

# Athens-Clarke County HOME Investment Partnership Application

## General Information

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

Federal Identification #: \_\_\_\_\_

Project Name (if applicable): \_\_\_\_\_

Agency/Project Location: \_\_\_\_\_  
(If map is available, please attach.)

Total amount of HOME funding requested: \$ \_\_\_\_\_

## Contact Information

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

Title: \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Minimum Eligibility Criteria

- a. Nonprofit 501(c)(3) status for at least one (1) full year, **or**
- b. Two (2) full years of operating experience under another non-profit entity which meets this criteria, **or**
- c. For-profit entity proposing to use funds for an eligible activity.
- d. For either nonprofit or for-profit, demonstrated successful experience in undertaking comparable programs or projects.

Designated Community Housing Development Organizations (CHDO's) must distinguish between HOME Sub-recipient, CHDO Operating, CHDO Set aside, and other CHDO activities.

- Preference will be given to applicants who can, and have demonstrated, the capacity to successfully manage and complete HOME assisted housing developments.

### Relocation/Displacement Plan (if applicable)

If the project involves rehabilitation of occupied housing, you must attach a plan that fully addresses the procedures you will implement to temporarily or permanently relocate tenants during the rehabilitation. Provide details on all costs you will pay and expenses for which the tenants will be reimbursed. No HOME Investment Partnership funds resulting from this application may be used for relocation assistance.

## Leverage Requirements

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HOME funds are to be used as a **gap** financing subsidy that is necessary to help make a project or development cost effective for the intended low-to moderate income beneficiary. HOME funds may not be used to replace other available City, State or Federal funds.

## Pro forma

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All applicants must submit a well-documented pro forma supporting the financing and ongoing maintenance of the project. In addition to the pro forma, information to be submitted includes the following as applicable:

- all sources of secured financing and a description of the financing;
- documentation of all projected expenses;
- rental rates;
- for homeownership projects, projected sales prices.

## **I. Program Description**

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Provide a detailed **summary** of the program or project. Please include the following:

- a. Type of activity proposed
- b. Housing unit information
- c. Expected household income level
- d. Proposed rents and utility allowances
- e. Proposed sale prices for homeowner projects
- f. Existing tenant information (for acquisition, rehabilitation projects)
- g. Total project cost
- h. Amount of funds requested
- i. Use of funds
- j. Other financial resources secured

## **II. Program Need**

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Thoroughly explain the need and how the project will address the stated need. Answer the following questions: (Please refer to key HOME requirements identified in the HOME Loan procedures document when completing this section.)

- a. What specific groups or individuals will benefit from the program?
- b. What income levels will you serve: moderate, low, or very low?

**See HUD Section 8 Income Limits for Athens-Clarke County, GA MSA attached.**

- c. How will participant eligibility be determined, documented, and monitored and how will your organization ensure compliance with all HOME regulations?

## **III. Organizational Capacity**

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1. Give the name and title of the individual(s) responsible for the success of this development or project. What kind of experience and qualifications do these individuals have related to housing development? Who would manage the project if these key personnel leave your organization?
2. Please describe your organization's abilities and expertise regarding financial management.
3. Please describe your organization's abilities and expertise regarding construction project management. Describe your organization's history and experience in completing similar projects or developments? Please quantify how successful your organization has been in conducting these programs or projects.

#### IV. Program/Project Management

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Please address the following:

1. **Schedule.** Provide a detailed schedule of the project or development from start to finish.
2. **Site Control.** Have the site(s) been identified and secured or will they have to be acquired? Examples of site control include a property deed, a sales contract, or a written option to purchase the property. Is the site in full zoning compliance for the proposed project, or will a re-zoning or variance be required?
3. **Professional Cost Estimates.** Has a professional cost estimate been performed (i.e., by an Architectural and Engineering firm, contractor, or other certified expert?) If so, please provide the estimate being used as the basis for the project budget and name the firm that performed it.
4. **Preliminary Design Specifications.** Have any preliminary designs or specifications been developed for the project prior to the submittal of this application? If so, please name the developing firm.

#### **DEVELOPMENT TEAM** *Identify and attach resumes.*

**A. Architect:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**B. General Contractor:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**C. Appraiser:** \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**D. Engineer:** \_\_\_\_\_

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

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

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**E. Cost Estimator:** \_\_\_\_\_

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

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

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

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**F. Project Attorney:** \_\_\_\_\_

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

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

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**H. Property Manager:** (If applicable) \_\_\_\_\_

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

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

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**I. Syndicator or Underwriter:** (If applicable) \_\_\_\_\_

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

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

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Is there a direct or indirect, financial, or other, interest with other team members or the applicant? Yes No If yes, describe relationship(s) between entities and/or principals:

**Type of Applicant** *(Check all that apply)* \_\_\_\_\_

Applicant is an existing entity

Applicant is a new entity formed for the purpose of receiving financing from ACC HCD

Corporation  
 Limited Partnership  
 Joint Venture  
 Non-Profit  
 Developer

General Partnership  
 Limited Liability Company  
 For-Profit  
 Housing Authority  
 Contractor

CHDO\* Please see CHDO package

Other: (specify)

\* If CHDO, is agency acting as owner, sponsor, and/or developer?

**PRINCIPALS OF APPLICANT**

Provide contact-information and ownership stake for Managing Partner, General Partners, and all corporate Officers:

Name	Address	Phone/Email	Title	%
			Managing Entity	
			President/Director	
			Project Manager	
			Secretary/Treasurer	
			Other Officer(s) or Partners	

**CO-APPLICANT INFORMATION** (If applicable)

Name		
Address		
Mailing Address (if different)		
City		
State & Zip		
Federal Identification #		
Phone & Fax		
E-mail address		

Does applicant and/or co-applicant have, or is applicant and/or co-applicant delinquent on local, federal and/or state debt? Yes No

Does applicant and/or co-applicant have unresolved local, federal, or State findings?  
 Yes No

Is applicant and/or co-applicant delinquent on the filing of any federal or State tax returns?  
 Yes No

*(If the answer to any of these questions is "yes", please attach an explanation.)*

## EVIDENCE OF SITE OR PROPERTY CONTROL

(Provide this information for each address on which you will be completing your project)  
Identify and attach supporting documentation.

**Applications submitted without this information will not be considered.**

Address:

Warranty Deed (recorded)

Contract for Deed

Purchase Option

In Escrow

Earnest Money Contract

Long term Contract for Lease

Long term Option to Lease

Notice to Purchase

Expiration of Contract or Option: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiration of Feasibility Contingency: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Applies to pre-development loans only)

Expiration of Financing Contract: \_\_\_\_/\_\_\_\_/\_\_\_\_

Anticipated Closing Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## DESCRIPTION OF PROJECT

**TYPE** (Check all that apply)

Multifamily Rental

Residential Condominium

Townhouse Units

Duplexes

Single Floor (flats) Units

Congregate Care

Elderly Housing

Emergency Shelter

Transitional Housing

Detached Single Family Residences: New Construction, scattered site

Detached Single Family Residences: Rehabilitation, scattered site

Detached Single Family Residence Subdivision

Attached Single Family Residence New Construction

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

## SITE DESCRIPTION

Size: \_\_\_\_\_ acres OR \_\_\_\_\_ square feet of proposed structure(s)

Is the property zoned for intended use? Yes No

Is the present use non-conforming under existing zoning restrictions? Yes No

Is the property in the process of rezoning? Yes No

Current zoning (or describe permitted uses):

Flood Zone Designation:

Describe Topography:

Mark all proposed or existing off-site facilities

Electric

Gas

Storm Drains

Water - public

Water - private

Sidewalks

Street Lights

Fire Hydrants

Sewers-public

Sewers-private

Paved Streets

Concrete Curbs

Rolled Curbs

Well

Septic

Expected date of availability: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**DESCRIPTION OF IMPROVEMENTS** (Acquisition, rehabilitation, resale; rental projects only)

Total # Units: \_\_\_\_\_ # Buildings: \_\_\_\_\_ # Floors: \_\_\_\_\_ Age: \_\_\_\_\_ years  
Current vacancies: \_\_\_\_\_ as of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ # Program Units: \_\_\_\_\_  
Net Residential Sq. Ft.: \_\_\_\_\_ Common Area Sq. Ft. \_\_\_\_\_ Non-  
Residential Sq. Ft.: \_\_\_\_\_ Gross Sq. Ft. \_\_\_\_\_

For **Housing Unit Rehab projects** identify and attach a detailed, line by line work write-up for each unit on which you propose to complete work.

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**CONSTRUCTION SPECIFICATIONS**

*Please provide a complete listing of your construction specifications. See examples below.*

Wood Frame	Steel Frame	Masonry	Poured-in-place Concrete
Forced Air Unit	Central Heat & Air	Heat Pump System	

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**INTERIOR FEATURES & SPECIFICATIONS**

*(Continue listing of your construction specifications. See examples below.)*

Range & Oven	Hood & Fan	Garbage Disposal	Dishwasher
Refrigerator	Microwave	Washer & Dryer	Wash/Dry Conn.

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**ON-SITE AMENITIES – Rental Developments Only**

*(Continue listing of your construction specifications. See examples below.)*

Community Room	Recreation Room	Crafts Room
Tennis Court	Common Dining	Residential Kitchen

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**VALUATION INFORMATION**

*Required if funds are used for the acquisition of single family lots. List for each property under consideration. If appraisal is complete, please attach.*

**APPRAISED VALUE**

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

Land Only: \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Existing Building (as is): \$ \_\_\_\_\_ Date of Valuation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Proposed Building (as completed): \$ \_\_\_\_\_  
Date of Valuation: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Appraiser: \_\_\_\_\_

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

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

Phone: ( ) \_\_\_\_\_



**ASSESSED VALUE**

Land: \$ \_\_\_\_\_ Assessment for the Year of: \_\_\_\_\_  
 Building: \$ \_\_\_\_\_ Valuation by: \_\_\_\_\_  
 Total Assessed Value: \$ \_\_\_\_\_

**ALL OTHER SOURCES OF FUNDS**

*(If additional space is necessary, attach information directly behind this page)*

**Source I:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Source II:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Source III:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ Email \_\_\_\_\_

Type of Loan*	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

**Designations for "Type of Loan" Entries\***

- A. Conventional Construction
- B. Conventional Permanent
- C. Conventional Gap
- D. Conventional Mini-Perm
- E. FHLB
- F. HOME Program
- G. Private Funds
- H. CDBG Funds
- I. Bond Funds
- J. Proceeds from Syndication of Low Income Housing Tax Credits
- K. Other State Funds: (specify) \_\_\_\_\_
- L. Other Federal Funds: (specify): \_\_\_\_\_
- M. Local Government Funds: (specify) \_\_\_\_\_

## Certification

I certify that \_\_\_\_\_ (Organization Name) is in good standing with all Departments of Athens-Clarke County Government, including, but not limited to, the Tax Assessor, Public Utilities, Central Services and Building Inspections.

I understand that the following documentation and/or certifications are required to receive a HOME Investment Partnership Loan from the Unified Government of Athens-Clarke County:

- Articles of Incorporation & Bylaws
- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Board Resolution Authorizing Grant Signatories
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

## CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that \_\_\_\_\_ (organization name):

**Drug Free Workplace** -- Will or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying Athens-Clarke County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

**Anti-Lobbying --** To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

**Section 3 --** \_\_\_\_\_ (organization name) will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

\_\_\_\_\_  
Signature/Authorized Official                      Date  
Title:

**ATHENS-CLARKE COUNTY CONSOLIDATED PLAN  
GOALS - HUD FISCAL YEARS 2016-2018**

**Affordable Housing Goals**

Objective A: Construct Affordable Residential Housing

Objective B: Rehabilitate Dilapidated Vacant Residential Properties

Objective C: Repair Homes Owned By Low Income Elderly or Disabled Homeowners

## HUD Income Limits

HUD is required by law to set income limits that determine the eligibility of applicants for HUD's assisted programs. According to HUD, Household Income is the sum of money income received in the previous calendar year by all household members who are 15 years old and over, including household members not related to the householder, people living alone, and others in non-family households. Under HUD's income policies low-income families are defined as families whose incomes do not exceed 80 percent of the median family income for the area. Very low-income families are defined as families whose incomes do not exceed 50 percent of the median family income for the area. Extremely low-income families are defined as families whose incomes do not exceed 30 percent of the median family income.

## Fiscal Year 2014 HUD Adjusted HOME Income Limits for Athens-Clarke County

FY 2014 Income Limit Area	FY 2014 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Clarke County	<u>50%</u>	\$19,450	\$22,200	\$25,000	<b>\$27,750</b>	\$30,000	\$32,200	\$34,450	\$36,650
	<u>30%</u>	\$11,700	\$13,350	\$15,000	<b>\$16,650</b>	\$18,000	\$19,350	\$20,650	\$22,000
	<u>80%</u>	\$31,100	\$35,550	\$40,000	<b>\$44,400</b>	\$48,000	\$51,550	\$55,100	\$58,650