

# CITY OF PATERSON

DEPARTMENT OF COMMUNITY DEVELOPMENT

2023

# HOME INVESTMENT PARTNERSHIP PROGRAM – AMERICAN RESCUE PLAN / HOME-ARP APPLICATION



**REQUEST FOR PROPOSAL**

**HOME-ARP Supplemental Allocation**

**TO IMPLEMENT ELIGIBLE ACTIVITIES PURSUANT TO THE REGULATIONS OF THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT THAT BENEFIT EXTREMELY LOW, LOW AND MODERATE-INCOME PATERSON RESIDENTS.**

**THE RESPONSIBILITY IN SUBMITTING A RESPONSE TO THIS RFP IS SOLELY AND COMPLETELY THAT OF THE APPLICANT. THE CITY OF PATERSON, DEPARTMENT OF COMMUNITY DEVELOPMENT WILL IN NO WAY BE RESPONSIBLE FOR DELAYS OR LOSSES CAUSED BY THE U.S. POSTAL SERVICE OR ANY OTHER OCCURRENCE**.

# CITY OF PATERSON

DEPARTMENT OF COMMUNITY DEVELOPMENT

# 2023 HOME-ARP APPLICATION

**HOME-ARP Funding Requested $**

## I. INTRODUCTION

The City of Paterson (the City) has received an allocation of funding from the United States Department of Housing and Urban Development (HUD) through their Home Investment Partnership American Rescue Plan program (HOME-ARP). Prior to responding to this application, Applicants are encouraged to read carefully the Final HOME-ARP Implementation Notice CPD 21-10 (the Notice). A copy of the Notice can be found at:

 <https://www.hud.gov/sites/dfiles/OCHCO/documents/2021-10cpdn.pdf>

The City is setting aside $1,006,237 in HOME-ARP funds for the development of rental housing units for qualifying populations under the HOME-ARP program. HUD defines qualifying populations as meeting one of the following criteria: 1) Homeless as defined in [24 CFR 91.5](https://www.ecfr.gov/current/title-24/subtitle-A/part-91/subpart-A/section-91.5) Homeless (1), (2), or (3); At Risk of Homelessness as defined in [24 CFR 91.5](https://www.ecfr.gov/current/title-24/subtitle-A/part-91/subpart-A/section-91.5) At Risk of Homelessness; 3) Fleeing or Attempting to Flee Domestic Violence, Dating Violence, Sexual Assault, Stalking or Human Trafficking as defined by HUD in the Notice; and, 4) other populations requiring services or housing assistance to prevent homelessness and other populations at greatest risk of housing instability, as defined by HUD in the Notice.

A minimum of 70% of the HOME-ARP units in the project must be occupied by households in the qualifying populations. The balance of the HOME-ARP must be occupied by low-income households that meet the eligibility criteria under the HOME program for rental housing. The City recognizes that, because many households in the qualifying populations are unable to pay rents sufficient to cover unit operating costs, the Applicant should attempt to obtain Federal or State of New Jersey project-based rental subsidies, if available. Since project-based rental subsidies can be difficult to secure, additional flexibility may be necessary to structure and underwrite projects so that they remain both affordable and financially viable. Applicants are encouraged to read the provisions in Section VI B of the Notice to determine how to structure the project so it remains financially feasible during the affordability period, including the development of mixed-income housing units in the project. The minimum affordability period is 15 years from the time the project is completed and occupied, all HOME-ARP funds have been fully expended and the City has closed out the project in HUD’s information system. Applicants are encouraged to maintain the project for longer periods.

Applicants are encouraged to contact the City with questions regarding their application.

## II. APPLICANT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## III. PROJECT NAME

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**V PROJECT TYPE**

( ) Acquisition (must show contract of sale or proof of ownership) – applicable to non-City owned properties

 ( ) Vacant Land

 ( ) Existing Building

( ) Rehabilitation

 ( ) Standard Rehab

 ( ) Reconstruction

( ) Conversion (becomes new construction if conversion goes beyond existing original structure footprint/walls)

( ) New Construction

( ) Stick Build

( ) Modular Construction

( ) Housing Tenure

( ) Rental

( ) For Sale Units

( ) Condominium

( ) Community Housing Development Organizations (CHDO)

**IV. FUNDING REQUEST**

HOME-ARP $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Credits $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RCA $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### VI. TYPE OF ASSISTANCE

 ( ) Deferred Loan

 ( ) Grant

 ( ) Loan

### VII. PROJECT DESCRIPTION

 Use additional sheets as deemed necessary

1. **Describe the HOME-ARP qualifying populations the project will benefit and how the Applicant plans to ensure the project remains financially viable during the affordability period and how the Applicant plans to assist the occupants of the HOME-ARP units become self-sufficient.**
2. **Will the project be located in the City’s First, Fourth or Fifth Wards?**

 **Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**

**Provide a description of the neighborhood where the project will be located and how the project will relate to its surroundings*.* Describe surrounding amenities and services that will assist the occupants of the HOME-ARP units to become self-sufficient.**

1. **Describe how the project will serve and/or benefit HOME-ARP qualifying populations, low-income, and very low-income households. State how the project will promote affordable housing and encourage income mixing.**
2. **How will the project satisfy the City’s housing goals and the requirements outlined in the Notice? Is the project consistent with the City’s Consolidated Plan?**
3. **Explain measures that will ensure long-term affordability of the proposed HOME-ARP units. Describe all provisions made to ensure HOME-ARP qualifying populations will occupy units initially and throughout the affordability period.**
4. **Detail the Applicant’s previous housing development/rehabilitation experience. Indicate the size and location of previous projects and a contact within appropriate governmental unit for information about each development.**

### Prior City of Paterson Department of Community Development funding

**In the table below, list all prior housing development assistance provided by the City**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source** | **Description of Project** | **Number of Units/Buildings** | **Funding Amount** | **Date of Project Closeout** |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **For projects containing five (5) or more units, describe how the project affirmatively promotes fair housing and complies with fair housing laws and regulations. Indicate how projects will be marketed and advertised. Attach a copy of any proposed advertisements, announcements, and an Affirmative Marketing Plan**.
2. **Describe the outreach efforts to members of the community least likely to apply for housing, which would include but is not limited to HOME-ARP qualifying populations, persons with disabilities, linguistic and cultural differences.**
3. **Describe the Applicants efforts to address HUD’s requirements for local hiring under** [**Section 3**](https://www.hudexchange.info/programs/section-3/section-3-guidebook/welcome/) **and working with MBE, WBE and DBE enterprises.**

**VIII. Site Information**

**Land area**:

**Building area** (sq ft):

**Project location** *(List each lot of the proposed project, on a separate page if necessary)*

**Address Block**: **Lot**:

Tax and Sewer

Have the property taxes been paid? ( )Yes ( ) No. (attach copy of paid statement)

Are the property sewer taxes paid? ( )Yes ( ) No. (attach copy of paid statement)

Current Zoning Is the property zoned for proper usage?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Submit a copy of existing zoning approval or any variance obtained to date. Indicate any variance that will be required and the timeframe for approval.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parking Is there sufficient parking available on-site in accordance with code?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If not, what arranges are being made to comply with Code requirements?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environmental Assessment

Are there any known environmental problems? Attach any environmental studies or approvals obtained (noise, wetlands, historic/archaeological sites, hazardous materials, asbestos, etc.) The City will perform basic environmental review on all projects that receive funding.

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is the project located within a floodplain designated on a current FEMA flood map?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Historic Preservation

Is the property listed on or eligible for listing on the National Register of Historic Places?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Is the property located within or directly adjacent to an historic district?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Does the property’s area of potential effect include an historic district or property?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If your answer to any of the above question is yes, then consult with the City of Paterson Historic Preservation Commission at 973.357.1911 for historic significance certification

Lead-Based Paint

Will project involve the rehabilitation of an existing building?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If yes, indicate the age of the property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If the property was built before 1978, attach copy of lead-based paint evaluation (Risk Assessment)**

Vacancy Status

Is the property currently occupied?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

If yes, provide copy of rent roll (if residential) or copy of lease (if commercial)

What provisions have been made to relocate any existing tenants that will be impacted by the renovation to occupied space in the project.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Form of Ownership

Does the Applicant currently own the site? ***If the Applicant does not have site control this may jeopardize your approval for funding, since it will be required before a recommendation can be offered to fund the project.***

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ Optioned? Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attach copies of deed, option agreement, or contract to purchase, and property appraisal report.

If site control is to be in the form of leasehold, attach copy of lease and list all financial encumbrances on the site.

Are there any easements or other restrictions on the site? (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approvals and Permits

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Required** | **Application Date** | **Approval Date** |
| **Yes** | **No** |
| Building Permit |  |  |  |  |
| Zoning Board Approval |  |  |  |  |
| Planning Board Approval |  |  |  |  |
| Subdivision Approval |  |  |  |  |
| Site Plan Approval | Preliminary |  |  |  |  |
| Final |  |  |  |  |

### IX. Project Completion / Timeline & Milestones

Will the project be able to begin using the requested assistance within 12 months of an agreement for assistance?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Attach evidence of readiness to commence construction in the form of site control, approvals, building plans, environmental assessments, and financing commitments.

Complete the below table with project milestones and timeframes for completion.

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Milestones** | **Month** | **Year** | **N/A** |
| Zoning Approval |  |  |  |
| Planning Board Approval |  |  |  |
| Subdivision Approval |  |  |  |
| Site Plan Approval |  |  |  |
| Environmental Assessment |  |  |  |
| All Financing Secured |  |  |  |
| Plans and Specs Completed |  |  |  |
| Building Permit Approval |  |  |  |
| Estimated Bid Date |  |  |  |
| Estimated Closing Date |  |  |  |
| Estimated Start Date |  |  |  |
| Sale/Lease Up Start Date |  |  |  |
| Estimated Completion Date |  |  |  |
| Sale/Lease Up Completion |  |  |  |

**X. Building Type**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | # of Stories | # of Buildings | # of Units | Square Feet | # of HOME-ARP Units | # of Low-Moderate Income Units | # of Market Rate Units |
| Hi-Rise |  |  |  |  |  |  |  |
| Mid-Rise |  |  |  |  |  |  |  |
| Garden Style |  |  |  |  |  |  |  |
| Townhouse Style |  |  |  |  |  |  |  |
| Semi-detached |  |  |  |  |  |  |  |
| Detached |  |  |  |  |  |  |  |
| Co-Op Units |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

**If new construction, indicate the availability of utilities:**

 Yes No Distance from Site

Water \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storm Sewer \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sanitary Sewer \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gas \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electric \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rubbish Removal \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**XI. Funding Sources**

**Attach copies of funding commitment letters for all sources of funds.**

If you are in the process of applying for loans, subsidies, or grants, please attached the application for each loan, subsidy, or grant which has not been awarded funding.

A. Private Capital (list all private loans, philanthropic grants, and/or equity contributions)

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Description/Terms** | **Amount** | **Secured** |
|  |  |  |  |
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|  | **Total** |  |  |

B. Public Capital (Local, State, and Federal grants, subsidies and/or loans)

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Description/Terms** | **Amount** | **Secured** |
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|  |  |  |  |
|  | **Total** |  |  |

C. Proposed Permanent Financing

|  |  |  |  |
| --- | --- | --- | --- |
| **Financing** | **Amount** | **Rate** | **Term** |
| Bank Loan |  |  |  |
| Developer Loan |  |  |  |
| Interest-Only loan |  |  |  |
| Deferred Loan |  |  |  |
| Cash Flow Loan |  |  |  |
| TOTAL LOANS |  |  |  |
| Grant- Land Acquisition |  |  |  |
| Grant- Building Acquisition  |  |  |  |
| Grant- Other |  |  |  |
| Grant- Other |  |  |  |
| TOTAL GRANTS |  |  |  |
| LIHTC Syndicated Equity |  |  |  |
| Historic Tax Credit Syndicated Equity |  |  |  |
| Developer Equity |  |  |  |
| Deferred Developer’s Fee |  |  |  |
|  TOTAL EQUITY |  |  |  |
| **TOTAL** |  |  |  |

## D. Proposed Construction Financing

|  |  |
| --- | --- |
| **Financing** | **Amount** |
| **Total Construction Financing Needs** | **$** |
| - Construction Loan |  |
| - Developer Equity |  |
| - Construction Equity |  |
| - Other Funding Sources |  |
| = **Construction Financing Gap** |  |

E. Other Funding

Please list all other funding sources not identified above. For LIHTC projects please attach a copy of the completed NJHMFA Form 10 for the project.

## XII. Development Costs

Summarize the development costs of each project or building. If the project is scattered site rehabilitation, with 1 to 4 family buildings being rehabilitated, then complete for one typical building. Attach project pro forma and statement of sources and uses.

| **Development Costs** | **Amount** | **Per Dwelling Unit** | **Per Sq. Ft.** |
| --- | --- | --- | --- |
| Land Acquisition  |  |  |  |
| Building Acquisition |  |  |  |
| Closing Costs |  |  |  |
| Rehabilitation or Construction  |  |  |  |
| Site Improvements |  |  |  |
| Demolition |  |  |  |
| Permits |  |  |  |
| General Conditions |  |  |  |
| General Contractor Fees |  |  |  |
| Environmental Remediation |  |  |  |
| Professional Fees | Architect |  |  |  |
| Engineer |  |  |  |
| Surveyor |  |  |  |
| Environmental |  |  |  |
| Attorney |  |  |  |
| Consultant |  |  |  |
| Supervisor |  |  |  |
| Carrying and Finance Charges | Interest |  |  |  |
| R. E Taxes |  |  |  |
| Financing Fees |  |  |  |
| Insurance |  |  |  |
| Utility Fees |  |  |  |
| Title and Recording |  |  |  |
| Marketing |  |  |  |
| Contingency |  |  |  |
| Developer’s Fee ***(cannot exceed 15% of total budget)*** |  |  |  |
| Other  |  |  |  |
| Other  |  |  |  |
| **Total** |  |  |  |

**XIII. Operating Proforma**

## SALES PRICES OF PROPOSED HOMEOWNERSHIP UNITS

For homeownership developments, provide an analysis of the sales proceeds by unit type and income tier.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Number of Units** | **Bedroom Configuration** | **Sq. Ft.** | **Projected Sale Price** | **Minimum Down Payment** | **Mortgage Amount** | **Monthly Mortgage Payment** |
| **Percent** | **Amount** |
|  |  |  |  |  |  |  |  |
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**Range of Affordability**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (worksheet in appendix)

**RENTAL INCOME OF PROPOSED RENTAL UNITS**

For rental housing developments, provide a detailed proposed rent roll with unit mix by income tier and unit configurations, square feet, gross rental rate, utility allowances (if applicable), and net rent.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Number of Units** | **Bedroom Configuration** | **Sq. Ft.** | **Monthly Gross Rent** | **Monthly Utilities** | **Monthly Net Rent** | **Total Monthly Rent** | **Total Annual Rent** |
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**OPERATING EXPENSES OF PROPOSED RENTAL UNITS**

|  |  |  |
| --- | --- | --- |
| **Operating Expenses** | **Monthly Amount** | **Annual Amount** |
| **OPERATING BUDGET** |  |  |
| Mortgage principal and interest |  |  |
| Management Fees |  |  |
| Marketing/Advertising |  |  |
| Legal Fees |  |  |
| Administrative Costs |  |  |
| Utilities |  |  |
| Trash Removal |  |  |
| Repairs Maintenance |  |  |
| Grounds |  |  |
| Real Estate Taxes  |  |  |
| Property Insurance |  |  |
| Replacement Reserves |  |  |
| Other |  |  |
| Other |  |  |
| **TOTAL OPERATING EXPENSES** |  |  |

Total Monthly Rent (all units) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Income (TMR x 12) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minus est. Stabilized Vacancy $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Gross Rent $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of HOME-ARP Assisted Units

|  |  |
| --- | --- |
| **Income Eligibility Households** | **# of Units** |
| Occupied by HOME-ARP Qualifying Households |  |
| Below 60% AMI |  |
| Total Number of HOME-ARP Units |  |

At least 70% of the HOME-ARP units must be occupied by Qualifying populations. The balance of the HOME-ARP units must be occupied by households below 60% AMI

## NET RENTAL INCOME $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other income\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Monthly Rent cannot exceed 30% of monthly household income)

Are utilities included in rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSOR

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company: Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

Describe experience in developing affordable housing (MUST attach list of names, addresses, and nature of low-income projects):

### XIV. DEVELOPMENT TEAM EXPERIENCE

DEVELOPER

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company: Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

Describe experience in developing affordable housing (MUST attach list of names, addresses, and nature of low-income projects):

CO-DEVELOPER

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company: Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

Describe experience in developing affordable housing (MUST attach list of names, addresses, and nature of low-income projects):

**GENERAL PARTNE**R

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual:  Yes \_\_\_\_\_ No \_\_\_\_\_ Corporation: Yes \_\_\_\_\_ No \_\_\_\_\_

Ltd. Partnership: Yes \_\_\_\_\_ No \_\_\_\_\_ LLC: Yes \_\_\_\_\_ No \_\_\_\_\_

Other: Yes \_\_\_\_\_ No \_\_\_\_\_ Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partnership Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Provide copy of partnership documents
* Provide copy of Affidavit of Corporate Compliance **and** Resolution of the Corporation authorizing entry into a contract with the City of Paterson

Describe experience in developing affordable housing (MUST attach list of names, addresses, and nature of low-income projects):

**CONSULTAN**T

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

Describe experience in representing affordable housing developers (must attach list of names of clients, addresses and nature of representation):

**ATTORNE**Y

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

Describe experience in representing affordable housing developers (must attach list of names of clients, addresses, and nature of representation):

**MANAGEMENT COMPAN**Y

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company: Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

Describe experience of successful management of affordable housing projects (must attach list of names and addresses of affordable housing projects):

**CERTIFIED PUBLIC ACCOUNTAN**T

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company: Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

**CONTRACTOR(S) (Use additional sheets as needed for ALL contractors working on project)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual: Yes \_\_\_\_\_ No \_\_\_\_\_ Company: Yes \_\_\_\_\_ No \_\_\_\_\_

Years of Experience: \_\_\_\_\_\_\_\_\_\_

Contractor is a certified woman or minority owned business enterprise: Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Contractor is certified in Safe Work Practices Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

(If yes, please provide documentation)

Describe experience in successful construction of housing projects (attach list of client names and addresses of projects):

## XV Fair Housing

Describe how the project affirmatively promotes fair housing and complies with fair housing laws and regulations. Indicate how projects will be marketed and advertised. Describe the outreach efforts to members of the community least likely to apply for housing including HOME-ARP qualifying populations. (Use additional sheets as necessary)

**XVI. CHDO Application**

**All entities applying as a CHDO for HOME-ARP funds must provide the following documentation in order to become certified or recertified as a CHDO.**

Name of participating not for -profit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of legal formation of non-profit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose(s) of formation of non-profit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide the following required materials for the participating entity (as applicable):

* Charter
* Articles of incorporation
* By-laws
* IRS determination letter
* Non-profit certificate of incorporation and certificate of good standing (state)
* List of current Board of Directors or Commissioners (include dates of appointment, affiliation, and address)
* Board membership documentation
* Most recent audited financials (include a list of major donors)
* Resumes of key staff members
* Statement that documents no less than one year of service in community

CHDO must provide evidence of a formal community based/neighborhood process for low-income beneficiaries to advise organization in all decisions relative to the proposed project.

Provide any additional information that Department of Community Development may find useful for the purposes outlined at the beginning of this questionnaire (e.g. letter of intent, proposed documents, etc.).

# CERTIFICATION

Applicant certifies that the information in the application that will be presented to the Department of Community Development, the Division of Housing, and the Paterson Restoration Corporation is correct, true, and complete.

Applicant certifies that the information in the application is correct and that the financial assistance received by the project will not exceed the maximum allowable under the HOME-ARP and HOME program regulations; that the Applicant will comply with applicable HOME-ARP and HOME program rules and regulations as promulgated by the U.S. Department of Housing and Urban Development.

Applicant further certifies that no member, officer or employee of the City of Paterson, or its designees or agents, no member of the governing body of the City of Paterson, and no other public official of such locality who exercises any functions or responsibilities with respect to the federal grant during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in this Contract or any sub-contract, or the process thereof, for work to be performed in connection with the program assisted under this Contract. The same applies to persons receiving Housing Assistance Funds or those assisted with Housing Assistance Funds. A recipient of Housing Assistance Funds may not occupy a Department of Community Development Housing Assistance assisted facility, nor may their relatives.

Misrepresentation of any kind will be grounds for denial or loss of funds and may affect future participation in the HOME-ARP and HOME programs of the City of Paterson.

Applicant also certifies that in the event the City of Paterson or HUD discovers any misrepresentation of any kind after the project is completed, Applicant will repay all HOME-ARP and HOME funds to the City of Paterson.

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### COMPLETION CHECKLIST

 Yes No N/A

1. Application completed & Certification signed \_\_\_ \_\_\_ \_\_\_

2. Most recent two years audited financial statements \_\_\_ \_\_\_ \_\_\_

3. Job descriptions and resumes of key individuals \_\_\_ \_\_\_ \_\_\_

4. Pro forma on project operations \_\_\_ \_\_\_ \_\_\_

5 Funding or commitment letters \_\_\_ \_\_\_ \_\_\_

6. Project location and area map \_\_\_ \_\_\_ \_\_\_

7. Architect/Engineer cost estimates \_\_\_ \_\_\_ \_\_\_

8. Evidence of site control \_\_\_ \_\_\_ \_\_\_

9. Appraisal report \_\_\_ \_\_\_ \_\_\_

10. Permits and approvals \_\_\_ \_\_\_ \_\_\_

11. Site plan \_\_\_ \_\_\_ \_\_\_

12. Schematic drawings (preliminary or final) \_\_\_ \_\_\_ \_\_\_

13. Lead-based paint risk assessment \_\_\_ \_\_\_ \_\_\_

14. Environmental documentation \_\_\_ \_\_\_ \_\_\_

15. Copy of rent roll (if residential) or copy of lease \_\_\_ \_\_\_ \_\_\_

16. Affirmative marketing materials \_\_\_ \_\_\_ \_\_\_

17. Affirmative marketing plan \_\_\_ \_\_\_ \_\_\_

18. Copy of partnership documents \_\_\_ \_\_\_ \_\_\_

19. Affidavit of Corporate Compliance \_\_\_ \_\_\_ \_\_\_

20. Corporate Resolution authorizing entry

into a contract with the City of Paterson \_\_\_ \_\_\_ \_\_\_

21. CHDO Checklist \_\_\_ \_\_\_ \_\_\_

* Charter \_\_\_ \_\_\_ \_\_\_
* Articles of incorporation \_\_\_ \_\_\_ \_\_\_
* By-laws \_\_\_ \_\_\_ \_\_\_
* IRS determination letter \_\_\_ \_\_\_ \_\_\_
* State of NJ non-profit certificate of incorporation

& certificate of good standing \_\_\_ \_\_\_ \_\_\_

* List of current Board of Directors or

Commissioners (include dates of appointment,

affiliation, and address) \_\_\_ \_\_\_ \_\_\_

* Board membership documentation \_\_\_ \_\_\_ \_\_\_
* Most recent two years audited financial statements

(include a list of major donors) \_\_\_ \_\_\_ \_\_\_

* Job descriptions and resumes of key staff members \_\_\_ \_\_\_ \_\_\_
* Certification documenting no less than one year

housing services in the surrounding community \_\_\_ \_\_\_ \_\_\_

In order for the Underwriter to review your project, the highlighted areas listed under Appendix must be attached to your completed application. In addition, please see the application review processes below for the steps in the process.

APPLICATION REVIEW PROCESSES:

1. Application will be submitted for an underwriting review.
2. Application will be evaluated for a cost analysis (all funding sources will be verified and certified).
3. Application will be evaluated for an environmental review.
4. The City will prepare a resolution to submit to the Municipal Council for funding recommendations.
5. The City will submit to HUD a Request for Release of Funds (if applicable), followed by a 15-days public comments period.
6. HUD will need to issue an Authorization to Use the HOME Funds; which can take up to 60-days.

### Appendix

1. HOME Program Income Limits – attached.
2. HOME Program Rent Limits – attached.
3. HOME Developer’s Agreement- attached.
4. HOME Deed Restriction Agreement – attached.
5. Tax Credit Project Plan-submitted by Developer to the City.
6. Affirmative Marketing Policy- submitted by Developer to the City - attached.
7. HUD Accessibility Notice Section 504 of the Rehabilitation Act – attached.