

APPLICATION CHECKLIST – State Funded and ComCare Trust Funds
ACQUISITION AND/OR REHABILITATION
NEW CONSTRUCTION

✓	
	Acquisition of existing housing (no rehabilitation necessary)
	Acquisition of existing housing with rehabilitation
	New construction
	Site-specific pre-development loan

✓	
	Application is typewritten or computer generated.
	All Attachments/Appendices are clearly numbered and tabbed.

Submit the original and two (2) copies directly to (as **agreed** on with **ADHS/BHS**) ↓:

Letter of Review and Acceptance will be routed by ADOH to ↓:

Housing Coordinator

Arizona Department of Health Services / Division of Behavioral Health

150 North 18th Avenue, 2nd Floor

Phoenix, Arizona 85007

Deputy Director of Programs

Arizona Department of Housing

1700 West Washington, Suite 210

Phoenix, Arizona 85007

**APPLICATION for Housing Development under the Arizona Department of Health Services
Property Acquisition Program
Arizona Department of Health Services
Division of Behavioral Health Services
150 North 18th Avenue, Suite 220
Phoenix, AZ 85007
(602) 364-1356**

SECTION I. GENERAL APPLICANT AND PROJECT INFORMATION

This application and any subsequent revisions or clarifications, if approved for funding, will become part of your approval of funds under the Arizona Department of Health Services housing development program.

1. APPLICANT INFORMATION

Applicant Name: _____
Contact/Title: _____
Address: _____
Telephone: _____
Fax: _____
E-mail: _____

2. HOUSING PROVIDER (if different than applicant)

Name:	_____	<u>Type of Entity:</u>
Contact/Title:	_____	Ltd. Partnership _____
Address:	_____	Individual _____
City/State/Zip	_____	Corporation _____
Telephone:	_____	Other _____
Fax:	_____	

3. DEVELOPER/OWNER (if different than applicant or housing provider)

Name:	_____	<u>Type of Entity:</u>
Contact/Title:	_____	Ltd. Partnership _____
Address:	_____	Individual _____
City/State/Zip	_____	Corporation _____
Telephone:	_____	Other _____
Fax:	_____	

4. PROJECT LOCATION

Area to be served (city, county, town, etc.) _____ County, Arizona

5. TYPE OF ACTIVITY AND PROJECT (check all that apply).

ACTIVITY	Total Units	PROJECT TYPE	Total Units
Acquisition Only	_____	Multi-family	_____
Acquisition and Rehabilitation	_____	SRO	_____
New Construction	_____	Group Home	_____
Pre-development Loan	_____		_____

6. AMOUNT OF REQUEST

<u>Source</u>	<u>Loan</u>	<u>Grant</u>	<u>Total</u>
ADHS/DBHS Program	_____	_____	_____
State Housing Trust Fund	_____	_____	_____
TOTAL AMOUNT REQUESTED	_____	_____	_____

7. NUMBER OF CLPT/ STATE HOUSING FUND UNITS

- a. Total project cost _____
- b. Total number of units in project _____
- c. Average per unit investment (all units) [divide b – no. of units by a total project cost] _____
- d. Total ADHS/DBHS State Housing Trust Fund Request _____
- e. Number of ADHS/DBHS - SHF units. [divide d – total fund request by c - average per unit investment]. Round up any fraction to the next whole number. _____

Period of Use – All ADHS units shall be retained for the intended use for a minimum of 25 years. Use shall be restricted through Covenants, Conditions & Restrictions.

8. SERVICE POPULATION INCOME LEVEL.

In Column A, indicate the total number of units in your project. In Column B, indicate the number of units to be set-aside for a specific income level. **IMPORTANT:** If you indicate you will assist a specific income level in column B, you will be required to set-aside those units for that income level. You may be offered additional or alternative financing sources for your project.

	A. Total Units	B. SMI Units
• At or below 50% of median income	_____	_____
• At or below 60% of median income	_____	_____
• At or below 80% of median income	_____	_____
• Greater than 80% of median income	_____	_____
• Other (specify)	_____	_____

9. PROJECT MANAGEMENT

Indicate the name, title, address and phone number of each position involved in your project. Attach additional sheets if necessary.

Project Manager

Name _____

Company _____

Telephone Number _____

Job duties on this project _____

Project Coordinator (day-to-day), if different from above

Name _____

Company _____

Telephone Number _____

Job duties on this project _____

Fiscal Manager

Name _____

Company _____

Telephone Number _____

Job duties on this project _____

Project Architect (n/a, if acquisition only)

Name _____

Company _____

Telephone Number _____

Job duties on this project _____

Construction Contractor/Builder (n/a, if acquisition only)

Name _____

Company _____

Telephone Number _____

Job duties on this project _____

Project Team (continued)

Consultant (if applicable)	
Name	_____
Company	_____
Telephone Number	_____
Job duties on this project	_____ _____

Property Manager	
Name	_____
Company	_____
Telephone Number	_____
Job duties on this project	_____ _____

Service Provider (if applicable)	
Name	_____
Company	_____
Telephone Number	_____
Job duties on this project	_____ _____

Other (specify)	
Name	_____
Company	_____
Telephone Number	_____
Job duties on this project	_____ _____

Other (specify)	
Name	_____
Company	_____
Telephone Number	_____
Job duties on this project	_____ _____

PROJECT INFORMATION

Complete one "Project Information Form" for each site included as part of this application

10. LOCATION.

Include a map indicating the project location and a photo of the property at Tab A.

Project Address: _____

City/State/Zip _____

11. SITE ACQUISITION

The site(s) acquired or to be acquired are from a _____ Related party _____ unrelated party

Name of Seller _____

Address _____

State/City/Zip _____

Phone number: _____

Total Cost of Site _____

Does the site include acreage in excess of what will be used for the project proposed in this application?

Yes

No

If yes, attach an explanation behind site control documentation

12. TYPE OF SITE CONTROL (select one and attach document).

Type	Expiration Date (mm/dd/yy)
_____ Deed	_____
_____ Purchase contract	_____
_____ Option	_____
_____ Long-term lease (25 or more yrs)	_____

13. SITE CONTROL

Attach a copy of the Appraisal or Estimate of Value

YES

NO

Has the Fair Market Value of the property been established?

Has seller been informed of the Fair Market Value?

If YES, Date of notification: _____

How was the fair market value established? _____

If by appraisal, Date of Appraisal: _____

14. ZONING, UTILITIES AND APPROVALS

Attach evidence of zoning approvals and utility availability for new construction projects or those involving a change in use. For projects involving new construction or rehabilitation, also include if available site plan approval notices and copies of building permits.

YES NO

Site is properly zoned for the proposed development.

If no, when will zoning issue be resolved? DATE:

All utilities are presently available to the site.

If no, which utilities must be brought to site?

Who has responsibility for bringing utilities to site?

The local government has approved the site plan.

The local government has issued a building permit.

The plans and specifications are complete.

If no, the plans and specifications are _____% complete.

15. ENVIRONMENTAL ISSUES

Yes No

Has there been an evaluation of asbestos hazards? If no, why not.

Has there been an evaluation of lead-based paint hazards? If no, why not.

Is the building in a historic district?

Is the building a designated historic building?

Is the project eligible for Historic Tax Credit? If yes, attach a complete breakdown of the determination of the basis for the eligible Historic Tax Credit.

16. CONSTRUCTION/REHABILITATION COST ESTIMATE

Attach a complete third-party line-item cost estimate. Rehabilitation cost estimates must include a description and cost estimate of exterior rehabilitation AND a description and cost estimate, by unit, of the necessary interior rehabilitation.

The attached cost estimate is based on:

_____ contractor review of actual drawings

_____ architect review of actual drawings

_____ architect building inspection

_____ contractor building inspection

_____ other (specify):

Name of person providing cost estimate: _____

Firm: _____

Phone number: _____

17. SOURCES OF FINANCING

COLUMN A. Indicate the name of the funding source and agency.

COLUMN B. Indicate the amount of funds that are committed to the project. Committed funds are funds that are not contingent upon receipt of ADHS/DBHS or other funds and for which you have a letter of commitment. Attach letters of commitment at Tab G.

COLUMN C. Indicate the amount of funds that are tentatively committed to the project. Tentatively committed funds are funds that are contingent upon receipt of ADHS/DBHS or other funding, or funds that you have applied for but have not yet been awarded.

COLUMN D. Indicate the date you applied for tentative funding.

COLUMN E. Indicate the date you expect to receive award/denial of tentative funding. All tentative financing must be firmly committed within 90 days of submittal of this application.

CONSTRUCTION SOURCES – Available before project is operating. IF APPLICABLE				
A	B	C	D	E
Source	Committed	Tentative	Date Applied	Date Expected
ADHS/DBHS				
State Housing Fund				
Subtotals:				
Total Fund Sources (Column B + C)				

Total construction sources above must equal total permanent sources below and must also equal total project development costs.

PERMANENT SOURCES – Available before project is operating.				
A	B	C	D	E
Source	Committed	Tentative	Date Applied	Date Expected
ADHS/DBHS				
State Housing Trust Fund				
Subtotals:				
Total Fund Sources (Column B + C)				

18. BUDGET SOURCES CONTACT INFORMATION

For all sources of financing (other than ADHS/DBHS or State Housing Trust Fund) listed on the previous page, provide the name of your primary contact person, address, telephone and FAX numbers.

1. Source of funds:			
Contact Person:			
Address:			
City/State/Zip:			
Telephone Number:		FAX Number:	

2. Source of funds:			
Contact Person:			
Address:			
City/State/Zip:			
Telephone Number:		FAX Number:	

3. Source of funds:			
Contact Person:			
Address:			
City/State/Zip:			
Telephone Number:		FAX Number:	

4. Source of funds:			
Contact Person:			
Address:			
City/State/Zip:			
Telephone Number:		FAX Number:	

19. USES OF FINANCING AND PROJECT BUDGET

COLUMN A. If a specific use of funds is not listed, indicate the type of use in the "Other" box.

COLUMN B. Indicate the amount of ADHS/DBHS funds to be expended for the specified use.

COLUMN C. Indicate the amount of State Housing Trust Funds to be expended for the specified use.

COLUMN D. Indicate other source amounts for the specified use.

COLUMN E. Indicate the total amount of columns B, C, and D for the specified use.

COLUMN F. Indicate the source of other funds from Column D for the specified use.

A	B	C	D	E	F
Activity	ADHS/DBHS	State Housing Trust Fund	Other Sources	Total All Sources	Source
Acquisition					
Land					
Existing Structures					
Closing Costs					
Other:					
Site Improvements					
Off-site					
On-site					
Landscaping					
Rehabilitation or Construction Costs					
Demolition					
Rehabilitation					
New Construction					
Contingency					
Builder's Profit					
Builder's Overhead					
Permits/Fees not paid by Builder					
Other:					
Other:					
Other:					
Professional Fees					
Architectural Design					
Architect Supervision					
Engineering Fees					
Accounting Fees					

A	B	C	D	E	F
Activity	ADHS/DBHS	State Housing Trust Fund	Other Sources	Total All Sources	Source
Legal Fees					
Soils Report					
Environmental Review					
Other					
Other:					
Construction Loan Costs					
Loan Origination Fee					
Construction Interest					
Constr. Insurance					
Credit Enhancement					
Const Period Taxes					
Credit Report					
Other					
Related Costs					
Title Insurance					
Consultants					
Developer's Fee					
Developer Overhead					
Appraisal					
Building Permit fees paid by Builder					
Market Study					
Project Audit					
Operating Reserve					
Replacement Reserve					
Other:					
Other					
Relocation costs					
Temporary Relocation					
Permanent Relocation					
Permanent Loan Costs					
Origination Fee					

A	B	C	D	E	F
Activity	ADHS/DBHS	State Housing Trust Fund	Other Sources	Total All Sources	Source
Credit Enhancement					
Title and Recording					
Other:					
Other					
General Administrative Costs					
Other Costs (specify):					
Furnishings					
Rental Office Furnishings & Equip.					
Other:					
Other					
Other					
Other					
TOTALS					

20. PROJECT OCCUPANCY INFORMATION

Yes No

 Are the buildings currently occupied?

IF YES, indicate type of occupancy: persons _____ businesses _____ other _____

Number of vacant units _____ Number of occupied units _____

21. RELOCATION INFORMATION

YES NO

 Will this project involve permanent relocation of tenants, businesses, or other organizations?

 Will this project involve temporary relocation of tenants, businesses, or other organizations?

Note: if this application will include relocation, either temporary or permanent, attach a relocation plan including activities and estimated costs.

22. RENTAL ASSISTANCE/SUBSIDY

Yes No

_____ Do or will any tenants receive monthly rental assistance

If yes, indicate the type of rental assistance:

_____ Section 8

_____ Shelter Plus Care

_____ Other (indicate type):

23. MONTHLY UTILITY ALLOWANCES.

Obtain the utility allowances from the local housing authority, or provide basis for utility cost estimates.

Name of Housing Authority Providing Utility Allowance Schedule:

Utilities	Type (Gas, LP, Electric, Oil, etc)	Utilities paid By:				Enter Allowance by BR Size:			
		RBHA	Hsg Prov.	Owner	Tenant	0 BR	1 BR	2 BR	___ BR
Heating									
Air Cond.									
Cooking									
Lighting									
Hot Water									
Water									
Sewer									
Trash									

24. ADHS/DBHS - STATE HOUSING FUND RENT LIMITS:

ADHS/DBHS rents may not exceed the lesser of the Fair Market Rent or the rent limit established for the proposed income limit, by bedroom size. Utilize the chart included with the instructions to complete this information. *This chart is for guidance only and rents may be lower.*

	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Fair Market Rent							
50% Rent Limit							
65% Rent Limit							

25. ADHS OR STATE HOUSING FUND UNIT RENTS:

IF TENANT RENTS ARE CALCULATED AS A PERCENTAGE OF THE TENANT'S INCOME (E.G. 30% OF ADJUSTED INCOME), INCLUDE YOUR ESTIMATE OF THAT RENTAL INCOME IN THIS CHART, IN LIEU OF SPECIFIC PER UNIT RENTAL RATES.

A No. of BRs	B Unit Size (sq. ft.)	C No. of CLPT Units/or Beds	D Monthly Rent per Unit/or Beds (estimated)	E Total Monthly Rent (C x D)
0				
1				
2				
3				
4				
Other:				
Totals:				
Total Monthly Rental Income – ADHS Units:				

NOTE: Tenant rent is based on 30% of the consumers adjusted income at \$____.00 per tenant totaling \$____ rent collected from tenants and a subsidy of \$____.00 per one (1) bedroom unit, \$____.00 per two bedroom unit and \$____.00 for the three bedroom unit, the total subsidy \$____.00.

26. MONTHLY INCOME FROM ALL UNITS:

1. Total Monthly Rental Income from ADHS units: _____
2. Total Monthly Rental Income from other units _____
3. Other monthly income (e.g., laundry, etc.). List sources: _____
4. Less Vacancy Allowance: _____
5. Total Monthly Income (1+2+3-4): _____

27. MONTHLY/ANNUAL CASH FLOW PROJECTION/OPERATING PROFORMA -- YEAR 1

INCOME			
		Monthly	Annual
1	TOTAL INCOME FROM ALL SOURCES (QUESTION 26, line 5)		
EXPENSES			
ADMINISTRATIVE			
2	Management		
3	Site Manager		
4	Legal/Accounting/Audit		
5	Affirmative Marketing		
6	Office Supplies		
7	Other (specify)		
8	TOTAL ADMINISTRATIVE EXPENSES (2+3+4+5+6+7)		
OPERATING			
9	Owner-paid Utilities		
10	Insurance		
11	Trash Removal		
12	Other (specify)		
13	TOTAL OPERATING EXPENSES (9+10+11+12)		
MAINTENANCE			
14	Interior Maintenance/Repairs		
15	Exterior Maintenance/Repairs		
16	TOTAL MAINTENANCE EXPENSES (14+15)		
17	Real Estate Taxes		
18	Operating Reserve		
19	Replacement Reserve		
20	Other (specify)		
21	Other (specify)		
22	Other (specify)		
23	TOTAL ANNUAL EXPENSES (8+13+16+17+18+19+20+21+22)		
24	NET INCOME AFTER EXPENSES (1-23)		
ANNUAL DEBT SERVICE			
20	1st Mortgage		
26	2nd Mortgage		
27	Other debt/distributions		
28	TOTAL DEBT SERVICE (20+26+27)		
NET INCOME (24 - 28)			

28 . ANNUAL PERCENTAGE INCREASES

Annual percentage increase in income: 2%

Annual percentage increase in expenses: 3%

29. CASH FLOW PROJECTION/OPERATING PROFORMA

Complete for a period of at least twenty-five years, longer if other financing sources require an extended period of service or affordability.

ANNUAL OPERATING PROFORMA

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	YEAR 6	YEAR 7	YEAR 8	YEAR 9	YEAR 10
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	YEAR 11	YEAR 12	YEAR 13	YEAR 14	YEAR 15
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	YEAR 16	YEAR 17	YEAR 18	YEAR 19	YEAR 20
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					
	YEAR 21	YEAR 22	YEAR 23	YEAR 24	YEAR 25
Income					
Less Vacancy					
Effective gross Income					
Expenses					
Cash Flow					

Note: Over the 25-year period _____ Agency will receive \$___ positive cash flow. These funds will be placed in Operating and Replacement Reserve accounts to cover future cost provision related to operating and replacement costs.

30. HOUSING PROVIDER AND/OR DEVELOPER PARTNERS

Describe the methodology for soliciting housing partners, including the advertising or other form of solicitation, criteria for selection and status of any contract(s). If the RBHA or the housing provider will utilize a private sector developer, describe how the project site, number of units that will be occupied by enrolled consumers, purchase price and cost estimates, development and completion schedule and ongoing operating procedures were developed.

Describe who (RBHA, housing provider, developer/owner) will be responsible for: site selection; project financing; acquisition, rehabilitation, construction activities; lease-up; maintenance; and ongoing operations.

ADHS assistance to mixed-population projects: If the housing units to be funded by ADHS are part of a larger project to be developed by a housing provider and/or developer, describe how the seriously mentally ill clients will be referred to the project and any unique or special services that will be provided in conjunction with the housing. Describe the relationship of the property manager to the RBHA throughout project operations.

Project Management. Provide a description of the housing provider and/or developer experience and ability to implement and manage special needs housing assistance programs and/or related activities.

31. PROJECT DESCRIPTION. Describe your proposed project.

Project type. Explain your rationale for selecting the type of project: acquisition, rehabilitation, new construction. Consider the availability, cost and condition of existing housing units v. new construction and the impact of each on the community as a whole.

Ongoing operations. Briefly describe the proposed project operations. Give enough detail to clearly illustrate all activities associated with the proposed project. Consider the following when describing ongoing operations:

- Selection of tenants, intake, waiting list, and eviction procedures;
- Lease and associated service agreement terms and conditions;
- Service providers and the type and level of service that will be provided either on-site (at the housing) or in conjunction with the housing;
- Unit inspection schedule and procedures;
- Amount of rent that each tenant will be charged.

32. PROJECT SITING

Describe in detail discussions that have taken place, if any, with local government officials and/or community residents regarding the siting of the proposed project. Indicate whether the unit of local government is aware of the project application and its intended use.

33. ORGANIZATIONAL CHART

Insert an organizational chart showing the staffing and lines of authority FOR THIS PROJECT. The organizational chart must reflect the relationships of key personnel identified in the program management section of this application.

34. TITLE REPORT

Insert a copy of the preliminary title report prepared by the title company handling the escrow/purchase of the property.

35. Applicant Affidavit, Release and Certification Form

The undersigned Applicant hereby applies to the Arizona Department of Housing (the "Department"), serving as agent for the Arizona Department of Health Services, for a commitment of ADHS/DBHS and/or ComCare Liquidated Proceeds Trust (CLPT) resources or State Housing Trust Funds. The undersigned is responsible for ensuring that the project consists of or will consist of qualified low income housing as described in the application packet, and will satisfy all applicable State and Federal requirements in the acquisition, rehabilitation or construction and subsequent operation of the project to receive a commitment of ADHS/DBHS/CLPT resources or State Housing Trust Funds. The applicant represents and certifies that the application has not requested any more ADHS/DBHS/CLPT resources State Housing Trust Funds than are necessary to provide affordable housing. In planning this project, the applicant certifies that it has provided for and will continue to encourage the participation of citizens, particularly persons of low income who are residents of areas in which the CLPT resources or State Housing Trust Funds are proposed to be used.

The Applicant understands that the Department will determine the eligibility of the project based, at least in part, on the figures submitted with the application by the Applicant and the readiness of the project to proceed, as presented in the application. The applicant is responsible for the accuracy of these figures. Misrepresentations, mistakes or omissions may be the basis for the cancellation of an award.

The Applicant understands and agrees that should the Department commit more funds than the State of Arizona is entitled to award in any given fiscal year (whether State or Federal), and funding is not available as awarded, the Department shall be held harmless by the Applicant, the Applicant's investors and anyone else relying upon the commitment.

The Applicant acknowledges and agrees that it will at all times cooperate with regard to request(s) for submittal of additional requests for information from the Department as necessary.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of the Department after the date of commitment. The Applicant will give the State, T/RBHA, the U.S. Department of Housing and Urban Development, if applicable, and any State authorized representatives access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards.

If currently a State-certified Community Housing Development Organization (CHDO), the applicant will continue to comply with the requirements for CHDOs as contained in the definition at 24 CFR Section 92.2.

By executing this authorization and release, the Applicant does hereby authorize the Arizona Department of Housing, to obtain and furnish and release, to all proper institutions and/or agencies, full and complete records, reports and/or information pertaining to the Applicant and its application under the ADHS/DBHS, CLPT or State Housing Trust Fund program.

The Applicant agrees that the ADHS/DBHS, Arizona Department of Housing, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of A.R.S. 13-2311 and 39-161 that the information set forth herein, and all material submitted by the Applicant to the Department, are to the best of the Applicant knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of ADHS/DBHS, CLPT resources or State Housing Trust Funds and to execute the proposed

program. Further, the Applicant represents that its governing body has duly adopted or passed an official act of resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representative to act in connection with the application and to provide such additional information may be required.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by the Department, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to a loss of competitive scoring points or to disqualification. For the purposes of verification, the Applicant and Developer hereby authorize the Department to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by the Department.

The Applicant has caused this document to be duly executed in its name as of this __ day of ____, 200__.

Applicant Name: _____

By: _____

Its: _____