INSTRUCTIONS FOR SUBMITTING

HOME APPLICATIONS

1. Complete pages 2 through 11 of the application.
   - ✓ All applicants must submit **Attachment Thirteen: Growth Plan Certification**.
   - ✓ All applicants must submit one copy of their latest audit or audited financial statement.
   - ✓ All non-profit organizations and CHDOS must complete **Attachment One: Non-Profit Checklist/CHDO Designation** (PINK) with supporting documentation.
   - ✓ Applicants proposing rental housing programs must complete **Attachment Four: Rental Housing Feasibility Worksheet** (GOLDENROD).

2. Answer all questions. If not applicable to your program, please mark N.A.

3. Submit **ONE ORIGINAL** application and supporting information. **DO NOT SUBMIT APPLICATIONS IN BINDERS**.

4. The application must be signed by the appropriate official for your organization or community.

5. The applications are due in THDA's Nashville office by 4:30 p.m. CST, Friday, March 4, 2011. If you are not certain that your application will be received on time if delivered through regular mail, you should make other arrangements. Applications received late will not be considered.

6. Submit application to:
   Tennessee Housing Development Agency
   404 James Robertson Parkway, Suite 1200
   Nashville, TN. 37243-0900
   ATTN: Community Programs Division

FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

The Zip Code 37243-0900 sends your application through the State Mail System . If you plan to use an expedited delivery service, you may want to consider using the z ip code 37219 to avoid possible delays by routing through the state mail service.

APPLICATION FOR THE 2011 HOME PROGRAM
TENNESSEE HOUSING DEVELOPMENT AGENCY

PART I

1. **APPLICANT INFORMATION**

Name: _____

Mailing Address: _____

City: _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Address: _____

Federal Tax Identification #: 62-_____ or 58-_____

Federal Legislative District: House: _____

State Legislative District: House: _____ Senate: _____

DUNS # _____

2. **APPLICANT TYPE**

☐ City or County ☐ Non-profit Organization

☐ CHDO ☐ Public Agency

3. **PROPOSED PROGRAM ADMINISTRATOR**

Name: _____

Mailing Address: _____

City: _____ Zip Code: _____

Telephone #: _____ Fax #: _____

Proposed Administrator's E-mail Address: _____

4. **CONTACT PERSON**

If THDA has questions regarding this application, they should contact:

Name: _____

Telephone #: _____ E-Mail Address: _____

5. **PROJECT TYPE**

Homeowner rehabilitation ____☐____ Number of units _____

Homeownership ____☐____ Number of units _____

Rental ____☐____ Number of units _____

City or County in which your project will be located:

_____

If a multi-county project, the number of units in each county:

_____

6. **PROPOSED FUNDING SOURCES**

Applicants must apply for a minimum of $100,000 or a maximum grant of $500,000. Commitment letters for leveraged funds must be attached.

HOME Program Funds _____

HOME Administrative Funds _____
(not to exceed 7% of total HOME dollars)

Total HOME Grant _____
(not to exceed $500,000)

Other Federal Funds _____

Local Government or Agency Funds _____

Other (describe) _____

TOTAL PROGRAM COST _____

7. **ALL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THEIR APPLICATIONS:**

____☐____ Attachment Thirteen: Growth Plan Certification

____☐____ Copy of latest audit or audited financial statement

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Mayor, County Executive, Executive Director or Chairman of the Board:

Signature: _____

Typed Name: _____

Title: _____ Date: _____

PART II

HOME PROGRAM NARRATIVE

1. Briefly describe your proposed project. Tell what you are going to do, where you are going to do it, who and how many will benefit, and how you will use the grant funds. Attach an implementation plan that includes a listing of the major tasks in the project and the expected timeframe for completion, such as the date when construction will begin.

2. Has the applicant selected a program administrator? If yes, identify the administrator and his/her relevant experience and training in administering housing programs. How many staff members does the proposed administrator's organization employ?

3. Attach a list of all projects the administrator has successfully administered. Indicate which projects have been completed and which projects are underway. If underway, specify where the project is in relation to the Implementation Plan – Attachment B of the HOME Contract.

4. If the proposal involves new construction, has the applicant selected the individuals or firms to provide architectural, construction management and/or inspection services? If the proposal involves homeowner rehabilitation, has the applicant selected the individuals or firms to provide work write-ups and inspections? If yes, identify and include a resume of his/her relevant experience.

5. Has the applicant selected the individual or firms to provide lead-based paint inspections? If yes, identify the individual or firm responsible for inspections/risk assessment and clearance testing.

6. Has the applicant selected the individual or firms to provide the home energy rater system (HERS) inspections? If yes, identify the individual or firm responsible for HERS inspections.

7. Were applicable procurement procedures followed in the selection of program administrators and/or individuals or firms providing architectural, construction management or work write-ups and inspection services?

8. How were local residents made aware of the application being submitted?

9. If funded, how will local residents be made aware of the proposed program? If funded, what efforts will be made to provide outreach to minority and underserved populations? How will recipients of the program be selected?

10. What property standards (or local codes) will apply to the completed units?

11. Have plans been selected for the design of the units? Include cost estimates.

12. How will the applicant be involved with the on-going program administration and insuring the provisions of the compliance/affordability period?

13. For homeownership programs, how will HOME funds be used? If CHDO proceeds have been generated for past homeownership projects, justify the need for additional HOME funds by providing a current accounting of accumulated CHDO proceeds.

14. For homeownership or rental projects, have housing units been identified for acquisition and/or rehabilitation or have sites been identified for new construction? If yes, identify on a map and attach with documentation for purchase (sales contract or option), descriptive data, including plans and specifications or work write-ups and cost estimates, photographs, and any financial commitments.

15. Will your project target a special needs population as defined in the Program Description? If so, define the population to be served *and include documentation confirming that necessary support services will be funded and provided*. Projects targeted to the elderly do not qualify as special needs projects.

16. For consideration of points under energy conservation for rehabilitation (not new construction or reconstruction), please thoroughly explain how your project will, to the extent feasible, incorporate an independent energy audit in the rehabilitation work write-up.

17. For consideration of points under the Three-Star Program, THDA will use the most recent Three-Star Certifications as provided by the Tennessee Department of Economic and Community Development.

PART III

HOME PROGRAM SUMMARY FORM

OWNER OCCUPIED UNITS

	# of Units	HOME Funds Per Unit	Other Funds Per Unit	Total Cost Per Unit
Rehabilitation	$		$	$
Homeownership	$		$	$
TOTAL	$		$	$

TENANT OCCUPIED UNITS

	# of Units	HOME Funds Per Unit	Other Funds Per Unit	Total Cost Per Unit
New Construction		$	$	$
Acquisition		$	$	$
Rehabilitation				
Acquisition & Rehabilitation		$	$	$
TOTAL		$	$	$

PART IV

HOME PROJECT BUDGET

Funding Source	Owner Rehab	Home Ownership	Rental Acquisition	Rental Rehab	Rental New Construct	Admin Funds	TOTAL
HOME FUNDS	$	$	$	$	$	$	$
Other Federal Funds	$	$	$	$	$	$	$
Other State Funds	$	$	$	$	$	$	$
Local Gov't or Agency Funds	$	$	$	$	$	$	$
First Mortgage Funds	$	$	$	$	$	$	$
Private Funds	$	$	$	$	$	$	$
Donated Land, Labor Materials	$	$	$	$	$	$	$
Other	$	$	$	$	$	$	$
TOTAL	$	$	$	$	$	$	$

PART V: NON-PROFIT/CHDO BOARD COMPOSITION

Copy as necessary for all Board Members

Name: _____

Home Address: _____

Race: _____ Sex: _____ Occupation: _____

Primary Contribution to the Board: _____

_____

Length of Board Service: _____ Date Board Term Expires: _____

FOR CHDO DESIGNATION ONLY: Low-Income Board Member? ☐ Yes ☐ No

Resident of low-income neighborhood ☐

Elected representative of low-income neighborhood organization ☐

Other low-income community resident ☐

Annual household income (adjusted for family size) — Below 80% of Area Median Income ☐ Greater than 80% of Area Median income ☐

Name: _____

Home Address: _____

Race: _____ Sex: _____ Occupation: _____

Primary Contribution to the Board: _____

_____

Length of Board Service: _____ Date Board Term Expires: _____

FOR CHDO DESIGNATION ONLY: Low-Income Board Member? ☐ Yes ☐ No

Resident of low-income neighborhood ☐

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Other low-income community resident ☐

Annual household income (adjusted for family size) — Below 80% of Area Median Income ☐ Greater than 80% of Area Median income ☐

Name: _____

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