



**COUNTY OF BUCKS  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
2023 HOUSING APPLICATION**

**APPLICANT INFORMATION**

Applicant Name:	
Applicant EIN #:	
Applicant UEI #:	
Applicant Address:	
Project Contact Person:	
Title:	
Phone:	
Email:	

*Check any that apply*

Women Owned Business       Minority Owned Business       Non-profit       Management Agent

**PROJECT IDENTIFICATION**

Project Name:	
Location:	
Funding Amount Requested:	
Parcel Number:	
Census Tract:	
Is this a CHDO Project?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Developer Name:	
Developer EIN#:	
Developer UEI #:	
Address:	
Phone:	

SECTION 1 - PROJECT INFORMATION

Project Type (check all that apply)

- Project Type options: New Construction, Acquisition, Rehabilitation, CHDO Operating Expense and Capacity Building, Tenant Based Rental Assistance, Demolition.

A) Property Information

1. Building Type (check all that apply)

- Building Type options: Single Family Detached, Townhome(s), Manufactured Housing, Mid-Rise (4-6 stories), Elevator, Other, Duplex, Condominium(s), Low-Rise (2-3 stories), High-Rise (7 or more stories), Commercial Space.

2. Property Specifications

Are the units in one building: Yes No
If no, list number of buildings
Are the buildings contiguous: Yes No
Total number of units:
Number of accessible units:

3. Ownership

Does the applicant own the property: Yes No
If yes, year property was purchased:
Is there an Agreement of Sale: Yes No
If yes attach a copy to the application and list a settlement date if applicable:
If yes, were Uniform Relocation Assistance and Real Property Acquisition Act (URA) notices given to the property owner in accordance with 49 CFR 24? Yes No

4. Occupancy & Relocation

Is the structure vacant? Yes No
If no, what is the current occupancy rate:
Is the property currently occupied: Yes No
Does the project involve relocation? Yes No
If yes, indicate the number of households:

5. Zoning & Land Development

Current Zoning for parcel(s):
Is the project zoned by right to support this project? Yes No
Was project submitted to:
Buck County Planning Commission Yes No
Municipal planning commission Yes No

Bucks County Conservation District  Yes  No  
 If so, please attach submission and any responses to the application.

Explain any discussions with the municipality regarding variances needed and steps taken to address Zoning Board concerns:

Date or planned date of Zoning Hearing Board meeting: \_\_\_\_\_

Explain status of land development including both completed and pending items:

**SECTION 2 – TARGET POPULATION**

**A) Income**

Indicate the number and income of households this project will target.

Above 100% of median family income	
At or below 100% of median family income	
At or below 80% of median family income	
At or below 60% of median family income	
At or below 50% of median family income	
At or below 20% of median family income	

**B) Occupancy Type**

- General  Senior 55+  
 Senior 62+  
 Other (please specify) \_\_\_\_\_

**C) Set-Aside Units for Qualifying Populations**

Bucks County has a preference for projects incorporating a set-aside for Qualifying Populations. See instructions for definition of qualifying populations. Identify the number of set-asides for this purpose:

Number of Set-Aside Units for Qualifying Population(s)	
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If set-aside units for qualifying populations are listed above, the Bucks County Department of Housing & Community Development, as the lead agency for the Bucks County Housing Link, can refer qualifying populations to the units. If utilizing a different referral source, explain below:

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**D) Preferences**

If the project intends to have preferences for any other populations, outline preference below, source of referrals, and number of units that will have the preference.


**SECTION 3 - PROJECT LEVERAGING**

**A) Funding Request**

Amount of funds requested from County:	
Number of HOME units for project:	
HOME subsidy per unit:	

**B) Funding Sources**

Outline all funding sources in Budget/Proforma. Below list status of any sources:

Source	Amount	Status
Permanent Financing		<input type="checkbox"/> Intend to Apply
		<input type="checkbox"/> Applied
		<input type="checkbox"/> Awarded/Secured
Construction Financing		<input type="checkbox"/> Intend to Apply
		<input type="checkbox"/> Applied
		<input type="checkbox"/> Awarded/Secured
Low Income Housing Tax Credit		<input type="checkbox"/> Intend to Apply
		<input type="checkbox"/> Applied
		<input type="checkbox"/> Awarded/Secured
Penn HOMES		<input type="checkbox"/> Intend to Apply
		<input type="checkbox"/> Applied
		<input type="checkbox"/> Awarded/Secured
Applicant Funds		<input type="checkbox"/> Intend to Apply
		<input type="checkbox"/> Applied
		<input type="checkbox"/> Awarded/Secured
Federal Home Loan Bank		<input type="checkbox"/> Intend to Apply
		<input type="checkbox"/> Applied

		<input type="checkbox"/> Awarded/Secured
Other: _____		<input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied <input type="checkbox"/> Awarded/Secured
Other: _____		<input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied <input type="checkbox"/> Awarded/Secured
Other: _____		<input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied <input type="checkbox"/> Awarded/Secured
Other: _____		<input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied <input type="checkbox"/> Awarded/Secured
Other: _____		<input type="checkbox"/> Intend to Apply <input type="checkbox"/> Applied <input type="checkbox"/> Awarded/Secured

**SECTION 4 – TENANT BASED RENTAL ASSISTANCE**

**Please refer to the application instructions if you are applying for TBRA funding.**

**SECTION 5 – HOUSING FOR HOMEOWNERSHIP**

**COMPLETE THIS SECTION ONLY IF PROJECT WILL RESULT IN HOUSING FOR HOMEOWNERSHIP**

**A) HOME Program Limits**

- Is the amount of HOME funds requested per unit below the maximum per unit subsidy amounts for the HOME Program based on bedroom size (current limits effective September 9, 2021).

Yes  No

<b>Bedrooms</b>	<b>HOME per unit Limits</b>
1	\$183,132
2	\$222,694
3	\$288,094
4+	\$316,236

2. Will the initial purchase price or after rehabilitation value of the homeownership units exceed 95% of the median area purchase price (current limits effective June 21, 2021) Yes  No

	<b>Purchase Price Limits for Existing Homes</b>	<b>Purchase Price Limits for New Homes</b>
1 Unit	\$304,000	\$331,000
2 Unit	\$389,000	\$424,000
3 Unit	\$471,000	\$513,000
4 Unit	\$584,000	\$636,000

3. Please provide a project timeline and include dates of initial closing, construction start, and substantial completion dates. Use actual calendar dates.

<b>Activity</b>	<b>Anticipated Completion Dates</b>

**SECTION 6 – HOUSING FOR SINGLE/MULTI FAMILY RENTAL**

**COMPLETE THIS SECTION ONLY IF PROJECT WILL RESULT IN RENTAL HOUSING**

For rental projects, complete the County of Bucks 2023 Proforma worksheet and include it as a separate Excel file when emailing the application to HCD. If applying for Low-Income Housing Tax Credits, submit the PHFA budget worksheets in Excel format in lieu of the County of Bucks worksheet. Please include:

- 1) Sources/Uses and Development Budget – all construction costs, including hard costs, soft costs, and per unit costs. Indicate sources of permanent and construction financing, proposed gap financing, and deferred developer fees. If the project is also applying for tax credits, attached the LIHTC Development Budget (in Excel) with your application.
- 2) Annual Operating Budget – budget items and identify income, expenses, reserves, and debt service for the project. For LIHTC projects, provide a 30 year proforma. For projects not applying for LIHTC, provide a 20 year proforma.
- 3) Development Schedule – dates of initial closing, construction start, and substantial completion. Use actual calendar dates.

**The County of Bucks 2023 Proforma template is available for use on the County’s website**

All federally funded projects are required to have Environmental Clearance prior to conducting any choice limiting actions including, acquisition, demolition, disposition, rehabilitation, repair, new construction, site preparation, and leasing or any other activities that commit to future activities. Updated information will be requested if project is awarded funds.

**A) Project Description**

Provide detailed information about the project, including any proposed physical alterations to the site, the number and types of items to be installed, altered, constructed, or replaced. *(May be included as a separate attachment)*

**B) Scope of Work**

Explain in detail the scope of work from predevelopment to contraction or rehabilitation. The environmental review process considers the full scope of the project, not only the activities this application represents. *(May be included as a separate attachment)*

**C) Additional Documents**

Attached the following to the application:

- Site map with locations for all planned activities clearly indicated.
- Photographs of existing conditions at project location.
- Site plans, drawings, and cost estimates.

SECTION 8 – FAIR HOUSING TRAINING

The Housing Equality Center of Pennsylvania (HECP), formerly the Fair Housing Council of SEPA, has partnered with the County to help provide fair housing education to all HOME applicants and subrecipients. Attendance of at least one staff member from each applicant agency is required for the 2023 HOME program application. Evidence of similar Fair Housing training completed within 12 months will be accepted in lieu of attending HECP trainings, please list details below and attach verification.

Number of staff member(s) that attended HECP/Other Fair Housing Training: \_\_\_\_\_

Date of Training: \_\_\_\_\_

Name(s) of staff member(s) that attended HECP Fair Housing Training:  
\_\_\_\_\_

SECTION 9 – APPLICANT STURCTURE & ABILITY

- A) Describe organizational objective, management structure, and staffing. Explain your organizations experience as a developer and ability to implement and manage low-income housing. If a third party will be involved in management or service provision, describe its role. (May be included as a separate attachment)

- B) Describe how applicant has served the community in which project will be located. Describe support the proposed project has received from local elected officials, community groups, and potential project residents. (May be included as separate attachments)



**C) Attach the following to the completed application:**

- a. Resolution authorization action to approve submission of application
- b. Certificate of Nonprofit status, if applicable
- c. Articles of Incorporation
- d. By-laws
- e. Current List of Board of Directors or Officers
- f. Recent financial statement and audit
- g. Partnership Agreements
- h. Proposed Tenant Selection Plan to be utilized for the project

**SECTION 10 – ADDITIONAL QUESTIONS**

**A) Explain how and in what manner the project proposes to involve the Community in the project?**

**B) Describe how and in what manner the project will serve the community?**

**C) Describe any potential barriers for project implementation and deliverables.**

**D) Does the project directly prevent, prepare for, and respond to the coronavirus? Yes  No**

If yes, please describe below. The below COVID Impact statement should be a description of how the project/program prevents, prepares for, and is in response to COVID. A key for COVID tieback is to focus on documented coronavirus effects or risks to overall economic, service, housing and infrastructure serving LMI neighborhoods and communities, and to consider both backward-looking and potential forward-looking risks and vulnerabilities to coronavirus. How do the services within this project application relate to the effects of the pandemic, or enable resilience to the effects of coronavirus in the future?

**SECTION 11 – CERTIFICATION**

I do hereby certify that the information contained in this application for is complete and accurate to the best of my knowledge. I do also certify that is the information contained herein should change at any time; I will notify the HCD of such change.

I further certify that the governing body of the applicant organization has passed a resolution or has taken similar authorizing action to approve the submission of this application. Adequate documentation to demonstrate this action is attached or will be provided within one month of the submission date of this document.

Organization:

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Signature)

Title: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_