



**County of Bucks
Department of Housing and Community Development (HCD)**

**2022 Multi Family / Single Family Rental Application
(HOME & HTF)**

1. Applicant Information

Organization Name:	
Street Address:	
City:	
State:	
Zip Code:	
Phone #:	
Website Address:	
Dun & Bradstreet (DUNS):	
EIN / Tax ID #:	

Women Owned Business Minority Owned Business CHDO Non-Profit Management Agent

Executive Director:	
Phone #:	
Email:	

Indicate person to contact in matters concerning this application if other than Executive Director:

Application Contact Title:	
Application Contact Phone:	
Application Contact Email:	
Application Contact Title:	

2. Developer Information (if applicable)

Organization Name:	
Street Address:	
City:	
State:	
County:	

Phone #:	
Website Address:	
Dun & Bradstreet (DUNS):	
EIN / Tax ID #:	

Women Owned Business Minority Owned Business CHDO Non-Profit Management Agent

3. Project Identification

Project Name:	
Project Address:	
City:	
Zip Code:	
Parcel Number(s):	
Census Tract:	
Census Block No.	
Is the site located in an area that may have historical or archeological value?	
Are there any buildings to be rehabilitated or demolished that are 50 or more years old?	

Ownership:

Does the applicant currently own the property? yes no

If yes, when was the property purchased? _____

If no, has the applicant entered into an Agreement of Sale on the property? yes (provide copy) no

If no, who is the current owner of the property? _____

Project Type:

New Construction

Acquisition, is the structure currently occupied? yes no

If Acquisition, Rehabilitation or Preservation, was the structure built prior to January 1, 1978: yes no

If yes, has a Lead Based Paint Assessment been completed on the structure? yes no

If yes, provide copy of the Lead Based Assessment report.

Rehabilitation, is the structure currently occupied? yes no

Preservation, is the structure currently occupied? yes no

This application is not applicable for the following Project Types. If your organization is applying for any one of the following project types, complete Sections 1 and 2 only and submit with a letter to HCD requesting consideration of funding, amount of funding requested and a brief description of the project. HCD representatives will contact your organization to discuss the project in further detail.

Tenant Based Rental Assistance

Nonprofit Operating and Capacity Building Assistance

Acquisition and Development of Non-Congregate Shelter

Building Type:

Single Family Detached, number of units: _____; cost per square foot: _____

Duplex, Number of units: _____; cost per square foot: _____

Townhome(s), number of units: _____; cost per square foot: _____

Condominium(s), number of units: _____; cost per square foot: _____

Manufactured Housing, number of units: _____; cost per square foot: _____

Low-Rise (2 or 3 stories with one or more elevator), number of units: _____; cost per square foot: _____

Mid-Rise (4 to 6 stories with one or more elevator), number of units: _____; cost per square foot: _____

High-Rise (7 or more stories with one or more elevator), number of units: _____; cost per square foot: _____

Multi-Story Access

Walkup Elevator N/A

Commercial Space:

Yes No

Current Zoning / Zoning Variances:

What is the current Zoning for the parcel(s): _____

Is the proposed project zoned by right? Yes No

If applicable, list the Zoning Variances that will be required for the project to move forward:

1.	
2.	
3.	
4.	
5.	

Explain any discussions with the municipality regarding variances needed and what steps are being taken to address the Zoning Board concerns, prior to Zoning approval:

Date of Zoning Board meeting where the Variances will be reviewed: _____

A contract agreement for County funds will be contingent upon proper zoning for the development.

4. Funding Request

HOME Funds Requested from County:	
Number of HOME Units:	
Calculate HOME subsidy per unit:	

Other Financing (check all that apply and complete table below):

- | | |
|---|---|
| <input type="checkbox"/> LIHTC | <input type="checkbox"/> Private Grants |
| <input type="checkbox"/> Penn HOMES | <input type="checkbox"/> Private Loans |
| <input type="checkbox"/> Construction Financing Only | <input type="checkbox"/> Applicant Funds |
| <input type="checkbox"/> Construction and Permanent Financing | <input type="checkbox"/> Permanent Financing Only |
| <input type="checkbox"/> Other (explain) _____ | |

Funding Source:	Amount	Date Secured	Pending
LIHTC			
PennHOMES			
Construction Financing Only			
Construction and Permanent Financing			

Private grants			
Private loans			
Applicant's funds			
Permanent Financing Only			
Capital Investment			
Other (please specify)			

Attach documentation of all commitments.

5. Target Population:

Occupancy Type (check all that apply):

- General Occupancy, # of units _____
- Senior 55+, # of units _____
- Senior 62+, # of units _____
- Set Aside Units, identify population: _____, # of units _____
- Handicap Accessible Units, # of units _____
- Qualifying Populations (refer to definition section of this document), # of units _____
- Other Targeted Populations (specify) _____, # of units _____

Indicate the Number of Households this project will target (as determined by the HOME Program):

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:	

6. Unit configuration & Rental Income Projections:

# of Bedrooms (0 = SRO)	No. of Units	Average Square Feet	# of 811 / PBV Units	Tenant Paid Rent	Utility Allow.	Total Tenant Expense	Rental Assistance Payment /Source*	Total Housing Expense	Targeted Income Level	Targeted Rent Level

*If applicable provide the amount and source of subsidy
 S8FMR – Section 8 Fair Market Rent
 HV – Housing Vouchers
 PBS8 – Project Based Section 8 Certificate
 O – Other

7. Sources and Uses / Development Budget:

Provide the budget items and identify the Sources and Uses of funds for the project. The Development Budget must include all construction costs (include hard cost/unit) and soft costs. Indicate sources of permanent and construction financing proposed gap financing and deferred developer fees. If the project is also applying for tax credits, attach the LIHTC Development Budget (in Excel format) with your application.

Include a Project Sources & Uses / Development Budget in an EXCEL format only.

If you need a Sources & Uses / Development Budget for your application, please email HCD@buckscounty.org to request a Sources & Uses / Development Budget for your application.

8. Annual Operating Budget :

Provide an Annual Operating Budget providing the budget items and identify the Income, Expenses, Reserves and Debt Service for the project. The operating proforma must be in an EXCEL format only, as applicable:

- For LIHTC projects provide a **30 year** operating proforma.
- For rental projects not applying for LIHTC provide a **20 year** operating proforma

Identify the use HOME Funds in the HOME/HTF column on the Sources side of the development budget. (All uses must be HOME Eligible Project Costs as outlined in §92.206).

If you need an operating proforma for your application, please email HCD@buckscounty.org to request an operating proforma for your application.

Applications also applying for LIHTC may submit the PHFA operating proforma, sources and uses and development budget, in EXCEL format only, from your PHFA application.

LONG-TERM AFFORDABILITY

Minimum number of years property will be committed to servicing low-income households:	
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9. Development Schedule: Use actual calendar dates. Be sure to include dates of initial closing, construction start, and substantial completion. Alternative development schedules including this information may be attached and will be accepted.

Activity	Anticipated Completion Dates

10. Environmental Review:

All federally funded projects are required to have Environmental Clearance prior to conducting any choice limiting actions. Choice limiting actions include acquisition, demolition, disposition, rehabilitation, repair, new construction, site preparation and leasing or any other activities that commit to future activities.

Note: If any of the information below is not available at the time of application, it will be required before entering into a funding commitment.

Project Description - Provide detailed information about the project:

1) Explain any proposed physical alteration of the site (examples: demolition, exterior alteration, including painting, siding, replacement windows, etc., rehabilitation, or new construction, including expansion, replacement, etc.). Also include specifics, such as square footage, linear footage, and/or number and type of items to be installed, altered, constructed, or replaced:

2) Provide the full project scope of work for the project (example: explain in detail the entire project from predevelopment to construction or rehabilitation). The environmental review process considers the full scope of the project, not only the activities this application represents:

Attach the following to the application:

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

11. Project need: Provide a detailed assessment of the current housing market in the project area. Describe the demand for the proposed housing project in relation to existing housing and economic conditions in the geographic area. Explain how the proposed number and type of units will address the need. Also include information regarding project area rents/home values, area median family income and area housing and construction trends.

Attach all relevant housing data and corroborating information such as appraisal, market study, housing authority waiting list, etc. If appraisal and market study are not available at the time of application, please provide as available. Any commitment to the project will be contingent upon the review of the reports.

(May be included as a separate attachment)

12. Site Selection / Project Design: Evaluate advantages and disadvantages of the area. Describe the proposed project area, including types and condition of housing, availability of public transportation, location and quality of schools, access to shopping and employment centers; information on crime and other information relevant to the site. Describe any special architectural design features and site planning elements, particularly regarding open space and historical character.

(May be included as a separate attachment)

13. Affirmative Fair Marketing Plan

Provide a completed Affirmative Fair Marketing Plan found at <https://www.hud.gov/sites/documents/935-2A.PDF> for any rental projects containing more than five (5) units.

14. Services provided (if applicable): Describe training and/or services that will be provided to foster resident's self-sufficiency. Explain how access to services will be provided (i.e. referral, case management, etc.), who will provide the services, how often and/or how long these services will be offered, how many people are expected to benefit, and how the services will be funded. If the project will provide supportive housing for those experiencing homelessness, list the specific supports provided and approach to those supports.

(Attach any letters of service or funding commitment letters from the provider)

15. Community Involvement: Explain how long and in what manner the applicant has served the community in which the project will be located. Also, describe any support the proposed project has received from local elected officials, community groups, and potential project residents.
(Attach letters or evidence of local support for the project)

16. Applicant Ability: Describe the objective, management structure, and staffing of your organization. Explain your organization's past experience as a developer and ability to implement and manage low-income housing, including projects completed of a similar nature. If a third party will be involved in management or service provision, describe its role.
(May be included as a separate attachment)

17. Attach the following to the completed application

- Resolution authorizing action to approve submission of application
- Certificate of Nonprofit Status (if applicable)
- Articles of Incorporation
- By-Laws
- Most Current List of Board of Directors or Officers
- Names, addresses and phone numbers of the key members of the development team assembled for the project, (i.e. architect, engineer, processing agent, property manager, attorney, etc.)
- Most recent financial statements and audit

- Any partnership agreements
- Proposed Tenant Selection Plan to be utilized for the project

18. Definitions (see Section #5 Target Population)

Qualifying Populations

1. **Homeless**, as defined in [24 CFR 91.5 Homeless \(1\), \(2\), or \(3\)](#):
2. **At risk of Homelessness**, as defined in <https://www.ecfr.gov/current/title-24/subtitle-A/part-91/subpart-A/section-91.5>
3. **Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking**, as defined by HUD. <https://www.ecfr.gov/current/title-24/subtitle-A/part-5/subpart-L/section-5.2003>
4. **Other Populations** where providing supportive services or assistance under section 212(a) of NAHA (42 U.S.C. 12742(a)) [http://uscode.house.gov/view.xhtml?req=\(title:42%20section:12742%20edition:prelim\)](http://uscode.house.gov/view.xhtml?req=(title:42%20section:12742%20edition:prelim)) would prevent the family’s homelessness or would serve those with the greatest risk of housing instability.

19. Certification

I do hereby certify that the information contained in this application for HCD Grant Funds for the FY 2022 program year 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 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: _____