and supportive services in buildings constructed or renovated for this purpose (congregate housing) or in scattered-site apartments acquired for the purpose of housing.

If your project is not within one of the boroughs of New York City, select 'Not Applicable' from the drop-down list. If your project is located in one of the five boroughs of New York City, indicate whether or not the project will include units which will serve one or more of the following NY/NY III special populations:

NY/NY III Special Populations

*Persons who are chronically homeless or at serious risk of become chronically homeless and who suffer from serious and persistent mental illness

* Single adults with substance abuse disorder who are chronically homeless or at serious risk of become chronically homeless

* Persons who are chronically homeless or at serious risk of become chronically homeless and who are living with HIV/AIDS

* Families in which the head of household suffers from substance abuse disorder, a disabling medical condition or HIV/AIDS and who are chronically homeless or at serious risk of become chronically homeless

3. 9% LIHC Program Set-Aside Designations

This section is not applicable to SPP Applications.

4. 9% LIHC Project Amenities

This section is not applicable to SPP Applications.

5. Non-Profit Application Designations

If applicable, select each non-profit designation that you are requesting that this application be reviewed as. If you are not seeking a non-profit application designation, select 'Not Applicable'. Carefully review the information below before selecting any of the designations. If a designation is not selected, the application will not be considered in the competition for the non-profit set aside of funds.

CHDO Application Review

Check this box **only** if the applicant is a qualified CHDO in good standing, which acts as an owner, developer or sponsor as set forth below.

- **The CHDO is an 'owner'** when it holds valid legal title to or has a long-term (99-year minimum) leasehold interest in a rental property. CHDO may be an owner with one or more individuals, corporations, partnerships or other legal entities.

- **The CHDO is 'developer'** when it either owns a property and develops a project, or has a contractual obligation to a property owner to develop a project.

- **The CHDO is 'sponsor'** when it develops a project that it solely or partially owns and agrees to convey ownership to a second non-profit organization at a predetermined time. Conveyance may take place prior to, during or upon completion of the development phase.

- **Do not check the CHDO Application Review box if the applicant is a CHDO, but is not proposing one of the activities listed above.**

- If you have checked yes, but your HTFC-issued CHDO Determination Letter is more than one year old, the applicant's authorized signatory will be required to certify that no organizational changes have been made which would effect the CHDO determination.

9% LIHC Non-Profit Set-Aside Application Review

This set-aside is not applicable to SPP Applications.

HTF Non-Profit Application Review

To be considered a non-profit project under SPP requirements, a non-profit or its wholly owned subsidiary must be the applicant, developer and owner of the project, and have a defined role in project management, evidenced by a role in the selection, hiring and firing of the management agent for the project, and in other decisions regarding the management of the project.

F. Project Political Districts

Locate and click on the name(s) of the Assembly member who represents the locality in which the project will be located. 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**.**

G. <u>Tenure & Construction Type</u>

1. <u>Residential Tenure Type of Project</u>

1a. Select 'Rental Only' from the drop-down menu, as this is the only eligible residential tenure type for SPP projects.

1b. Indicate whether or not the project will include a community room or separate community building which is for the exclusive use of the tenants, and is therefore, considered residential space.

2a. Indicate whether or not the project involves residential construction only. If you check no, complete 2b.

2b. <u>Non-Residential Construction Types</u>

Check **each** type of non-residential construction included in the project.

1. <u>Commercial</u>: If the project includes commercial space, select box 1.

2. <u>Civic</u>: If the project includes civic space, select box 2. Civic space includes non-residential, non-commercial space used for activities engaged in by the local community for conducting municipal affairs or for general public use. **A community room or separate community building that is for the <u>exclusive use of the tenants</u> should be included as part of the residential budget.** Construction costs for civic space is not an eligible cost under the HTF, HOME or LIHC Programs. The operating costs of civic space must be paid from sources other than residential rental income or tenant fees.

3a – 3d. <u>Community Service Facility (CSF)</u>: At this time, SPP projects may not include community service facilities.

H. <u>Units Assisted</u>

1. <u>Total Units in Project - All Sources</u>

Complete this section by entering the total units of each type which will exist upon completion of the project, including those units which will not be financed by DHCR/HTFC programs. See the definition for civic units in Section G, 2b above, before completing this Table.

After you complete and save this information, the data will be redisplayed with two grids at the bottom: 1. Total Units in Project – All Sources, and the following grid:

2. <u>Units in Project - by Permanent Funding Source</u>

Grid 2 will show each DHCR/HTFC program from which you have requested funding in Exhibit 1. To add a non-DHCR/HTFC permanent funding source to the grid, return to the top of the page, enter the funding source name and the number of units of each type which will be assisted by that source, and save the page. Repeat this for each non-DHCR/HTFC funding source that you will list as a permanent funding source in the Development Budget (Exhibit 3). After adding all non-DHCR/HTFC permanent funding sources, you will add DHCR/HTFC program units as follows:

Click the 'edit' button to the right of the DHCR/HTFC program name in Grid 2. When you click 'edit', the program name will be displayed in the 'DHCR Source Name' box. Complete the unit information for that source and save. Repeat for each DHCR/HTFC funding source in the project.

I. <u>Income Targets</u>

Please Note: If this project is funded by HTFC/DHCR, the income target groups that you enter in this section will be used as the basis for the project's Regulatory Agreement and will establish the maximum income levels for occupants of the completed project.

1. SPP projects may not include a unit for a resident manager. This question must be answered 'no'.

2. <u>Income Targets</u>

In the 'Units – All Sources' column, list the total number of units in the project, including those not being funded by DHCR/HTFC, which are targeted to each income-range category. In the 'Units -

DHCR/HTFC' column, list only those units that are to be funded by DHCR/HTFC. The 'Units HFA' column is not applicable to SPP projects.

J. Project Occupants

Section J1 is used to record the project units that will be occupied by any of the special needs population household categories listed, including NY/NY III Supportive Housing Agreement Special Populations. Section J2 is used to record those project units which will be occupied by households that are not included in any of the special population categories listed in J1, including non-frail elderly households.

The total units entered for J1 and J2 in the column entitled 'Units – All Sources' must equal the total number of residential units entered in section H1 of this exhibit. The total units entered for J1 and J2 in the column entitled 'Units – DHCR/HTFC' must equal the greatest number of DHCR/HTFC Program units entered in section H2 of this exhibit.

1. Persons with Special Needs

Projects which commit to set aside at least 15% of the project units for occupancy by any of the following special populations AND which will be served by supportive services as evidenced by a comprehensive service plan and an agreement or commitment in writing with an experienced service provider will be considered a Persons with Special Needs Project. (**NOTE:** If you want to include multiple categories of special needs populations in a "pool", for example, families who are homeless, persons who are homeless and persons who are victims of domestic violence, without a target number for each category, complete section J1 as instructed, and then clearly describe how you will meet the 15% set-aside in Attachment E.

Special Population Categories

Persons/Families in Long-Term Recovery from Alcohol Abuse
Persons who are Frail Elderly*
Families who are Homeless
Persons who are Homeless
Persons with Mentally Retardation/Developmental Disabilities
Persons with AIDS/HIV-Related Illness
Persons w/ Physical Disabilities/Traumatic Brain Injury
Persons w/ Psychiatric Disabilities
rsons/Families in Long-Term Recovery from Substance Abuse
Persons who are Victims of Domestic Violence

*** DHCR/HTFC encourages the targeting of units for occupancy by persons who are frail elderly only in those projects where all occupants are elderly.**

NY/NY III Special Population Categories

These categories apply only to projects located in the following counties: Bronx, Kings, New York, Queens and Richmond. See the instructions for E2 of this Exhibit for more information on the NY/NY III Supportive Housing Agreement.

• Persons who are chronically homeless or at serious risk of becoming chronically homeless and who suffer from serious and persistent mental illness

• Single adults with substance abuse disorder who are chronically homeless or at serious risk of becoming chronically homeless

• Persons who are chronically homeless or at serious risk of becoming chronically homeless and who are living with HIV/AIDS

• Families in which the head of household suffers from substance abuse disorder, a disabling medical condition or HIV/AIDS and who are chronically homeless or at serious risk of becoming chronically homeless

For each special population category that you are proposing to target for project occupancy, including special populations as defined by the NY/NY III Supportive Housing Agreement, enter the total number of units in the project that are being targeted for occupancy by that population in the column entitled 'Units- All Sources'. Under the column entitled 'Units DHCR/HTFC', enter the total number of **DHCR/HTFC**-assisted units that are targeted to each special population. **Please Note: Households to be occupied by non-frail elderly persons should be recorded in section J2 (Other Households). Only frail elderly households can be recorded in section J1 (Special Population Households).**

J2 - Other Households

In the column entitled ‘Units – All Sources’, enter the total number of units in the project that will be occupied by non-frail elderly households and/or by households without special needs. In the column entitled ‘Units – DHCR/HTFC’, enter the total number of **DHCR/HTFC**-assisted units for each applicable category.

All units must be identified. If all or any of the units in the project will not be targeted for occupancy by a special population or non-frail elderly household, you must identify these units in Section J2 as households without special needs.

3. Elderly Population Targeted

If applicable, select the age structure of the targeted elderly project occupants. If no elderly tenants are targeted, select ‘Not Applicable’.

- Aged 55 or older (At least 80% of the units will be occupied by at least one person aged 55 or older).

- Aged 62 or older (All units will be occupied by persons aged 62 or older).

- Aged 62 or older and/or physically or mentally handicapped persons of any age, **and** project is to be jointly financed by the US Department of Agriculture Rural Housing Services **and** HTFC.

K. Development Team Members

This Section must be completed for the project’s developer, owner and architect. If there are team members who will perform duties not listed (e.g. Green Design Expert) click ‘other’ and provide a short description of their activities.

1. Enter the name of the development team member’s employer.

2. Enter the team member’s first name, last name, title, e-mail address, and phone and fax numbers.

3. Next, click each applicable role that the team member will assume in the project’s development. Click ‘submit’ and the page will be redisplayed as a grid. Click the ‘add’ button to add another team member.

L. Disclosure of Identities of Interest

Disclose and describe any identities of interest between the members of the development team and members of the development team and the seller of the property on which the project will be developed. This disclosure must include the nature of their fiduciary and financial relationships, past, present and future, to the project and to each other. It must include any financial, familial or business ownership relationship between the applicant or any general partner and any participant in the project’s development. This includes, but is not limited to, existence of a reimbursement arrangement or exchange of funds; common financial interests; common officers, directors or stockholders; or family relationship between officers, directors, or stockholders. I

To disclose an identity of interest, click on the team member’s name with the identity of interest. Enter the member’s title, and select ‘Identity of Interest’ from the ‘Type’ drop-down menu. In the space provided, describe any identity(ies) of interest as described above. If a team member has no identities of interest, select ‘Project Principal’ from the ‘Type’ drop-down menu and click ‘Submit’.

Exhibit 2 – Proposal Summary

Briefly (in three pages or less) describe the project. Be sure carefully review the following before completing this Exhibit.

A project is defined as a building or set of buildings. It may consist of multiple buildings with multiple sites.

Provide a summary of the project following the outline below. This summary should communicate the applicant’s understanding of the proposal and how it intends to implement the project from inception to completion. Any supporting documentation is to be located in Attachment C4.

- Describe the low-income housing needs of the locality and local support;

- Describe the location of the project (street, municipality, county, zip code);

- Identify the positive and negative aspects of the location relative to the target population and market;

- Describe the proposed unit/occupant mix, including any mixed-use or mixed-income aspects as appropriate, even if you are not requesting funds for these portions of the project in this application. For elderly projects, identify the age group (as in Exhibit 1J).
- Identify the public purpose(s) served, the beneficiaries, and any economic development linkage;

- Describe the proposed improvements to the property and/or building, any special design features including accessible and adaptable units, design modifications for special needs projects, features which promote efficiency in operating and management costs, including energy efficiency improvements, solutions to mixed-use issues and shared spaces for mixed-use projects, and issues related to interim and permanent relocation or occupied projects.

- Explain how development cost risks will be minimized, how any operating expense issues will be addressed and, the source and duration of any tax relief or rental assistance that is anticipated or committed;

- Identify the development team member(s) responsible for completing key project tasks, particularly acquisition, construction supervision, loan closings, organizational filings, marketing, rent-up and management;

- Fully identify all directors of the ownership entity;

In addition to the above, provide any information on the following aspects of your project which you believe cannot be adequately explained in your response to Exhibit questions or other required Attachments:

- Site control or property rights, and any possible effect on HTFC's regulatory interest;

- Timing or sequence through which funding required to complete the project will be made available, clarification of construction and/or permanent financing sources and uses; and

- Any project management requirements or special matters of operational control.

Exhibit 3 – Development Budgets/Funding Sources

A. Construction Cost Basis

1. Indicate whether or not the total construction cost is based upon a guaranteed price contract.

2. Select the wage rate that the total construction cost is based on. Projects with 9 or more units utilizing project-based vouchers, or HOME-assisted projects with 12 or more units must choose the appropriate Davis-Bacon wage rate.

B. Funding Sources

On this page, you will add each source of construction and permanent financing for each of the project construction type(s) indicated in Exhibit 1, Section G of this Application (residential, commercial, and/or civic). As you add a source and update the page, the source will be added to the appropriate funding source grid at the bottom of the page. Construction sources must be equal to permanent sources, and both construction and permanent sources must be equal to the Total Project Cost (line 54) for all sources. If the project involves more than one type of construction, the CDOL will produce a Summary Budget for the project upon completion of all individual budgets.

1. Under the section of the page labeled Source, select the financing type from the drop-down list (either permanent or construction);

2. Select the funding source name from the drop down list. Sources are listed according to source category (DHCR/HTFC, Federal Government, Local Government, Non-DHCR State Government, and Private). Each non-DHCR category has one or more "generic" source (federal program, local government, state program, private source, non-profit lender, etc.) If the specific program or funding source is not listed, use the generic source that best describes the source, and specify the program or source name in the space provided.

PLEASE NOTE:

● If you are receiving HOME funds from a Participating Jurisdiction, please use HUD - HOME Participating Jurisdiction the source code rather than County Government. Specify the PJ name in the space provided.

● If you have requested **either** HOME **or** HTF funds on this application, choose the funding source 'NYS HOME or Housing Trust Fund'. If you are requesting separate HOME and HTF funding, use the individual program source names.

● If your project financing includes funds from a DHCR/HTFC program which is not requested on the application (ROA), for example, previously awarded funds, please use the source 'Non-ROA DHCR/HTFC Program'.

Sources are listed below:

DHCR/HTFC FUNDING SOURCE CODES

DHCR Office of Community Renewal
Homes for Working Families
HOUSE NY
Housing Development Fund (HDF)
Housing Trust Fund Program (HTF)
HTFC Public Housing Modernization Program
Non-ROA DHCR/HTFC Program
NYS HOME Program
NYS HOME **OR** Housing Trust Fund
New York Main St. Program (NYMS)
Rural Area Revitalization Program (RARP)
Urban Initiatives Program (UI)

FEDERAL GOVERNMENT FUNDING SOURCE CODES

FHA Insured Mortgage Loan (specify lender)
Federal Program- Other (specify program)
HUD - HOME Participating Jurisdiction (specify PJ)
HUD – McKinney
HUD 202
HUD CDBG Entitlement Community (specify)
HUD HOPE VI
Rural Development – Other (specify)
USDA 538 Insured Mortgage Loan (specify lender)
USDA Rural Development 515

LOCAL GOVERNMENT FUNDING SOURCE CODES

County Government (specify)
Industrial Development Agency (IDA) (specify)
Local Government (specify)
NYC HDC Program (specify)
NYC HPD Program (specify)
Permanent Housing for the Homeless NYC
Public Housing Authority (PHA) (specify)

NON-DHCR STATE GOVERNMENT FUNDING SOURCES

HFA Bond Financing
HFA Low Interest Second Mortgage Loan
NYS Energy Research Development Authority (NYSERDA)
OMRDD Capital
OMH Capital
SONYMA Insured Mortgage Loan (specify lender)
State Program – Other (specify)

PRIVATE FUNDING SOURCE CODES

Deferred Capitalized Reserves/Working Capital
Deferred Developer Fees
Down Payments (condos/coops)
Equity – 421A Certificates
Equity – DHCR Tax Credit
Equity – Non-DHCR Tax Credit
Equity – Other (specify)
Federal Home Loan Bank Affordable Housing Program
Lending Institution (specify)
Non-Profit Lender (specify)
Private Source (specify)
Private Subsidy (specify)

3. Under the section of the page labeled 'Amount of Funds' are listed the four types of construction. Enter the amount of funds that the source will provide for the appropriate type of construction. For example, if Jones National Bank is providing $1,000,000 in construction financing for residential

construction, and $500,000 in construction financing for CSF construction, be sure to enter both the residential and CFS financing amounts. If the source's financing and assistance types are the same, you may enter both at once. Otherwise, you will need to enter the source's contributions separately.

4. Select one of the following Assistance Types for the source from the drop-down menu:

- Loan

- Grant

- Other – This is used to record financing types which are not loans or grants. For example, equity realized from the syndication of tax credits, owner equity, equity from historic tax credits, deferred developer fees, deferred capitalized reserves/working capital, or down payments from owners of condominium/cooperative units.

5. If applicable, enter the source's financing term through cost certification, and indicate whether the term is in years or months. Select 'N/A' if not applicable.

6. Enter the applicable interest rate, or 'N/A' if not applicable.

7. Interim Interest – For each construction loan, enter the anticipated total interim interest. The CDOL will edit the development budget to ensure that the total interim interest for all construction loans will be accounted for on line 16 of the development budget.

8. Lien Position: Enter the proposed lien position for the funding source in the event of a default on a mortgage and note. Select 'N/A' if not applicable.

9. Regulatory Term: Enter the number of years for the source's regulatory term. Select 'N/A' if not applicable.

C. Development Budget

If you have only one type of construction, when you arrive at this screen, a list of permanent funding sources added on the previous screen will be displayed. If you have multiple construction types, when you arrive at this screen, a drop-down menu will be available for you to choose the type of development budget you want to work on (residential, civic or commercial). Select the budget type, and a list of permanent funding sources added for this type of construction will be displayed.

Select the 'add' button to the right of the source you wish you to work on. The source will then be highlighted in yellow, and a list of development costs associated with a typical project will be displayed. For each applicable line item, enter the amount of funds to be contributed by the highlighted source. To change any of the figures added for a source, select the 'edit' button to the right of the source name – this appears after a source has been added. Totals will be calculated by CDOL.

The CDOL will produce a summary development budget for projects with multiple construction types.

To view the development budget(s) with all sources, select the 'Print' function at the top of the page. A pop-up window will display that can be printed for verification.

Line Items: Where line items are self-explanatory, instructions are not included. Where clarification is helpful, instructions are provided below.

A. Acquisition (lines 1 – 3):

1. Land: the acquisition cost of the land **only**.

2. Structures: the acquisition cost of any buildings on the land.

3. Total Acquisition: This will be calculated by the CDOL.

B. Soft Costs (lines 4 – 24):

See Section 5.00 of the CPM (Development Requirements) before completing this section for definitions and information regarding allowable fees and interim costs to be charged for DHCR/HTFC construction loans to private developers on tax credit projects. If applicable, remember to pro-rate soft costs attributable to non-residential space in the project.

4. Appraisals: See Section 5:03.03 of the CPM.

5. Housing Consultant: This may be up to one percent of Line 43 (Total Development Cost), not to exceed $20,000.

9. Architecture/Engineering Fees: Up to 15% of total construction costs (TCC) (line 40) will be allowed for small-scale, highly complex, historic preservation projects, while larger, new construction projects are generally limited to 5% of TCC.

10. Construction Manager Fees: This may be up to 5% of TCC (line 40). This fee may only be attributed to projects without a general contractor. If you enter an amount in this line item, you may not also enter amounts in Builder's Overhead (line 38) or Builder's Profit (line 39). See the CPM (Section 5.05) and the Design Handbook for more.

11. Legal Fees: Generally limited to one percent of the TDC, depending on the attorney's specific responsibilities.

12. Non-Profit Developer's Allowance (NPDA): This may be paid only when the developer is a non-profit organization, and the project will be owned and operated on a non-profit basis. (See Section 5.05 (vii) of the CPM for more on the NPDA).

16. Interim Interest: The CDOL will edit the total of this line item to ensure that it is equal to the total interim interest for all construction loans entered in Section B of this Exhibit.

20. LIHC/SLIHC Application Fee: This line is not applicable to SPP projects.

21. LIHC/SLIHC Credit Allocation Fees: This line is not applicable to SPP projects.

22. Other DHCR/HTFC Fees:

- Applicants requesting DHCR/HTFC construction financing should refer to Section 5.12 of the CPM for guidance on construction financing fees.

23. Other Soft Costs: If you enter an amount for other soft costs in this line, such as costs for preparing a Phase I Environmental Site Assessment or other environmental study, specify the cost(s) in the space(s) provided. Click the 'add' button to add more lines if necessary.

24. Total Soft Costs: This line will be calculated by the CDOL.

C. <u>Construction Costs (lines 25 – 43)</u>:

Enter the projected cost for each applicable construction line item. "Lump sum" totals are not allowed. Items such as off-site work, demolition, builder's profit, overhead, general requirements, etc. must be specified. Appliances, if part of the construction contract, should be included in the line item of the space in which they will be installed - for example, the cost of stoves for individual residential units would be placed in line 31 - Residential.

25. Site Work: the cost of site preparation.

26. Off-Site Work: DHCR/HTFC Programs will only fund off-site costs directly associated with the project. Contact your regional office in advance of application submission if you have questions regarding this line item.

27. Demolition: Only demolition that takes place on the project site is an eligible cost.

28. Environmental Remediation: Include asbestos removal and lead-based paint hazard control in this line.

29. Other Construction Costs: Specify any costs entered on this line item in the space(s) provided. Click the 'add' button if more lines are required.

30. Subtotal – Site Preparation: CDOL will calculate this line.

31 – 33. Residential, Community Service Facility or Civic Space, Commercial Construction: Only one of these lines will be open for data entry, depending on which budget you are completing.

35. Performance Bond Premium: Generally between one and two percent of Line 36 (Subtotal Contractor's Costs).

36. Subtotal Contractor's Costs will be calculated by the CDOL.

37. General Requirements: A maximum of six percent of line 36.

38. Builder's Overhead: A maximum of four percent of line 36.

39. Builder's Profit: A maximum of ten percent of Line 36

40. Total Construction Costs: CDOL will calculate this line.

41. Project Contingency: The amount to be set-aside for all construction-related costs and estimates that represent an amount which is five percent for new construction projects, or ten percent for rehab or SPP projects) of the sum of lines 24 (Total Soft Costs) and 36 (Subtotal Contractor's Costs).

42. LIHC/SLIHC Developer's Fee: This line is not applicable to SPP projects.

43. Total Development Cost (TDC). This line will be calculated by CDOL.

D. Working Capital (lines 44 – 48):

Enter all operating costs from the time of substantial completion through the first six months of project operation, including, but not limited to: real property taxes, insurance, utility fees, management fees, advertising and marketing. The maximum amount of working capital is two percent of TDC.

44. Initial Operating Deficit: Enter the estimated shortfall between operating expenses and operating income from the time of initial rent-up through full rent-up for a period not to exceed 18 months. Expenses should include all applicable debt service.

45. Supplemental Management Fee and Marketing: Enter the costs for management and marketing fees from initial rent-up through full rent-up for a period not to exceed 18 months.

46. Purchase of Maintenance and Other Equipment: Enter any estimated amounts necessary to purchase needed and appropriate maintenance and other equipment. Provide an itemized list in the space(s) provided. Click the 'add' button if more lines are needed.

47. Other Working Capital: specify costs in the space provided. Click the 'add' button if more lines are needed.

48. Total Working Capital: This line will be calculated by the CDOL.

E. Project Reserves: (lines 49 through 52):

49. Capitalization of Operating Reserve: Capitalization of the operating reserve must be from non-DHCR/HTFC sources only

50. Capitalization of Replacement Reserve: A replacement reserve is used to replace major items and systems over the life expectancy of the building, including but not limited to: flooring, appliances, plumbing fixtures, heating equipment, roof systems, windows, doors, cabinetry and site apparatus. The replacement reserve is generally funded from an annual contribution included in the operating budget.

51. Reserve for Adapting Units: This line is not applicable to SPP projects.

52 Other Project Reserves: If an amount is entered on this line, specify the reserves in the space provided.

53. Total Project Reserves: this line will be calculated by the CDOL.

54. Total Project Costs: This line will be calculated by the CDOL.

Exhibit 4 – Rents/Maintenance Fees & Affordability

This Exhibit must be completed for all projects which include residential units. All residential units in the project must be recorded on this Exhibit, including those which are being financed by sources other than DHCR/HTFC, and units set aside for occupancy by a building superintendent/resident manager. This Exhibit will be used to rate the affordability of the proposed project. It is not used to set income served limits for the regulatory period.

The tables that you will be required to complete in this Exhibit are dependent on whether or not you expect the project to receive rental subsidies, as indicated in Question A1 below. Tables will be populated by CDOL based upon the data you enter for each unit size/monthly housing cost mix in the project. Section A is for rental units, and Section B is for owner-occupied condominium/cooperative units. Specifically:

- If the project includes rental units with rental subsidies, Tables A1 and A2 will be populated; and,
- If the project includes rental units without subsidies, Tables A3 and A4 will be populated; and,

A. Tenant Affordability Plan:

1. Indicate whether or not you anticipate that any of the units in the project will receive a rental subsidy.

2. If you answered yes to the preceding question, enter the total number of units expected to receive each type of subsidy listed in a through d. If the rental subsidy source is not listed in a through d, enter the number of units to receive rental subsidies from another source in e. 'Other Subsidy Source', and specify the subsidy source in the space provided. The total number of units that you enter for this question must match the total units specified to receive a rental subsidy in Table A1 below.

3. <u>Non-Rent Bearing Unit for Occupancy by Building Superintendent/Resident Manager</u>.

Indicate whether or not the project includes a non rent-bearing unit to be occupied by a building superintendent/resident manager. If you answer yes, enter the anticipated number of occupants in the unit, and the total monthly utility cost to be paid by the building super/resident manager. The CDOL will calculate 3d.

4. Indicate whether or not the comparable rents that you will reference in the following section (A1 and A3) include each of the utilities listed.

5. If the Operating Budget (Exhibit 5) will include non-residential income, explain the source of the income in the space provided.

<u>A1 through A4 - Monthly Housing Cost for Rental Units</u>

This section requires you to enter information for each unit size/monthly basic rent/rental subsidy combination in the project. If there are multiple monthly basic rents anticipated for units of the same size, you must record them separately. If there are units of the same (unit) size, some of which will receive rental subsidies and some which will not, you must also record them separately. After saving the information for each unit size/rent category, the units will be displayed in the appropriate grids at the bottom of the page:

Table A1 (Monthly Housing Cost for Rental Units with Subsidies) and Table A2 (Affordability for Rental Units with Subsidies) will display units with rental subsidies; and,

Table A3 (Monthly Housing Cost for Rental Units without Subsidies) and Table A4 (Affordability for Rental Units without Subsidies) will display units without rental subsidies.

If you indicated in question 3 of this Exhibit that the project includes a non-rent bearing unit for a building superintendent/resident manager, do not include that unit in this section.

Enter the following data for each unit size/rent combination:

<u>Rental Subsidy</u>: Indicate whether or not these units will receive a rental subsidy. If you choose 'yes' for this field, these units will be displayed in Tables A1 and A2 below. If you choose 'no' for this field, these units will be displayed in Tables A3 and A4 below.

<u>Unit Size</u>: Select the number of bedrooms in the units.

<u>Number of Units</u>: Enter the number of units of this size with the same monthly basic rent and rental subsidy status.

<u>Comparable Market Rent</u>: Enter the median contract rent paid in the primary market area for a comparable unit. (Evidence of comparable rents must be included in the Market Study).

<u>Monthly Basic Rent</u>**:** Enter the applicable shelter rent allowance or proposed basic rent or carrying charge for the units in this category.

<u>Tenant-Paid Utilities</u>: Enter the anticipated cost of utilities to be paid directly by the tenants in this unit category.

<u>Area Median Income</u>: Enter the appropriate area median income for the proposed unit size. Refer to the "Median Income Adjusted by Bedroom Count" in the Reference Materials for more information.

<u>Percentage of Area Median Income (AMI) that Unit will be Targeted to</u>: Enter the percentage of AMI of the households that you will be targeting for occupancy of the units. The data entered in this field must be consistent with the data entered in Exhibit 1, Section I, 2 (Income Targets), and will be used as the basis for the project's Regulatory Agreement should the project be selected for funding.

After you have entered and saved the data for a unit size/rent/subsidy combination, it will be displayed in the appropriate Tables below, and the CDOL will perform some calculations based on the data entered.

In addition to the data entered above, the following columns will be displayed and/or calculated by CDOL:

Tables A1 and A3 (Monthly Housing Cost):

No. of Occupants Per Unit: For projects that do not include a LIHC or SLIHC request, the CDOL will update this column based on two (2) persons per bedroom. If LIHC and/or SLIHC have been requested on the Application, the CDOL will use 1.5 persons per bedroom.

Total Monthly Housing Cost: This will be calculated by the CDOL by adding together the Monthly Basic Rent and the Tenant Paid Utilities. (Please note that in some areas the maximum rents calculated under the LIHC program may exceed the maximum low HOME rents permitted under the HOME Program).

Tables A3 and A4 (Affordability):

Total Annual Cost: This will be calculated by the CDWAS by multiplying the Total Monthly Housing Cost by 12 for each of the unit size/monthly cost categories displayed in Table A3. This field is not applicable to Table A2 (units with rental subsidies).

Minimum Annual Income Needed to Afford Unit: This field will be calculated by the CDOL for Table A3 by dividing Total Annual Cost by **.30.** This field is not applicable to Table A2 (units with rental subsidies).

Percentage of Area Median Income that Unit is Affordable to: This field will be calculated by the CDOL for each unit category in Table A3 by dividing the Annual Income Needed to Afford Unit by the Area Median Income (AMI). The result will be the income group that the unit is affordable to. For Table A2 (units with rental subsidies), the CDOL will display 30% of AMI.

Maximum Rent at 60% LIHC/SLIHC Eligibility: The CDOL will calculate this field using the following formula: The Adjusted AMI for each Unit Size x 0.6 x 0.3 / 12.

Exhibit 5 – Operating Budget

If the project involves both residential and non-residential units, you must complete two budgets – one for the residential and one for the non-residential units. The CDOL will produce a summary Exhibit 5 for the project.

A1 – Total Effective Income:

This Table calculates the project's income and vacancy arrears to produce total effective income. Section A is for the residential portion of the project and Section B is for the non-residential portion of the project.

A. Effective Residential Income

If the project does not involve residential space, this section will be blocked.

1. Total Residential Monthly Income/Maintenance Fees: The CDOL will calculate the project's total residential monthly income, by multiplying the total number of units for each unit size/monthly cost category in Exhibit 4 Tables A1 and A3 by the basic rents for those units, and adding the results. If this is a condominium/cooperative project, the number of units for each size/monthly cost category will be multiplied by the Monthly Maintenance cost in Exhibit 4, Table B1. If it is a combination of rental and condominium/cooperative units, Tables A1, A3 and B1 of Exhibit 4 will be used in the calculation.

2. Annual Gross Residential Income: The CDOL will calculate this by multiplying line 1 (Total Monthly Income/Maintenance Fees) by 12.

3. Estimated Percentage of Vacancy & Arrears: Enter the estimated percentage of vacancy and arrears for the residential portion of the project in the space provided. The CDOL will then multiply Line 2 (Annual Gross Residential Income) by this percentage to arrive at the total annual income expected to be lost from residential vacancies and arrears.

4. Net Residential Income: The CDOL will calculate this by subtracting Line 3a (Total Residential Vacancy and Arrears) from Line 2 (Annual Gross Residential Income).

5a. Ancillary Income - Laundry: If applicable, enter the anticipated income from residential laundry facilities.

5b. Ancillary Income – Parking: If applicable, enter the anticipated income from residential parking facilities.

5c. Ancillary Income – Other: If applicable, enter the anticipated income from other residential sources, for example, dedicated project operating subsidies from public agencies, fully capitalized operating reserves, or a homesteader's contribution to the operating budget. Do not include interest from operating or replacement reserves. Specify the source(s) of any "Other" Ancillary Income in the space provided.

6. Total Ancillary Residential Income: The CDOL will calculate this by adding together lines 5a, 5b and 5c.

7. Total Effective Residential Income: The CDOL will calculate this by adding together lines 4 and 6. This figure will be transferred to line 1 (Total Effective Income) of the residential operating budget.

B. Effective Non-Residential Income

If the project does not involve non-residential space, this section will be blocked.

8. Gross Commercial/Civic Income: Enter the estimated amount of revenue to be generated from commercial and/or civic rents.

9. Commercial/Civic Vacancy and Arrears: Enter the estimated percentage of vacancy and arrears for the commercial/civic portion of the project. The CDOL will multiply Line 8 (Gross Commercial/Civic Income) by this percentage to arrive at the total annual income expected to be lost from commercial or civic vacancies and arrears.

10. Net Commercial/Civic Income: The CDOL will calculate this by subtracting line 9a (Total Commercial/Civic Vacancy and Arrears) from line 8. This figure will be transferred to line 1 Total Effective Income for the non-residential portion of this project.

10a. Indicate whether or not income for this portion of the project will be guaranteed through a master lease and/or developer guarantee.

11. Total Effective Income: This line will be blocked to CDOL Users. The CDOL will calculate this when it produces a Summary Table 1 for projects with both residential and non-residential space by adding together lines 7 & 10.

A2 – Basis for Projection of Operating Budget:

This section serves two purposes:

1. Data entered here will enable the CDOL to do many of the calculations required in A3 of this Exhibit – Operating Budget; and,

2. It provides a rationale for operating expenses during the project's first fifteen years of operation.

If the project involves both residential and non-residential space, click on the 'add' button for the type of budget you wish to update. If the project only includes one type of construction, only one budget type will be displayed. Click the 'add' button to the right to update. When you click 'add', the page will redisplay with the first year's total effective income shown under the year one cost, as well as a list of typical operating expenses.

Beginning with Total Effective Income (line 1), click the 'edit' button for each applicable line item listed. Clicking 'edit' will result in the screen being redisplayed with fields to provide line item details:

A. Income/Expense: Displays the name of the line item that you are working on (Income for Total Effective Income (line 1); Expense for all other line items).

B. Year 1 Income/Cost: If you are working on Total Effective Income (line 1), the applicable amount derived from Section A1 of this Exhibit will be displayed (line 7, or line 10). For all other line items (costs), enter the anticipated first year's operating cost for the expense listed in A. Year one should represent the first complete year of occupancy.

C. Type & % Increase/Decrease: From the drop-down list, select one of the following three expense types for each line item:

Fixed: The cost (or income) will remain constant from year to year. The CDOL will update the operating budget for these line items, based on the amount entered in B – Year 1 Cost (or Income).

Variable: These costs (or income) are expected to either rise or fall from one year to the next. If you select this type, there must also be a percentage of increase or decrease. The CDOL defaults to a 3% increase, which you may change for any variable line item. The CDOL will update the operating budget for these line items.

Other: These costs (or income) cannot be termed either fixed or variable. For these line items, you must manually complete the operating budget, Exhibit 5, A3, for years 1 through 15.

D. Rationale for Estimates: Provide the rationale for the estimated expense (or income). For example: "$80 a unit," or, "$3/square foot."

E. Source: Enter the source of the rationale, for example, "based on actuals from similar project, Hampshire Senior Housing," or "quote from insurance broker – Smith Insurance".

You may use the back and forth arrow buttons at the bottom page to move between line items.

Please note the following regarding certain line items:

1. Total Effective Income: CDOL will update the total effective income for the first year based on either line 7 or line 10 from Section A1 of this Exhibit. Complete this line for the following years.

38 – 39. Reserves: Refer to the CPM, Section 5.06 before completing these lines. Annual Operating Reserve contributions are recommended and should be three percent of annual gross rent for all residential units. Annual replacement reserve contributions are recommended at $250 per residential unit.

42. Debt Service: The CDOL will produce a line for each permanent loan entered in the Development Budget (Exhibit 3), displaying the funding source name, loan amount, interest rate and term from the information provided in Exhibit 3. Provide the expense information for each loan.

44. Cash Flow: Owners are limited on assisted units to the greater of a nominal return on equity (not to exceed $360/unit annually), or an amount equal to debt service coverage required by another participating permanent lender.

A3 – Operating Budget

For each line item in A2 (Basis for Projection of Operating Budget) that was specified as "Fixed" or "Variable with a Percentage Rate", the CDOL will calculate project operating costs for the first 15 years of project operation. Complete the 15-year cost projections for any costs that you specified as type "Other" in Section A2 of this Exhibit by clicking the 'edit' button to the right of the line item and completing the 15-year projection.

Lines 10, 24, 30, 37, 40, 41, 43 and 44 will be calculated by the CDOL.

Line 49 - Deferred Developer's Fee is not applicable to SPP Projects.

Exhibit 6 – Development Timetable

A1. Development Track Indication: Select the development track that the project will follow from the drop-down menu. If you select "construction financing with competitive bidding," you will be required to submit bid documents to DHCR/HTFC.

A2. Additional Approvals: Select each type of approval that the project requires in addition to the standard approvals listed in A3 of this Exhibit. If no additional approvals are necessary, select 'N/A'. If you select 'Other', specify the required approval in the space provided. Each approval that you select will be added to A3 of this Exhibit – the Development Timetable.

A3. Development Timetable: Please read all of the instructions below before completing this Table.

Activity/Approval: Under this column is a list of activities and approvals typically required for DHCR/HTFC-financed projects, as well as any additional approvals selected in A2 of this Exhibit. Click on the 'edit' button to the right of each required approval and provide the requested information.

Status: Select 'approved' or 'pending' or 'not applicable' from the drop-down list to indicate the current status of the activity/approval.

Contact Person/Phone #: Enter the name and phone number of a person from the applicable organization who can verify the status of the approval.

Completion Date: Enter the month and year (mm/yyyy) that you anticipate the action or approval to be completed/approved, or that the approval was issued.

Please review the following guidelines regarding several of these activities/approvals:

16. Contract Document Submission – Allow a minimum of 45 business days for review and approval of bid documents. All applicants must submit contract documents prior to loan closing.

20. Rent-Up Conference – The rent-up conference is to be held between the project owner/manager and DHCR Office of Housing Management staff 90-100 days prior to construction completion.

24. Cost Certification/Audit/Close-Out Document Submission – Must occur within 60 days of the permanent financing closing.

25. Permanent Financing Closing – Must occur within 60 day after construction completion/c of o date.

Exhibit 7 – Development Team's Relevant Experience

This Exhibit must be completed by the project developer, owner, and management agent. If the applicant is a not-for-profit organization, this Exhibit must also be completed by the housing consultant, the general contractor and the architect, if identified. Provide the required information for each similar project that the developer has participated in during the past ten years, or until the applicant (developer) has reached the maximum obtainable score (See RFP, page 47). Include only those that are similar in construction type, size, scope, population served, financing and tenure.

If the Applicant has used the CDOL before, this page will display similar projects that were entered on previous CDOL applications. You may choose to 'include' a project by clicking on that option. The CDOL will return the project details. Verify the information, then scroll down and select the Team Member and their roles in the project, and click 'Submit'.

To add similar projects for development team members, click add. Provide the requested information.

Similar Project Details

1. Project Name: Enter the name of the similar project.

2. Total Project Cost: Enter the total project cost of the similar project.

3. SHARS ID: If the project was funded by DHCR/HTFC, enter the eight-digit SHARS ID Number assigned to the project.

If the project was funded by DHCR/HTFC, and you have entered a SHARS ID for line 3, do not complete items 4 through 9 on this page. Instead, go on to complete the Development Team Members section, and click 'submit'. The page will be redisplayed in a grid. To add another similar project, click 'add'.

If the similar project did not receive DHCR/HTFC funding, complete items 4 through 9.

4. Project Use: Select from the drop-down list the similar project's use:

a. Condominium/Cooperative
b. Multi-Family Residential
c. Multi-Family Residential/Civic
d. Multi-Family Residential/Commercial
e. Multi-Family Residential/Civic/Commercial
f. Commercial
g. Civic/CSF

5. Project Type: Select the type of construction involved in the similar project (new construction or rehabilitation).

6. Construction Start Date: Enter the month and year of construction start for the similar project.

7. Percent Completed: Enter the estimated percentage of construction completion.

8. Number of Units: Enter the number of units in the similar project.

9. Population Served: Provide a brief description of the type of population served, for example: frail elderly or large families.

Select the Development Team member who participated on this similar project, and select the role(s) that member played.

When all required fields have been entered, click 'submit'. The page will be redisplayed as a grid. Click the 'add' button to add another similar project.

Exhibit 8 – Site and Building Information

General Instructions: Please read the following before completing this Exhibit.

1. Section A must be completed for **each site** in the project.

2. Section B must be completed for **each building which will exist upon completion** of the project.

A. Site Information

Complete this section for each site in the project.

1. Site Basics

a. Indicate whether or not the site is vacant land.

b1. If you answered no to 1a, enter the number of buildings on the site.

b2. If applicable, enter the number of non-accessory buildings on the site which will be demolished.

c. Tax Parcel Data for Vacant Land or Land which will be Vacant After Demolition: If the site is vacant land or it will be vacant land after demolition of existing buildings, provide the site's tax parcel(s) in the space provided. For sites located in one of the five boroughs of New York City, enter the Block, Lot and Easement Code (B/L/E) assigned by the City. For other locations in New York State, enter the Section, Block and Lot Number(s) (S/B/L) for the site assigned by the County.

d. Site Address: Enter the street address, municipality and zip code for the site.

2. Site Area and Zoning

a. Enter the total site area and indicate whether the area is in acres or square feet.

b. Enter the current zoning classification.

c. Enter the minimum site area for proposed project to meet local zoning regulations, and indicate whether the area is in acres or square feet.

3. Special Site Locations/Designations

Select each box corresponding to a correct statement about the site. Select 'i. Not Applicable', if none of the statements apply.

NOTE: If the 'flood plain' box is not checked, the applicant is representing that it can demonstrate through the submission of maps or other documents that the site for the proposed project is not in a flood plain.

4. Site Utilities

Complete the Table for each utility listed.

Source: Choose either public or commercial.

On-or Off-Site: Choose either on-site or off-site.

Distance from Site: If applicable, enter the utility's distance from the site in feet.

5. Unusual Site Features

Select each unusual site feature present on the site. If no unusual features are present, select 'j. Not Applicable.'

6. Existing Structures/Facilities/Parking

a. Describe any accessory structures on the site, including their size. If there are none, select 'N/A.'

b. Describe any recreational facilities on the site. If there are none, select 'N/A.' (Family projects must have adequate space to accommodate an on-site play area).

c. Site Parking: Select each applicable statement. Enter the number of spaces and the total parking square footage, if applicable.

7. Site Suitability

a. Indicate whether or not the area is free of hazardous materials, and is not in proximity to incompatible adjacent uses, or facilities which may present problems with noise or aesthetics, such as an airport, railroad tracks, or a landfill.

b. If you answer no to 7a, provide a description of the hazardous materials, and/or incompatible uses or facilities in the space provided.

c. Indicate whether or not the site is directly accessible from a public road.

8. Proximity of Support Services

a. Indicate whether the site is in an urban or non-urban area. (See the CPM Glossary for the definition of 'urban').

b. Select the primary project occupants. If you choose other, specify the type of occupants.

c. Distance to Support Service: For each service listed, select the option which best describes its proximity to the site.

Upon completing this page, the page will redisplay with the site numbered and listed at the top. If you have more than one site, complete the page again for the additional sites.

A1. Buildings to be Demolished

This section is applicable only if you indicated in the previous section that there were non-accessory buildings on the site(s) that were to be demolished.

1. Click on the 'add' button to the right of the applicable site.

2. Current Tenure: Select the applicable tenure type of the building: residential, non-residential, or mixed residential/non-residential.

3. Enter the number of occupied residential and/or non-residential units in the building.

4. Repeat for each building to be demolished.

B1. Building Characteristics

Select the site you want to work on from the drop-down list. Complete this section for each building **which will exist upon project completion**.

1. Type of Activity Proposed

Select the type of activity proposed for the building.

2. Existing Building Characteristics

Complete this **ONLY** if the activity proposed is rehabilitation or acquisition of an existing building.

a. Enter the street address, including municipality and zip code.

b. Enter the approximate date the building was constructed.

c. Enter the tax parcels for the building (NYC – block/lot/easement; elsewhere in NYS, S/B/L)

d. Select the option which describes building's most recent use. If you select 'Other', specify the use in the space provided.

e. Enter the number of current residential units.

f. Enter the number of current non-residential units.

3. Occupied Units

a. Indicate whether any of the units in the building are occupied.

b. Enter the number of occupied residential units, if applicable.

c. Enter the number of occupied non-residential units, if applicable.

d. Indicate whether relocation of residential and/or non-residential tenants will be required, and enter the number of tenants of each type who must be relocated.

4. Building Use Upon Completion

Complete this Section to describe the building **upon completion**.

a. Building Use: Select each applicable box which describes how the building will be used upon completion. If choices 1 – 4 do not describe the use, select ‘other’, and describe the proposed use.

b. Residential Tenure Type: Select the option which describes the building’s residential tenure type upon completion. If choices 1 – 4 do not describe the use, select ‘Other’, and describe the proposed tenure type. If there are no residential units in the building, select ‘N/A.’

5. Building Units Assisted by HTFC/DHCR

1. Indicate the number and sq. footage of all residential and non-residential units in the building.

2. Repeat, but only for those units which will be funded by DHCR/HTFC.

6. Building Details

a. Enter the number of floors which will exist upon completion of the building.

b. Select the building’s structure type upon completion. If ‘Other’ is selected, describe the type in the space provided.

c. Indicate whether or not the building will have an elevator.

7. Items in Rent/Carrying Charge

a. Equipment: Select each item which is included in the rent or carrying charge. If there is an item not listed, select ‘Other’ and specify the item.

b. Services: Select all services which will be included in the rent or carrying charge. If applicable, specify the type of heat and hot water to be provided. If there is an item not listed, select ‘Other’ and specify the item.

c. Parking: If parking is to be included in the rent or carrying charge, select the applicable type(s). If ‘Other’ is selected, describe in the space provided.

8. Tenant-Paid Utilities

Select each item that will **not** be included in the rent or carrying charge. If ‘Other’ is selected, describe in the space provided.

B2. Building Space Breakdown

Select the site and the building that you wish to work on

A. Dwelling Units:

Click the ‘add new dwelling unit’ button. If the project includes units with the same number of bedrooms but varying square footages, be sure to enter each of those sized units separately. Select the unit size (number of bedrooms) from the drop-down menu, and enter the square footage of these units, and the number of units at this size, and with the same square footage. Repeat this step for all residential units in the building. As you update each building, the CDOL will calculate the total square footage for each unit size/square footage combination, as well as the total square footage of all residential units in the building.

B. Common Area Space Breakdown

Click on the ‘edit’ button to the right of each category of common space that will be included in the building. Enter the total square footage for that space. CDOL will calculate the total common area space.

C. Non-Residential Space Breakdown

Click on the ‘edit’ button to the right of each category of non-residential space that will be included in the building. Enter the total square footage for that space. CDOL will calculate the total non-residential space.

As sections are completed, the CDOL will display a running total of the total gross floor area for the building.

D. Capital Project CDOL Application Exhibits

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1A. Applicant Information

1. Applicant Name:
2. Federal EIN:
3. DOS Charities Registration Number:
4. Fiscal Year End Date:

5a. Applicant Types:

5b. IRS tax-exempt status: Not applicable

Other IRS tax-exempt status (specify):

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

5d. Date of legal incorporation:

5e. M/WBE Certification: Not applicable

5f. LP/ LLC Partner name(s):

+add

6. Applicant Mailing Address for this Application (Select appropriate address)

7. Applicant Phone and Internet Data

Phone Number:
Phone Extension:
E-Mail Address:
URL:

8. Primary Contact Person for Correspondence Related to this Application

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Email Address:

Is this person the applicant's authorized signatory? *

9. Applicant's Authorized Signatory

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Email Address:

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1B. Owner Information

1. Will the Applicant transfer title to another entity? * If 'No', click the Submit button and continue to the next page.

2. Owner Name: * or Unknown

This owner is: *

3. Federal EIN: Example: 123456789

4. Fiscal Year End Date: Example: 01/31

5a. Organization Type(s):

- Public Housing Authority
- Housing Development Fund Company
- Town Government
- Village Government
- City Government
- County Government
- Non-Profit Corporation
- For Profit Corporation
- Charitable Organization
- Limited Partnership
- Limited Liability Corporation

5b. If the owner is a Non-Profit or Charitable Organization is the IRS tax-exempt category 501(c)(3)? Not applicable

5c. If the owner is a Limited Liability Corporation or a Limited Partnership, enter the names of Members/Partners:

+add

6. Owner's Mailing Address

Care Of:

P.O. Box:

Room/Suite Number:

Street Number:

Street Name:

Street Suffix:

City: *

State: *

Zip Code: * Example: 12345-0000

Phone Number: * Example: 212-555-1212

Fax Number: Example: 212-555-1212

Prime Contact Person

First Name: *

Last Name: *

Title:

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1C. General Project Information

1a. Has this project previously received DHCR/HTFC funding? *

1b. If yes, enter the funded project's SHARS ID number(s):

2. Project Name: *

3. Project County: *

4. Project Municipality: *

5. Chief Elected Official of the municipality selected above:

First Name: *

Last Name: *

Salutation:

Title:

Phone Number: * Example: 212-555-1212

Phone Extension:

Fax Number: Example: 212-555-1212

Email Address:

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1D Program Funding

1. Read the Application instructions carefully before completing this section. Once this section is completed it cannot be changed. Please verify that your selection is correct before clicking the 'Submit' button.

1a. Is this application requesting seed money only?

2. Seed Money Requests

2a. Enter the amount of seed money funds being requested from **one** of the following programs

HTF Program Seed Money: $ **or**

NYS HOME Program Seed Money: $

DHCR/HTFC CHDO:
CHDO Determination Letter Date:

3. Capital Project Funding Requests

3a. Enter the amount of non-seed money funds being requested:

NYS DHCR Funding Programs:

1. HTF: $
2. NYS HOME: $
3. HWF: $
4. SLIHC annual amount: $
5. 9% LIHC annual amount: $
6. UI: $
7. RARP: $
8. HDF: $

NYS HFA Funding Programs:

9. As-of-Right 4% LIHC annual amount: $
10. HFA Low-Interest Second Mortgage: $
11. Bond Financing:

a. Construction Period Bond Amount: $

b. Permanent Period Bond Amount: $

c. Total Bond Financing Amount: $

Total funds requested: $

3b. If you entered funding requests for both the HTF and NYS HOME Programs, complete the following:

This application is seeking funding from: Not applicable

3c. If you are requesting HWF funds with HFA financing, complete the following:

Proposed Credit Enhancement Provider: Not applicable

Third Party (specify):

3d. If you are requesting HWF funds with non-HFA bond financing, complete the following:

Bond Issuing Agency:

4% LIHC Allocating Agency:

Non-HFA 4% LIHC annual amount being requested: $

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1E Project Initiatives and Program-Specific Application Designations

1. Special DHCR/HTFC Project Initiatives

Select the type(s) of initiative you are requesting the application be reviewed as:

- [ ] Not Applicable
- [ ] Green Building Initiative
- [ ] Housing Choice Voucher Project Based Assistance Initiative
- [ ] Energy Efficiency Initiative

2. New York/New York III Supportive Housing Agreement:

Will your project include units which will serve one or more NY/NYIII Special Populations? Not applicable

3. 9% LIHC Program Set-Aside Designations

Select the type(s) of LIHC set-aside for which you are applying:

- [ ] Not Applicable
- [ ] Preservation Project
- [ ] Supportive Housing Project
- [ ] High Acquisition Cost Project

4. 9% LIHC Project Amenities

Are you seeking LIHC scoring points by:

• Providing access to discounted broadband Internet service for all LIHC-assisted units? Not applicable

• Including on-site Energy Star or equivalent laundry facilities or washer/dryer hook-ups for all LIHC-assisted units? Not applicable

• Including Energy Star central air conditioning or the equivalent that will produce the same or comparable energy efficiency or savings for all LIHC-assisted units? Not applicable

• Including an outdoor patio or garden space available to all LIHC-assisted units? Not applicable

• Including Energy Star dishwashers or the equivalent that will produce the same or comparable energy efficiency or savings for all LIHC-assisted units? Not applicable

• Including a computer lab available to all LIHC-assisted units? Not applicable

5. Not for Profit Application Designations

Select the Not for Profit designation that this application should be reviewed as:

- [ ] Not Applicable
- [ ] CHDO
- [ ] 9% LIHC Not for Profit Set Aside
- [ ] HTF Not For Profit Set Aside

1F Project Political Districts

Indicate the Assembly Member(s), Senator(s), and Member(s) of Congress who represent the district(s) the project site(s) is located in. Select Members one at a time. Click them once then click the right arrow to move the member to the selection box on the right. To remove a Member from the selection box on the right select the name, click once then click the left arrow.

1. **New York State Assembly District(s):**

049 - ABBATE,JR.,PETER J
001 - ALESSI,MARC
021 - ALFANO,THOMAS W
084 - ARROYO,CARMEN E
118 - AUBERTINE,DARREL J

> <

2. **New York State Senate District(s):**

20 - ADAMS,ERIC L
55 - ALESI,JAMES
42 - BONACIC,JOHN
46 - BRESLIN,NEIL D
43 - BRUNO,JOSEPH L

> <

3. **New York State Congressional District(s):**

05 - ACKERMAN,GARY L
24 - ARCURI,MICHAEL
01 - BISHOP,TIMOTHY
11 - CLARK,YVETTE
07 - CROWLEY,JOSEPH

> <

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1G Tenure and Construction Type

1a. Residential Tenure Type of Project *

1b. Will the project include a community room or separate community building that is for the exclusive use of the tenants, and is therefore, considered residential space? *

2a. Does this project involve Residential Construction only? *

2b. Non-Residential Construction Type(s):

- [ ] 1. Commercial
- [ ] 2. Civic
- [ ] 3a. Community Service Facility (CSF)

Complete only if 3a Community Service Facility is selected and LIHC and/or SLIHC have been requested:

Project County/Municipality:

3b. Qualified Census Tract (QCT):

Use the HUD Qualified Census Tract Table Generator to find the QCT for your project.

3c. Agency from which Credit is being requested:

3d. Will you include a portion of the expenses associated with the CSF as eligible basis? Not applicable

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1H. Units Assisted

Residential Units

Residential Existing/Rehab:

Residential New Construction:

Community Room Existing/Rehab:

Community Room New Construction:

Non-Residential Units

Community Service Facility Existing/Rehab:

Community Service Facility New Construction:

Civic New Construction:

Civic New Construction:

Commercial Existing/Rehab:

Commercial New Construction:

1. Total Units in Project - All Sources

	Residential		Community Room		CSF		Civic		Commercial		
All Sources	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Options**
											edit

2. Units In Project - By Permanent Funding Source

		Residential		Community Room		CSF		Civic		Commercial		
Source Name	**Reg. Term**	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Existing/ Rehab**	**New Const**	**Options**
												edit/ delete

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1I. Income Targets

1. Will the project include a non-rent bearing unit for a resident manager/ super/maintenance personnel? *

2. Income Target Groups:

Target Group	Units - All Sources	Units - DHCR/ HTFC	Units - HFA
Public Assistance Households or <=30% Median Income			
>30% through 50% of Median Income			
>50% through 60% of Median Income			
>60% through 80% of Median Income			
>80% through 90% of Median Income			
Greater than 90% of Median Income			
Non-Rent Bearing Unit for Resident manager/super			
Total Income Target Group Units			

3. Residential Unit information from Section H. Units Assisted:

a. Total Residential Units - All Sources:

b. Highest Residential Unit Total for a DHCR/ HTFC source:

c. Highest Residential Unit Total for an HFA source:

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1J. Project Occupants

1. Special Population Households	Units - All Sources	Units DHCR/ HTFC	Units HFA
Families who are Homeless			
Persons and Families who are in Long Term Recovery from Alcohol Abuse			
Persons and Families who are in Long Term Recovery from Substance Abuse			
Persons who are Frail Elderly			
Persons who are Homeless			
Persons who are Mentally Retarded/Developmentally Disabled			
Persons who are Victims of Domestic Violence			
Persons with AIDS/HIV Related Illness			
Persons with Physical Disability/Traumatic Brain Injury			
Persons with Psychiatric Disabilities			

NY/NYIII Supportive Housing Agreement Special Populations
If your project will include units which will serve one or more of the NY/NYIII Special Populations, enter the special population(s) below:

	Units - All Sources	Units DHCR/ HTFC	Units HFA
Persons who are chronically homeless or at serious risk of becoming chronically homeless and who suffer from serious and persistent mental illness			
Single adults with substance abuse disorder who are chronically homeless or at serious risk of becoming chronically homeless			
Persons who are chronically homeless or at serious risk of becoming chronically homeless and who are living with HIV/AIDS			
Families in which the head of household suffers from substance abuse disorder, a disabling medical condition or HIV/AIDS and who are chronically homeless or at serious risk of becoming chronically homeless			

Total Special Population Households:

2. Other Households	Units - All Sources	Units DHCR/ HTFC	Units HFA
Non-Frail Elderly Households			
Households without Special Needs			

Total Other Households

Total Special Population and Other Households

Residential Unit information from Section H. Units Assisted

a. Total Residential Units - All Sources:

b. Highest Residential Unit Total for a DHCR/ HTFC source:

c. Highest Residential Unit Total for an HFA source:

3. Elderly Population Targeted:

*

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1K. Development Team Members

Company/Organization: * [ ]

Team Member First Name: * [ ]

Team Member Last Name: * [ ]

Title: [ ]

Email Address: [ ]

Phone Number: * [ ] Example: 212-555-1212

Phone Extension: [ ]

Fax Number: [ ] Example: 212-555-1212

Proposed Project Role(s): * Select all that apply

- [ ] Developer
- [ ] Owner
- [ ] Architect
- [ ] General Contractor
- [ ] Management Agent
- [ ] Syndicator
- [ ] Housing Consultant
- [ ] Letter of Credit Provider/Enhancer Const
- [ ] Letter of Credit Provider/Enhancer Perm
- [ ] Other

Other (specify): [ ]

Small Projects Program (SPP) - Open window - Exhibit 1 - Application Summary

1L. Disclosure of Identities of Interest/Project Principals

First Name: *

Last Name: *

Title: *

Organization: *

Type: *

Disclosure of Identity of Interest:

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

Small Projects Program (SPP) - Open window - Exhibit 2 – Proposal Summary

2A. Proposal Summary

Briefly (3 pages or less) describe the project. See the Application Instructions for detailed requirements for this Exhibit.

Note: Text will be limited to 12,000 characters which is approximately 1 page of 12 point Times New Roman single spaced text. Use of special characters is limited

Small Projects Program (SPP) - Open window - Exhibit 3 – Development Budget/Funding Sources

3A. Construction Cost Basis

1. Is total construction cost based upon a guaranteed price contract?

2. Select the wage rate that the total construction cost figure was based on:

Small Projects Program (SPP) - Open window - Exhibit 3 - Development Budget/Funding Sources

3B. Funding Sources

Source

Financing Type:

Source:

Specify Source:

Amount of Funds

Residential Amount: $

Community Services Facility Amount: $

Civic Amount: $

Commercial Amount: $

Total Funds from Selected Source:

Assistance

Assistance Type:

Financing Term:

Financing Term Type: Not Applicable

Interest Rate Percent: %

Residential Interim Interest: $

Community Services Facility Interim Interest: $

Civic Interim Interest: $

Commercial Interim Interest: $

Lien Position: or Not Applicable

Regulatory Term: Years

As you enter each source, they will be redisplayed in a grid as shown below:

Construction Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Interim Interest	Lien Position	Regulatory Term	Options
Developer Contribution	**98,000**	**Other**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**edit/delete**

Permanent Financing Source

Source	Amount	Assist Type	Financing Term	Interest Rate %	Lien Position	Regulatory Term	Options
Developer Contribution	98,000	Other	N/A	N/A	N/A	N/A	edit | delete

Small Projects Program (SPP) - Open window - Exhibit 3 - Development Budget/Funding Sources

3C. Development Budget

Select a Budget Type

Permanent Sources of Financing Identified for selected Budget Type	Amount of Funds Identified	Options
Developer Contribution - Other	$98,000	edit | delete

A. Acquisition

	Source	Residential Budget All Sources
1. Land		0
2. Structure(s)		0
3. Total Acquisition (sum lines 1 & 2)		**$0**
B. Soft Costs		
4. Appraisal(s)		0
5. Housing Consultant		0
6. Survey		0
7. Soil Borings		0
8. Asbestos/Lead-Based Paint Testing		0
9. Architecture/Engineering Fee		0
10. Construction Manager Fee		0
11. Legal Fees		0
12. Non-Profit Developer's Allowance		0
13. Cost Certification Audit		0
14. Insurance		0
15. Taxes		0
16. Interim Interest		0
17. Closing Costs		0
18. Title and Recording Fee		0
19. Relocation Expenses		0
20. LIHC/SLIHC Application Fee		0
21. LIHC/SLIHC Allocation Fee		0
22. Other DHCR/HTFC Fees		0
23. Other Soft Costs - Specify + add		
24. Total Soft Costs (sum lines 4 - 23)		**$0**
C. Construction		
25. Site Work		0
26. Off-Site Work		0
27. Demolition		0
28. Environmental Remediation		0
29. Other Construction Costs - Specify +add		

30. Subtotal Site Preparation (sum lines 25 - 29)		**$0**
31. Residential		0
32. Community Service Facility or Civic Space		0
33. Commercial		0
34. General Contractor's Insurance		0
35. Performance Bond Premium		0
36. Subtotal Contractor's Costs (sum lines 30 - 35)		**$0**
37. General Requirements		0
38. Builder's Overhead		0
39. Builder's Profit		0
40. Total Construction (sum lines 36 - 39)		**$0**
41. Project Contingency		0
42. LIHC/SLIHC Developer's Fee		0
43. Total Development Cost (sum lines 3, 24, 40, 41 & 42)		**$0**
D. Working Capital		
44. Initial Operating Deficit		0
45. Supplemental Management Fee & Marketing		0
46. Purchase of Maintenance & Other Equipment - Specify		
47. Other Working Capital - Specify +add		
48. Total Working Capital (sum lines 44 - 47)		**$0**
E. Project Reserves		
49. Capitalization of Operating Reserve		0
50. Capitalization of Replacement Reserve		0
51. Reserve for Adapting Units		
52. Other Project Reserves + add		
53. Total Project Reserves (sum lines 49 - 52)		**$0**
54. Total Project Costs (sum lines 43, 48 & 53)		**$0**

Small Projects Program (SPP) - Open window - Exhibit 4 - Rents & Affordability

4A. Tenant Affordability Plan for Rental Units

1. Do you anticipate that any units in the project will receive a rental subsidy? *

2. If yes, enter the number of units that you expect to receive the subsidy by source:

a. DSS Housing Allowance:

b. Section 8:

c. DHCR RRAP:

d. USDA - RD Section 521:

Other Subsidy Source:

Other (specify):

Total Number of Units:

3. If the project includes a non rent-bearing unit to be occupied by a building superintendent/resident manager, complete the following:

a. Unit size:

b. Number of occupants in unit:

c. Total cost of monthly utilities paid by occupant: $

d. Total annual housing cost:

4. Will the comparable market rents entered include:

a. Heat:

b. Hot Water:

c. Electricity:

5. Non-Residential Monthly Income:

Explain the source of any non-residential Monthly Income for your project:

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

Small Projects Program (SPP) - Open window - Exhibit 4 - Rents/Maintenance Fees & Affordability

4A1. Monthly Housing Costs for Rental Units

Rental Subsidy: *

Unit Size: *

Number of Units: *

Comparable Market Rent: *$

Monthly Basic Rent: *$

Tenant Paid Utilities: *$

Area Median Income: *$

Percent of Area Median Income Unit will be Targeted to:

Unit information:

a. Total Residential Units - All Sources:
b. Total Rental Units to Receive Subsidy:
c. Total Rental Units without Subsidy:
d. Total Owner Occupied Units: Not Applicable

A1. Monthly Housing Costs for Rental Units with Subsidies:

Unit Size	# of Units	# of Occupants Per Unit	Comparable Market Rent	Monthly Basic Rent	Tenant Paid Utilities	Total Monthly Housing Cost	Options
							edit | delete

A2. Affordability for Rental Units with Subsidies:

Total Annual Housing Cost	Minimum Annual Income Needed to Afford Unit	Area Median Income (AMI)	% of AMI Unit is Affordable to	% of AMI Unit will be Targeted to	Max Rent at 60% LIHC Eligibility
			n/a		

A3. Monthly Housing Costs for Rental Units without Subsidies:

Unit Size	# of Units	# of Occupants Per Unit	Comparable Market Rent	Monthly Basic Rent	Tenant Paid Utilities	Total Monthly Housing Cost	Options
							edit | delete

A4. Affordability for Rental Units without Subsidies:

Total Annual Housing Cost	Minimum Annual Income Needed to Afford Unit	Area Median Income (AMI)	% of AMI Unit is Affordable to	% of AMI Unit will be Targeted to	Max Rent at 60% LIHC Eligibility

Small Projects Program (SPP) - Open window - Exhibit 5 - Operating Budget

5A1. Total Effective Income

A. Effective Residential Income

1. Total Residential Monthly Income/ Maintenance Fees: $

2. Annual Gross Residential Income: $

3. Estimated Percentage of Vacancy and Arrears: %

3a. Total Residential Vacancy and Arrears: $

4. Net Residential Income: $

5. Ancillary Residential Income:

a. Annual income from laundry facilities: $

b. Annual income from parking facilities: $

Other (specify):

c. Annual income from other sources: $

6. Total Ancillary Residential Income: $

7. Total Effective Residential Income: $

B. Effective Non-Residential Income

8. Gross Commercial/Civic/CSF Income: $

9. Estimated Percentage of Commercial/Civic/CSF Vacancy and Arrears: %

9a. Total Commercial/Civic/CSF Vacancy and Arrears:

10. Net Commercial Income:

10a. Will the income for this portion of the project be guaranteed through a master lease and/or developer guarantee?

11. Total Effective Income - Residential and Non-Residential: $

Small Projects Program (SPP) - Open window - Exhibit 5 - Operating Budget

5A2. Basis for Projections of Operating Budget

Budget Type	Options
Residential	add

Annual Expenses Estimates

Income	Year1 Income	Type	Pct. (+/-)	Rationale	Source	Options
1. Total Effective Income	$					edit
A. Administration Expense	**Year1 Cost**	**Type**	**Pct. (+/-)**	**Rationale**	**Source**	**Options**
2. Manager						edit
3. Management Fee:						edit
4. Accounting & Audit						edit
5. Legal						edit
6. Advertising						edit
7. Office Supplies/Equipment						edit
8. LIHC Monitoring Fee						edit
9. Other Admin. (Specify):						edit
10. Total Administration						
B. Maintenance & Operations						
11. Janitor & Cleaning Payroll						edit
12. Janitor & Cleaning Supplies						edit
13. Exterminating						edit
14. Garbage & Trash Removal						edit
15. Security						edit
16. Ground Expense						edit
17. Maintenance/Repair Payroll						edit
18. Maintenance/Repair Materials						edit
19. Maintenance/Repair Contracts						edit
20. Elevator						edit
21. Snow Removal						edit
22. Painting & Decorating						edit
23. Other M/O (Specify):						edit
24. Total Maint./Operations						
C. Utilities						
25. Fuel Oil						edit
26. Lighting/Electricity						edit
27. Water & Sewer						edit
28. Gas						edit
29. Other Utilities (Specify):						edit
30. Total Utilities						
D. Taxes & Insurance						
31. Real Estate Taxes						edit
32. Payroll Taxes						edit
33. Other Taxes (Specify):						edit
34. Property & Liability Insurance						edit
35. Fidelity Bond Insurance						edit
36. Other Insurance (Specify):						edit
37. Total Taxes & Insurance						
38. Operating Reserve						edit
39. Replacement Reserve						edit
40. Total Expenses						
41. Net Operating Income	$					
E. Debt Service						
42. Debt Source						
						edit
43. Total Debt Service						
44. Cash Flow	$					
45. Repayment Deferred Dev Fee						

5A3. Operating Budget **Years: (1-5) (6-10) 11-15)**

Income	Type	Year 1	Year 2	Year 3	Year 4	Year 5	Options
1. Total Effective Income	$						
A. Administration							
2. Manager							
3. Management Fee:							
4. Accounting & Audit							
5. Legal							
6. Advertising							
7. Office Supplies/Equipment							
8. LIHC Monitoring Fee							
9. Other Admin. (Specify):							
10. Total Administration							
B. Maintenance & Operations							
11. Janitor & Cleaning Payroll							
12. Janitor & Cleaning Supplies							
13. Exterminating							
14. Garbage & Trash Removal							
15. Security							
16. Ground Expense							
17. Maintenance/Repair Payroll							
18. Maintenance/Repair Materials							
19. Maintenance/Repair Contracts							
20. Elevator							
21. Snow Removal							
22. Painting & Decorating							
23. Other M/O (Specify):							
24. Total Maintenance/ Operations							
C. Utilities							
25. Fuel Oil							
26. Lighting/Electricity							
27. Water & Sewer							
28. Gas							
29. Other Utilities(Specify):							
30. Total Utilities							
D. Taxes & Insurance							
31. Real Estate Taxes							
32. Payroll Taxes							
33. Other Taxes (Specify):							
34. Property & Liability Insurance							
35. Fidelity Bond Insurance							
36. Other Insurance (Specify):							
37. Total Taxes & Insurance							
38. Operating Reserve							
39. Replacement Reserve							
40. Total Expenses							
41. Net Operating Income							
E. Debt Service							
42. Debt Source							
43. Total Debt Service							
44. Cash Flow							
45. Repayment Deferred Dev Fee							

Deferred Developer's Fee	Amount
A. Total Deferred Developers Fee	
B. Total Repaid in 15 years	
C. Discrepancy	

Small Projects Program (SPP) - Open window - Exhibit 6 - Development Timetable

6A1. Development Track

1. Indicate which development track the project will follow:

6A2. Additional Approvals

Select each additional approval required for the project. Selected additional approvals will be added to Exhibit6A3 - Development and Approvals Timetable.

☐ ULURP (NYC Only)

☐ UDAAP (NYC Only)

☐ Zoning Change/Variance

☐ Subdivision Approval

☐ Archaeological Survey

☐ Village/Town/City Council Review/Approval

☐ PILOT/Tax Abatement

☐ Flood Plain/Waterfront/Coastal Zone Approval

☐ Lead Agency Designation for Coordinated Review

☐ Full EAF under SEQR/CEQR

☐ SPDES Discharge Permit

☐ SPDES General Storm Water Permit

☐ HTFC Predevelopment Award

☐ N/A - No Additional Approvals necessary

☐ Other (specify)

+add

Small Projects Program (SPP) - Open window - Exhibit 6 - Development Timetable

6A3. Development and Approvals Timetable

Activity/Approval	Status	Contact Name/Phone	Completion Date	Options
1. HTFC Board Approval				edit
2. HTFC Funding Commitment Letter				edit
3. Site Ownership				edit
4. Planning Board/Site Plan Approvals				edit
5. SHPO Determination				edit
6. Phase I Environmental Site Assessment				edit
7. Zoning Approval				edit
8. SEQR Determination				edit
9. HFA Conditional Commitment & Term Sheet (HWF only)				edit
10. HTFC Board Approval for SEQR/Environ. Clearance				edit
11. HFA Board Approval (HWF only)				edit
12. HWF Funding Commitment (HWF only)				edit
13. Non-HFA Bond Issuer Commitment & Term Sheet				edit
14. Bid Document Submission				edit
15. Bond Issuance/Construction Loan Closing (HWF only)				edit
16. Contract Document Submission				edit
17. Contract (Construction) Execution				edit
18. Pre-Construction Meeting				edit
19. Construction Start				edit
20. Rent-Up Conference with DHCR/Housing Management staff or HFA Staff				edit
21. Final Inspection				edit
22. Construction Complete/ Certificate of Occupancy				edit
23. Project Rent-Up/Occupancy				edit
24. Cost Cert/Audit/Close-Out Document Submission				edit
25. Permanent Financing Closing				edit
26. 8609 Eligibility Submission (LIHC/SLIHC only)				edit

Small Projects Program (SPP) - Open window - Exhibit 7 - Development Timetable

7A. Development Team's Relevant Experience

Team Member Name:

Proposed Project Role(s):

Similar Project Details:

1. Project Name: *

2. Total Project Cost: *$

If the similar project included HTFC/DHCR funding:

3. SHARS ID:

If the similar project did not include HTFC/DHCR funding:

4. Project Use:

5. Project Type:

6. Construction Start Date:

7. Percent Completed: %

8. Number of Units:

9. Population Served:

Development Team Members:

Team Member: *

Team Member Role(s) in Similar Project: *

☐ Developer
☐ Management Agent
☐ Owner
☐ Syndicator
☐ Architect
☐ Housing Consultant
☐ General Contractor
☐ Other

+add

Small Projects Program (SPP) - Open window - Exhibit 8 - Site and Building Information

8A. Site Information

1. Site Basics

a. Is the site vacant land, free of buildings? *

b1. If no, enter the number of buildings on the site:

b2. Enter the number of non-accessory buildings on the site that will be demolished:

c. Tax Parcel Data for Vacant Land or Land which will be Vacant After Demolition

SBL/BLE

SBL/BLE

d. Site Address

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: * Example: 12345-0000

2. Site Area and Zoning

a. Total Site Area: *

b. Current zoning classification: *

c. Minimum site area for proposed project to meet zoning regulations:

3. Special Site Locations/Designations (select all that apply) *

- [ ] a. The site is located in a flood plain area
- [ ] b. The site is located in a waterfront revitalization area
- [ ] c. The site is adjacent to a coastal area
- [ ] d. The site is listed in the National Register of Historic Places
- [ ] e. The site is located in an Economic Development Zone (EDZ)
- [ ] f. The site is located in a locally-designated CDBG Target Area
- [ ] g. The site is located in a Local Economic Development Area
- [ ] h. The site is located in another local community revitalization area
- [ ] i. Not Applicable

4. Site Utilities

Utility	Source	On or Off Site	Distance from Site (in feet)
Water	*	*	
Sewer	*	*	
Paving	*	*	
Gas			
Electric	*	*	
Telephone	*	*	

5. Unusual Site Features (select all that apply) *

- a. Cuts
- b. Fill
- c. Erosion
- d. Poor Drainage
- e. Retaining Walls
- f. Wetlands
- g. Subsurface Bedrock
- h. High Water Table
- i. Other (specify):
- j. Not Applicable

6. Existing Structures/Facilities/Parking

a. Describe any accessory structures on the site, including their size: *

Or Not Applicable

b. Describe any recreational facilities on the site, including their size: *

Or Not Applicable

c. Site Parking (select all that apply)*

- The site is vacant land with sufficient space to accommodate local off-street parking requirements
- The site is vacant land without sufficient space to accommodate local off-street parking requirements
- The site has Existing on-site parking (not enclosed) No. of Spaces: Total SF:
- The site has Existing on-site parking (enclosed) No. of Spaces: Total SF:
- Not Applicable

7. Site Suitability

a. Is the site free of hazardous materials and incompatible adjacent uses?

b. If you answered "No" to a. (above), describe the conditions:

c. Is the site directly accessible from a public road?

8. Proximity of Support Services

a. What type of area is the site located in? *

b. Primary occupants of the project: *

Other primary occupants (specify):

c. Distance to Support Services

Service	Distance
Grocery Stores	
Other Retail Stores	
Schools	*
Bus/Subway Lines	*
Municipal Services	*
Libraries	*
Pharmacies	*
Health Facilities	*

Small Projects Program (SPP) - Open window - Exhibit 8 - Site and Building Information

8A1. Buildings to be Demolished

Current Tenure:

Number of Occupied Residential Units:

Number of Occupied Non-Residential Units:

Small Projects Program (SPP) - Open window - Exhibit 8 - Site and Building Information

8B1. Building Characteristics

Site:

Building 1

1. Type of Activity Proposed

Proposed Activity *

2. Existing Buildings Characteristics - Complete for Rehab Buildings ONLY

a. Building Address

Street Number:

Street Name: *

Street Suffix:

City: *

Zip Code: *

b. Year Built:

c. Tax Parcel ID(s): SBL/BLE

+add

d. How is the building currently being used? *

Other current use (specify):

e. Number of current residential units:

f. Number of current non-residential units:

3. Occupied Units

a. Are any of the residential or non-residential units* in this building occupied?

b. Number of occupied residential units:

c. Number of occupied non-residential units:

d. Will relocation of tenants be necessary? *

e. Number of residential tenants to be relocated:

f. Number of non-residential tenants to be relocated:

4. Building Use upon Completion

a. Building Use (select all that apply): *

- 1. Residential
- 2. Community Rooml
- 3. Commercial
- 4. Community Service Facility
- 5. Civic
- 6. Other (specify):

b. Residential Tenure Type:

Other Residential Tenure Type (specify):

5. Building Units Assisted

Units	Residential		Community Room		Non-Residential	
	Units	Sq. Footage	Units	Sq. Footage	Units	Sq. Footage
1. Total Units In Building						
2. Total Units Assisted by HTFC/DHCR						
3. Total Units Assisted by HFA						

6. Building Details

a. Number of floors in building upon completion: *

b. Type of structure: *

Other Type of Structure (specify):

c. Will the building include an elevator?: *

7. Items in Rent/Carrying Charge (select all that apply)

a. Equipment

- Range and Oven
- Microwave Oven
- Refrigerator
- Cable TV Hook-up
- Laundry Facilities in Common Area
- Laundry Facilities in Living Unit
- Laundry Hook-up Only
- Central Air Conditioning
- Air Conditioning Sleeve Only
- Other (specify):

b. Services

- Heat - Type:
  Specify:
- Hot Water - Type:
  Specify:
- Central Air Conditioning
- Lights, etc. in units
- Other (specify):

c. Parking

- Surface
- Covered
- Unavailable
- Other (specify):

8. Tenant-paid Utilities (select all that apply)

- [ ] Electricity
- [ ] Heat
- [ ] Repairs
- [ ] Gas
- [ ] Water
- [ ] Other (specify): ____

Small Projects Program (SPP) - Open window - Exhibit 8 - Site and Building Information

82. Building Space Breakdown

A. Dwelling Units - Space Breakdown

Add New Dwelling Unit

Residential Space Breakdown

Unit Size: *

Number Of Units: *

Square Footage Per Unit: *

B2. Building Space Breakdown

A. Dwelling Units - Space Breakdown

Add New Dwelling Unit

Building Number	Unit Size	Number Of Units	Square Footage Per Unit	Total Square Footage	Options
					edit | delete
		Dwelling Unit Total Square Footage:			

B. Common Area - Space Breakdown

Building Number	Area Description	Total Square Footage	Options
1	Community Room		edit
1	Lobby		edit
1	Hall and Stairs		edit
1	Basement		edit
1	Laundry		edit
1	Other:		edit
	Common Area Total Square Footage:		

C. Non-Residential - Space Breakdown

Building Number	Area Description	Total Square Footage	Options
1	Commercial Floor Area		edit
1	Community Service Facility Floor Area		edit
1	Civic Floor Area		edit
	Non-Residential Total Square Footage: Total Gross Floor Area:		

E. OMNIBUS CERTIFICATION

On my behalf and on behalf of the parties listed herein (collectively referred to as the Applicant), I hereby certify to the New York State Housing Finance Agency("HFA") and the New York State Housing Trust Fund Corporation ("HTFC") (collectively, "Agencies") that I am duly authorized to file this submission on behalf of the Applicant, and that the following statements and information, including information contained in any attachments to this Omnibus Certification are to the best of my knowledge based on due inquiry, true, accurate and complete. I agree to immediately inform the agencies of any material change in the information provided herein and acknowledge that a false certification or failure to disclose material information shall be grounds for termination of any award. The information is submitted to the Agencies in order that the Applicant may be approved as the controlling principal of the borrowing entity for the Project for which the Applicant has submitted an application for financing.

For the period beginning ten (10) years prior to the date of this omnibus certification:

☐ Yes	☐ No	The Applicant has not been a principal in a project in which a mortgage has ever been in default, assigned or foreclosed or for which relief by a lender has been granted.
☐ Yes	☐ No	The Applicant has not experienced a default or non-compliance under any HUD, USDA, ESDC, HFA, AHC, DHCR, HTFC or any other federal, state or local loan or grant.
☐ Yes	☐ No	There are no unresolved findings raised as a result of audits, management reviews or other investigations by federal, state or local government entities concerning the Applicant or projects in which the Applicant is a principal.
☐ Yes	☐ No	The Applicant has not been convicted of a felony, nor is the Applicant presently 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 not including any offense classified as a misdemeanor under the laws of a state and punishable by imprisonment of two years or less).
☐ Yes	☐ No	The Applicant has not been suspended, disbarred 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.
☐ Yes	☐ No	The Applicant is not the subject of any bankruptcy or insolvency proceeding nor has the Applicant been a subject of a bankruptcy or insolvency proceeding for the time period covering this omnibus certification.
☐ Yes	☐ No	The Applicant has not defaulted on an obligation covered by any surety or performance bond and has not been the subject of a claim under an employee fidelity bond.
☐ Yes	☐ No	There are no hazardous violations or immediately hazardous violations filed against the project for which the applicant has submitted a financing application for failure to comply with local building, housing maintenance and/or construction codes, the New York Multiple Dwelling Law, or the New York Multiple Residence Law.
☐ Yes	☐ No	Neither the borrowing entity for the project for which the Applicant has submitted a financing application nor any party of said entity has a managerial position and/or ownership interest in excess of 25% in any other property in New York against which any hazardous violations or immediately hazardous violations for failure to comply with local building, housing maintenance and/or construction codes, the New York Multiple Dwelling Law, or the New York Multiple Residence Law.
☐ Yes	☐ No	The project for which the Applicant has submitted a financing application is not located in a jurisdiction in which there is a court decision or court entered plan to address housing desegregation or remedy some other violation of law. [If the project is located in such a jurisdiction provide the evidence for your conclusion that it is consistent with such court decision or court entered plan in an attachment to this omnibus certification].
☐ N/A	☐ Attached	Attach a description of any pending or current litigation or judgments related to: (i) the ownership or operation of any real estate which could materially and adversely impact the financial condition of the Applicant, (ii) the Applicant's ownership of a significant interest (25% or greater) in any entity, or (iii) any entity in which the Applicant owns a significant interest (25% or greater) which could materially and adversely impact the entity's financial condition.

*** If the answer to any question is NO, please provide a detailed explanation in a separate attachment.**

The Development Team's Relevant Experience (Exhibit 7 to the application) contains a listing of every assisted or insured project of HUD, USDA, DHCR, HTFC, HFA, SONYMA, AHC or other state or local government housing finance agency in which the Applicant has been, or is now, a principal.

All of the parties known to the undersigned to be principals in the project for which the Applicant has submitted a financing application are listed below, and no principals or identities of interest are concealed or omitted:

CDOL Password: * ______

Title: ______

F. Small Projects Program (SPP) Project Attachment Instructions

Listed below are the instructions for completing the Application Attachments. The applicant should refer to the **SPP Project Application Attachments Checklist** to determine which attachments are required. The applicant should title each attachment in accordance with the **Application Attachments Checklist**. If an Attachment is not applicable, you must select the 'omit' button for all attachments which you will not be submitting. This is required as an acknowledgement that you are intentionally omitting the attachment(s).

Attachment A1 – Evidence of Site Control

All applicants must provide evidence of site control for all sites/buildings in the project. Acceptable forms of site control, in order of preference, are:

- An executed deed evidencing ownership by the applicant or owner;
- A title report not more than 90 days old at the time of application submission showing that the applicant holds title;
- A signed contract of sale between the applicant and the property owner which describes the terms and conditions for the conveyance of the title at a designated price during a specific period which is renewable or with a term expiring no less than six months from the date of application submission to HTFC;
- A signed option to purchase which is renewable or with a term expiring no less than six months from the date of the application submission to HTFC;
- A local land disposition agreement;
- A letter from a public agency offering the site(s) to the applicant under specified conditions within a timeframe that is consistent with the information provided in the proposed Development Timetable (Exhibit 6);
- A letter from the New York City Department of Housing Preservation & Development (NYC HPD) which specifies an expiration date, and clearly matches the property(ies) identified in Exhibit 8 (Site & Building Information) and the project plans. (Please see the NYC HPD Site-Control Guidelines below for more information regarding the use of HPD-owned sites); or,
- A lease with a term that is equal to the regulatory period for the applicable program(s).
- Any site control documentation which includes an offer and acceptance, such as a contract of sale, option or lease must include signatures of all required parties in order to be considered acceptable documentation of site control.

NYC HPD Site-Control Guidelines

The NYC HPD has provided the following guidelines regarding the use of City-owned sites/buildings by applicants to DHCR/HTFC.

- Site control for City-owned sites must be secured by submitting a request to the NYC HPD through its Request for Proposals/Request for Qualifications (RFP/RFQ) process. Applicants will be required to identify all sources of proposed project financing. Further information on the RFP/RFQ process, including current deadlines, is available at HPD's website: http://www.nyc.gov/html/hpd/html/developers/developers.shtml.
- Successful RFP/RFQ applicants will receive a Negotiations Letter from HPD stating HPD's intent to commence negotiations with the applicant, and setting forth information on programs and procedures. HPD will notify DHCR/HTFC of the successful applicants.
- NYC HPD Negotiations Letters which are received before the application deadline for the current funding round should be included as Attachment A1. Otherwise, HTFC/DHCR will rely on HPD for information on site control of City-owned properties.

Attachment A2 – Zoning Compliance

All applicants must submit documentation from officials of the project municipality confirming that the project site is zoned to permit construction of the project as proposed in this application, or that action to receive the required zoning change/variance/approval is in progress and the project is eligible for all necessary zoning changes/variances/approvals. If there is no zoning in the project municipality, submit a statement from the municipality, the project attorney, or the project architect stating this.

Attachment A3 – Public Approvals

Local Approvals:

Submit documentation that action to receive all applicable public approvals listed below, as well as any other necessary approvals not listed, is in progress and the project is eligible for all pertinent approvals (if the approval(s) was not already obtained). See also, Attachment A6 - Environmental Approvals, for additional attachment requirements.

Uniform Land Use Review Procedure (ULURP) – NYC Projects Only: If you indicated in Exhibit 6 (Development Timetable) of this application that the project must undergo ULURP, provide documentation and/or an explanation of steps taken to receive all necessary approvals, and documentation that the project is eligible to receive such approval(s).

Urban Development Action Area Program (UDAAP) – NYC Projects Only: If you indicated in Exhibit 6 (Development Timetable) of this application that the project is seeking a UDAAP designation, submit evidence and/or an explanation of steps taken to achieve this designation.

Site Plan Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval of the site plan, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

Subdivision Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval of a subdivision, submit evidence and/or an explanation of steps taken to receive all necessary approvals, documentation that project is eligible to receive such approval(s).

Community Board/Planning Board Approval: If approvals are required from the community board or local planning board, submit evidence and/or an explanation of steps taken to receive such approvals, and documentation that the project is eligible to receive such approval(s).

Village/Town/City Council Approvals: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approval by a village, city or town council, submit evidence and/or an explanation of steps taken to receive all necessary approvals, and documentation that the project is eligible to receive such approval(s).

Payment In Lieu of Taxes (PILOT) or Tax Abatement: If you indicated in Exhibit 6 (Development Timetable) of this application that the project is seeking a PILOT and/or tax abatement, submit evidence and/or an explanation of steps taken to obtain the PILOT or tax abatement, and documentation that the project is eligible to receive the PILOT and/or tax abatement.

Utility Hook-Ups: If the project needs local approvals for utility hook-ups, submit evidence and/or an explanation of the steps taken to obtain such approvals, and documentation that the project is eligible to receive such approval(s).

Attachment A4 - State Historic Preservation Office (SHPO) Submissions

All applicants must complete the SHPO Project Review Cover Form, which can be found at: http://www.nysparks.state.ny.us/shpo/environ/forms/PRCoverForm.pdf) and submit it to the State Office of Parks, Recreation and Historic Preservation for eligibility review prior to submitting this application to HTFC.

Applicants proposing projects on sites with existing structures which will be rehabilitated or removed must also complete and submit to the State Office of Parks, Recreation and Historic Preservation a completed Historic Resource Inventory Form, which can be found at: (http://www.nysparks.state.ny.us/shpo/environ/forms/InvenForm.pdf)for each existing structure prior to submission of this application to DHCR/HTFC/HFA.

Both of the forms referenced above should be submitted to SHPO accompanied by the SHPO Transmittal Letter (Attachment A4) provided by DHCR.

Submit a completed SHPO Transmittal Letter, SHPO Project Review Cover Form, and, if applicable, Historic Resource Inventory Form(s) as Attachment A4. If you have already received a response from SHPO prior to the submission of this application, also include a copy of that document with this attachment.

Attachment A5 – State Environmental Quality Review (SEQR) Submissions

All applicants **must** attach a copy of the **signed** Short Environmental Assessment Form (EAF) in order to comply with SEQR procedures. A version of this form can be filled out online and then printed for signature. The form can be located at: http://www.dec.ny.gov/docs/permits_ej_operations_pdf/shorteaf.pdf

If another organization/agency has assumed the lead agency designation for coordinated review, submit a copy of the Executive Summary of the EAF, and attach a letter from the lead agency which identifies HTFC as an involved agency. The full EAF can be found online at: http://www.dec.ny.gov/docs/permits_ej_operations_pdf/longeaf.pdf

If any Phase 1 Environmental Site Assessments (ESA)/reports were completed in the past year, submit a copy of the Executive Summary of these documents. HTFC reserves the right to request full copies of the ESA/reports.

NOTE: No physical alteration of the project site(s) or building(s) may commence prior to HTFC issuance of an environmental clearance letter.

Attachment A6 - Environmental Approvals

If your project involves any of the following, you must include documentation that approvals are being sought, or have been obtained:

Archaeological Survey: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires performance of an archaeological survey, submit evidence and/or an explanation of steps taken to have the survey completed.

Flood Plain/: Submit evidence that the project is not located in a designated Flood Plain.

Waterfront/Coastal Zone Approval: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires approvals related to waterfronts or coastal zones, submit evidence and/or an explanation of steps taken to receive all necessary approvals.

State Pollutant Discharge Elimination System (SPDES) Permit/SPDES General Stormwater Permit: If you indicated in Exhibit 6 (Development Timetable) of this application that the project requires a SPDES Permit or a SPDES General Stormwater Permit, submit evidence and/or an explanation of steps taken to obtain the permit. Information and forms can be found at: http:// www.dec.ny.gov/permits/6054.html

Attachment B1- Outline Specifications

The applicant must submit written preliminary specifications based on the HUD Contractor Outline Specifications (HUD Form 5087) or the Construction Specification Institute's (CSI) format division of work items, and must list and describe all work to be performed and the type of materials to be provided. When completing this attachment, applicants applying under the Green Building Initiative should clearly identify the use of Energy Star appliances and/or fixtures, Energy Star HVAC, air conditioning or other energy modifications that produce the same or comparable energy efficiency or savings. Refer to the Green Building Reference Manual for requirements under the Green Building Initiative.

Specifications must be prepared by an architect or an engineer licensed to practice in New York State. A fillable form for this Attachment is available on DHCR's website.

Attachment B2 – Construction Cost Estimate Summary

The applicant must attach a construction cost estimate summary by major trade items, including estimated costs for general requirements, builder's overhead and builder's profit. The estimate must be prepared by a construction cost estimator, general contractor or architect.

If the project is made up of multiple buildings and/or sites with variable scopes of work, a separate construction cost estimate for each building/site must be submitted.

If the consultant's cost estimates are five percent above or below those submitted by the applicant, the consultant's estimates will be used in scoring the project and reviewing its feasibility. In some instances, HTFC may engage a consultant cost estimator.

Only those off-site costs directly associated with the project will be considered eligible for HTFC funding. Projects with 12 or more NYS HOME-funded units are reminded that they are subject to the Federal Labor Standards regulatory requirements (Davis-Bacon Related Acts). A fillable form for this Attachment in available on DHCR's website.

Attachment B3 – Preliminary Plans

All applicants must submit the following preliminary design documents. If the project is made up of multiple buildings and/or sites with variable scopes of work, separate preliminary plans for each building/site **must** be submitted.

All projects must provide preliminary plans prepared by an architect or engineer licensed to practice in New York State. For all projects, the following documents must be submitted:

A. Site Plan:

1. use scale 1 inch = 20 feet or larger;
2. use a North arrow;
3. show locations of all existing building(s), roadway(s), parking area(s), utilities, plantings, etc.;
4. show existing site restrictions, including set-backs, rights of way, boundary lines, etc.;
5. show all proposed changes to building(s), roadway(s), parking, utilities, plantings, etc.;
6. show zoning classification;
7. show notations of all new and existing materials;
8. show boundaries of any unusual site features, e.g., 100-year flood plain, wetlands, bedrock outcroppings, etc.; and,
9. show existing and proposed site slopes and approximate grade elevations.

B. Floor Plan(s):

1. use scale 1/8 inch = 1 foot or larger;
2. use a north arrow;
3. show all proposed changes to building components identifying removals and new construction;
4. show room/space designation;
5. show occupancy classification;
6. show building construction classification;
7. show fire area allowances;
8. New York City projects must include zoning calculations;
9. New York City projects must indicate which code and chapter the project is designed under;
10. show gross building square footage and gross dwelling unit square footage;
11. show general notes identifying all new and existing materials; and,
12. show any deviations that were allowed by an official code variance.

C. Elevations:

1. use scale 1/8 inch = 1 foot or larger;
2. show existing elevations of buildings (if applicable);
3. show all new conditions of building exteriors;
4. show general notes identifying all existing and new materials;
5. show overall building height dimensions; and;
6. show finished floor height dimensions.

D. Wall Sections:

1. use scale ¾ inch = 1 foot or larger;
2. show construction system;
3. show ceiling heights; and,
4. show window dimensions.

Please Note:

HOME-funded projects must comply with Section 504 of the Rehabilitation Act of 1973.

Attachment B4 – Site Photographs

Provide six color photographs of the site and a site plan with arrows that indicate where the photographer was standing as follows:

1. facing the front of the site;
2. facing the rear of the site;
3. a view from the site looking east;
4. a view from the site looking west;
5. a view from the site looking north; and,
6. a view from the site looking south.

Attachment B7 – Energy Efficiency Initiative Documentation and/or RES*check*

If applying under the Energy Efficiency Initiative provide the document(s) from NYSERDA verifying participation in the program and submit as Attachment B7.

If applying under the Energy Efficiency Initiative and the proposed project is not eligible for participation in NYSERDA's programs, such as projects located in non-Systems Benefits Charge (SBC) areas, applicants are required to submit evidence that the energy efficiency of the project is 30% or greater than that required by the NYS Energy Conservation Code, as evidenced by the completion of the NYS version of

RES*check*. The New York State version of "RES*check*" must be completed by a design professional and submitted as Attachment B7. The RES*check* (formerly MEC*check*) materials have been developed to simplify and clarify code compliance with the Model Energy Code (MEC), the International Energy Conservation Code (IECC), and a number of state codes. The RES*check* document can be found at www.energycodes.gov/web_tools.stm. To use:

1) click on "Compliance Tools";
2) click on "Residential (RES*check*);
3) click on "download RES*check* software";
4) click on "New York";
5) register as a user, or click on "no thanks, I'll register later";
6) click on "Begin RES*check* download";
7) once downloaded, complete the requested information on the three tabs: project, envelope, and mechanicals; and,
8) print out the completed form and submit as Attachment B7.

Please note that this document is not being used for code compliance, but for energy comparison purposes only.

Attachment B8 - Energy Efficient Construction Costs

If applying under the Green Building Initiative and/or the Energy Efficiency Initiative, complete the Energy Efficient Construction Costs Worksheet. Please note this is for informational purposes only.

Attachment B9 – Green Building Criteria Checklist

Applicants must complete Green Building Criteria Checklist if applying for the Green Building Initiative. All documents required under this checklist are to be included as part of this attachment. A fillable form for this Attachment is available on DHCR's website.

Attachment B10 - Visitable, Accessible and Fully Adapted Units

Applicants must submit the Visitable, Accessible and Fully Adapted Units questionnaire for each project building. If **all** buildings in the project have the same number of units, unit configuration and elevator status, a summary sheet showing the **project totals** may be submitted in lieu of separate questionnaires. A fillable form for this Attachment is available on DHCR's website.

Attachment C2 – Market Analysis or Market Study

Applicants must provide a market study or market analysis corroborating market demand. **Applications that do not include a market study or market analysis as described below will be deemed incomplete. *Please see the HTFC/DHCR Market Study Content Guidelines, particularly regarding the definitions of Primary and Secondary Market Areas, in Section 5.06 of the Capital Programs Manual for additional general guidance on market studies and/or market analysis*. Small Projects applications that include USDA Rural Development (RD) Section 515 Leveraged Loan Program funding may utilize the market study/market analysis prepared under RD market study parameters in lieu of a new market analysis.**

Applicants for Small Projects Program funding in support of rental housing units may submit their own market analysis or a professional market study that firmly establishes that a sufficient number of income-eligible households exist in the service area which can afford the project rents, and which can be expected to occupy the project. *Exceptions may be made for those projects supported by unusually strong demand, which are part of a housing/community development strategy, or will serve a special needs population.*

All submissions must address at a minimum the following:

• the geographic area from which households are expected to be drawn *(see the definition of Primary and Secondary Market Areas in the Section 5.06 of the CPM);*

• the number of income-eligible households within that area able to afford the required monthly housing expense;

• current vacancy rates;

• the impact of the project on other housing stock, including other publicly-assisted housing;

• rents for similar housing in close proximity to the proposed project;

- identification of other comparable housing that is planned or under development; and,

- the availability of project-based rent subsidies.

If the RARP or UI application is requesting funds for commercial space is included in the SPP application, the analysis must address the commercial market in the project service area, including the rents for similar commercial space, and the proposed commercial rents for the project.

Attachment C4 – Local Support Documentation

Submit documentation that demonstrates local support for the project, such as copies of letters from local officials explaining the project's relationship to the community's affordable housing needs, or detailing local actions that have been taken or will be taken in support of the project.

Attachment D1 – Appraisal

Appraisals are required for any individual site with acquisition costs of more than $100,000. If the acquisition costs of a site exceed $250,000, two appraisals may be required. An appraisal will also be required regardless of the acquisition costs if there is an identity of interest between project participants and the seller.

Refer to Section 5.03 of the CPM for more information on appraisals.

Attachment D2 – Operating Budget Documentation

The following items must be submitted as Attachment D2:

1. documentation of expected utility expenses from either the local utility company or the project architect;

2. documentation for any tenant-paid utilities;

3. a quotation from an insurance agent/company for all required insurance items; and,

4. evidence of any tax abatement or payment-in-lieu-of-taxes (PILOT) agreement proposed or approved by the municipality having jurisdiction over the project. Evidence must include a letter from the municipality's tax assessment office, indicating the nature and duration of the proposed tax relief, the method used for determining valuation, the estimated full taxes on the completed project, the estimated percentage of relief, and the status of the relief (under review, approval pending, approved, as-of-right, etc.)

If no tax abatement/exemption is to be granted, submit an estimate of the taxes from the local tax assessor's office. If supporting documentation for this attachment exists elsewhere in the application, cite that location.

Applicants for projects in New York City must submit evidence that their proposals are eligible for consideration under an applicable New York City tax abatement program.

Section 581A of the New York State Real Property Tax Law requires assessors to assess affordable housing projects under the income approach method, excluding tax credits, subsidized mortgage financing and project grants. This law was intended to benefit applicants and owners outside of New York City. Applicants with projects which could benefit from this statute should review the documentation on the DHCR website which provides additional details on the provisions of the law and the process which applicants can follow to seek benefits under this law.

Refer to Section 5.06 (iii) of the CPM for further information on expense documentation.

Attachment D3 – Funding Commitments

If funding from sources other than HTFC is necessary, you must submit evidence that each source is interested in providing construction and/or permanent funding or rental assistance for the project. Be sure to submit letters from funding sources for each type of development budget included in the project (residential, community service facility, commercial and/or community space). Applicants proposing mixed-use buildings should refer to Section 5.08 of the CPM for additional information.

Firm commitments are best, but you may submit letters of interest. Also provide documentation of any funding applications already submitted. If a construction lender is willing to enter into a loan participation agreement for the purposes of administering the construction financing, the commitment letter should indicate that. If the application contains supporting information for this attachment, cite the location.

Attachment E – Support Services for Persons who are Elderly, Tenants who are Persons with Special Needs & Tenants of Supportive Housing

Provide a letter from local service provider(s) evidencing the availability of services for Persons who are Elderly, Tenants with Special Needs and Tenants of Supportive Housing you identified under Exhibit 1J, Project Occupants. HTFC may require formal support service agreements for services provided to these tenants.

Attachment F3 - Non-Profit Participation as Applicant or Owner

All applicants must submit a copy of a certified Certificate of Incorporation, copy of the filing receipt, and complete the provided questionnaire as Attachment F3. The questionnaire can be located on DHCR's website.

Attachment F4 – HOME Program Community Housing Development Organization (CHDO) Determination Letter

Applicants applying for NYS Home Program funds as a CHDO must attach a copy of a CHDO Determination Letter stating that the applicant is a qualified CHDO. The letter must have been issued by the DHCR Regional Office whose territory includes the municipality in which the project is to be located. If the CHDO Determination Letter is more than one-year old but less than three years old, you must also include in this attachment, a letter from the applicant's authorized signatory stating that no organizational changes have occurred that would effect the CHDO certification. If the DHCR-issued CHDO Determination Letter is more than three years old, the organization needs to be re-certified. Contact the DHCR Regional Office that issued the original letter for additional information.

Attachment F5 – Request for Waiver from HTFC Standards

If applicable, waiver requests from HTFC Standards are included as Attachment F5.

All waiver requests must be prepared and submitted in accordance with Section 1.04, Waivers, of the Capital Programs Manual. Documentation of any approved waiver(s) must be included in this Attachment.

Attachment F6 – Existing Occupant Documentation/Relocation Plan

Complete and submit the Existing Occupant Information Form for each tenant/unit in occupied residential buildings. The last column, "Subsidy Source", refers to any rental assistance or mortgage interest subsidy received by an occupant.

If any of the proposed buildings in the project are occupied by either residential or non-residential tenants at the time of application, and work will be performed in or adjacent to the occupied units, you **must also** submit a tenant relocation plan as part of this attachment.

The plan should include details of the relocation, such as the number of tenants to be relocated, the date relocation will commence and how long it will last, identification of any third parties involved, and their role in the relocation, a description of the facilities tenants will be relocated to, and disclosure of any costs (including storage) that tenants will incur as a result of the relocation.

If NYS HOME funds are being requested to assist an occupied rental property, the applicant must also submit as part of this attachment copies of advisory notices given or to be given to tenants of each building that will be assisted (pursuant to 49 CFR 24.101). Sample notices are contained in HUD Handbook 1378, Tenant Assistance, Relocation and Real Property Acquisition.

If NYS HOME funds are being requested to acquire a property, the applicant must also submit as part of this attachment copies of notices provided to owners (sellers) informing them that the property is not being acquired by an agency with the power of eminent domain, and setting forth an estimate of the fair market value of the property (pursuant to 49 CFR 24.101). The seller must be allowed the opportunity to withdraw from an existing option or contract if it wishes after this information is provided.

Please Note: Only temporary relocation expenses are eligible costs under the SPP if financed with HTF funds. A fillable version of this Attachment is available on DHCR's website.