

# CITY OF BLOOMINGTON, INDIANA APPLICATION FOR CHOO FUNDING HOME INVESTMENT PARTNERSHIP PROGRAM

#### I. PROJECTS AND FUNDING

The Housing and Neighborhood Development Department (HAND) is soliciting proposals for the development, rehabilitation, or preservation of affordable housing projects for low and moderate income households. The property must be located in the City limits, and it is desirable that the funding be used to leverage other funding sources. Funding is limited to the acquisition, rehabilitation, or new construction of rental housing, OR the acquisition, acquisition and rehabilitation or new construction of properties for homebuyers.

Funding for reimbursement of expenses already incurred in relation to a project or funding for a project already under construction or constructed are not eligible.

#### II. REVIEW PROCESS

The HAND Staff will review the applications received and make the determination on which projects will receive funding and the allocated amount. Additional information maybe requested in order to assess project feasibility. Applicants will be notified of funding determinations in writing.

#### III. PROJECT ASSESSMENT CRITERIA

Staff will assess the merits of each application as to how well the project meets the City's affordable housing goals in relation to the Consolidated Plan and yearly Action Plan submissions. The following criteria will be considered when reviewing the applications:

- Funding leveraging ratio (extent to which funds are leveraged on a per unit basis)
- ◆ Cost/unit ratio
- ◆ Development Schedule
- Project Location
- Developer Experience
- ♦ Owner equity contribution
- Management Experience
- Number of housing units that will be made available to low and moderate income households
- ◆ Site Control
- Availability of Permanent and Construction Financing
- Utilization of innovative, cost effective design techniques and building materials that reduce construction, rehabilitation, or operating costs
- ◆ Plans for preventing the permanent displacement of low and moderate income tenants or residents (if applicable)

#### IV. LEAD BASED PAINT REQUIREMENTS

All HOME and CDBG funded housing projects, including rehabilitation work and housing acquisition are required to comply with HUD Rule 24CFR Part 35 titled the Lead Safe Housing Regulation. Compliance with lead-based paint obligations created by the HUD regulations are generally the responsibility of the agency receiving the HUD funds.

There are four basic phases of activity required by the new lead-based paint regulations. The specific requirements for each phase vary depending on the type of project and the amount of federal funding it receives. The basic phases are:

- Notification of lead hazards to residents and purchasers of residential property;
- Lead hazard evaluation:
- Lead hazard reduction; and
  - Clearance.

Each Agency Applicant **must** make sure that their project complies with HUD's Lead Safe Housing Regulations. Any costs associated with testing, assessments, reduction or abatement of lead, and clearance activities for compliance with HUD's Lead Safe Housing Regulations will be borne by the applicant.

#### IV. APPLICATION INSTRUCTIONS AND CHECKLIST

- 1. Submit 3 copies of your proposal (including attachments) to: Housing and Neighborhood Development Department, Showers City Hall, Suite 130.
- 2. Complete items I through XII of the application, as appropriate.
- 3. One project per application. Attach additional sheets if necessary.
- 4. The following items must also be attached and numbered.
  - A. Evidence of non-profit status
  - B. Organization's Articles of Incorporation and By-Laws
  - C. List of your organization's officers and Board of Directors
  - D. Location description and legal description of the proposed project site.
  - E. Project Development Costs (sheet attached)
  - F. Evidence of Site Control
  - G. Site Plan for Project
  - H. Project Financing Sources (sheet attached)
  - I. Construction Financing Sources (sheet attached)



# City of Bloomington Housing and Neighborhood Development CHDO Application

# I. APPLICANT INFORMATION

| 1.  | Organization:  |   |  |  |  |  |
|-----|--|---|--|--|--|--|
|     | Mailing Address:   |   |  |  |  |  |
|     | City, State, Zip:  |   |  |  |  |  |
|     | Contact Person and Title:  |   |  |  |  |  |
|     | Phone No   | Fax No                                      |  |  |  |  |
| 2.  | Ownership Entity:  |   |  |  |  |  |
|     | [] Applicant is the current owner and  | will retain ownership.                      |  |  |  |  |
|     | [] Applicant is the current owner and will <u>not</u> retain ownership.                          |   |  |  |  |  |
|     | [] Applicant is the project developer and will be part of the final ownership entity             |   |  |  |  |  |
|     | [] Applicant is the project developer and will <u>not</u> be part of the final ownership entity. |   |  |  |  |  |
|     | [] Other, Explain  |   |  |  |  |  |
| 3.  | A. If the owner or project developer will <u>r</u>   | not retain ownership, include an attachment |  |  |  |  |
|     | which details the process, timing, and outcome of disposition of this project.                   |   |  |  |  |  |
| II. | GENERAL INFORMATION  |   |  |  |  |  |
| 1   | A  |   |  |  |  |  |
| 1.  | Amount of funding request: \$  |   |  |  |  |  |
| 2.  | Project Location:  |   |  |  |  |  |
| 3.  | Site Address (if applicable):  |   |  |  |  |  |
| 3.  | Housing Category (check all that apply) [ ]Rental Housing  | [ ]Reconstruction                           |  |  |  |  |
|     | [ ]Owner-Occupied Housing  | [] New Construction                         |  |  |  |  |
|     | [ ]Transitional Housing  | []Acquisition                               |  |  |  |  |
|     | []Rehabilitation   | [ ]r.redmornen                              |  |  |  |  |
|     | []Other (Specify)  |   |  |  |  |  |
| 4.  | Housing Type (check all that apply)  |   |  |  |  |  |
|     | [ ]Single Room Occupancy   | [] Single-Family Dwelling                   |  |  |  |  |
|     | [ ]Townhouse/Row House   | [] Condominium                              |  |  |  |  |
|     | [] One or Two Story Gardens  | [] Attached Multifamily                     |  |  |  |  |
|     | [] More Than Four Stories  | [] Other (Specify)                          |  |  |  |  |

# III. PROJECT DESCRIPTION

1. Provide a brief narrative of the proposed project: Include project objectives, target population, major project characteristics, number and type of units, surrounding neighborhood, proximity to services, public or other transportation, etc. Explain how the use of HOME funds makes this project feasible. Provide attachments if necessary.

| 2. | Document need for the project. How were the housing priorities determined? Refer to Bloomington's Consolidated Plan and Action Plan for your project.   |  |  |  |  |
|----|---|--|--|--|--|
|    |   |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
| 3. | If the site is vacant, describe any prior known use. Also indicate the age of any buildings or other structures currently located on the site.  |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |
| 4. | Is the building(s) occupied and, if so, will the project cause relocation of existing occupants? Please describe the relocation program or procedures or explain why relocation will not be required. |  |  |  |  |
|    |   |  |  |  |  |
|    |   |  |  |  |  |

| 5.   | Building and Unit Information:  Total Number of Buildings: Residential Commercial   |  |                          |   |                                 |  |  |
|------|---|--|--------------------------|---|---------------------------------|--|--|
|      |   | Residential U<br>Total numbe                   |                          | quare Footage   |                                 |  |  |
|      |   | Total number                                   | er of units d            | lesignated for l  | low-income                      |  |  |
|      | % of units designated low-income units to total units   |  |                          |   |                                 |  |  |
|      |   | _ Total squar                                  | re footage o             | f all residential<br>of units designa-<br>low-income so | ated for low-                   | income<br>e to total reside                      | ential square                          |
|      |   | _ Total comr<br>_ Total parki<br>_ Total squar | non area sq<br>ng spaces |   | if applicable                   |  | nercial,                               |
| 6.   | Attach copy of preliminary site plan, elevation renderings, and floor plans for each unit type in the project. Plans must be to scale. Preliminary plans do not have to be done by architects or engineers. |  |                          |   |                                 |  |  |
| 7.   | Project Ren<br>For acquisit   |  | onstruction              | of rental hous  | ing projects,                   | complete the f                                   | following:                             |
| (a)  | (b)   | (c)  | (d)                      | (e)   | (f)                             | (g)  | (h)                                    |
| # Be |   | # of HOME<br>Units in<br>Total (b)             | Unit Size<br>(Sq. Ft.)   | Monthly<br>Resident Paid<br>Rent (w/o<br>utilities)     | Monthly<br>Utility<br>Allowance | Monthly<br>Rent Plus<br>Utility Allow.<br>(e+ f) | % Of Area<br>Median Income<br>Targeted |
| (1)  | Units Designated  | Low Income:                                    |                          |   |                                 |  |  |
|      |   |  |                          |   |                                 |  |  |
|      |   |  |                          |   |                                 |  |  |
|      |   |  |                          |   |                                 |  |  |
| (2)  | Market Rate Units   | :  |                          |   |                                 |  |  |
|      |   |  |                          |   |                                 |  |  |
|      |   |  |                          |   |                                 |  |  |
|      |   |  |                          |   |                                 |  |  |

# IV. AFFORDABILITY RESTRICTIONS

| 1.     | What are the proposed affordability restrictions for the HOME assisted units (e.g. resale restriction, occupancy requirements, rental restrictions, time period, etc.)? How will the restrictions be enforced? |
|--------|--|
| 2.     | If affordability restrictions will be required for other units in the project, please describe:  |
| V.     | MARKETING PROGRAM  |
| market | vill the HOME assisted units be marketed to the target population? How will this ing approach promote equal opportunities and ensure compliance with Federal Fair ag regulations?                              |

# VI. PROJECT FINANCING (SOURCES AND USES OF FUNDS).

- 1. SOURCE OF FUNDS. As an attachment, provide the following for each type of revenue source required for the financing of this project.
  - Name, address, phone number, contact person for lender or proposed lender
  - Dollar amount requested including interest rate, terms, and annual debt service
  - Type of financing (e.g., conventional/subsidized loan, federal or private grant, deferred payment loan, equity, sweat equity, other-specify)
  - Type of financing (e.g., construction, permanent, and other-specify)
  - Date funds requested or expected
  - Financing commitment letters
- 2. USE OF FUNDS: At a minimum, provide the actual or estimated amount of the following project costs. Attach a separate sheet if necessary.

| Actual or Estimated            |  |
|--------------------------------|--|
| Project Costs                  |  |
| Land Acquisition               |  |
| Off-site Improvements          |  |
| Predevelopment/Soft Costs:     |  |
| Engineering                    |  |
| Architectural                  |  |
| Consultant/Syndication         |  |
| Legal/Liability Insurance      |  |
| Environmental                  |  |
| Other                          |  |
| A. Total Predevelopment Costs  |  |
| •                              |  |
| Construction:                  |  |
| Site-Work                      |  |
| Structures                     |  |
| Contractor Profit              |  |
| B. Total Construction Costs:   |  |
| Miscellaneous Costs            |  |
| Construction Contingency       |  |
| Local Permit/Fees              |  |
| Appraisal/Title, Misc.         |  |
| Marketing                      |  |
| Interim Financing              |  |
| Developer Fee                  |  |
| C. Total Miscellaneous Costs   |  |
| Total Development Cost (a+b+c) |  |
| Total Number of Units (b)      |  |
| Per Unit Cost (a\b)            |  |
| (4/0)                          |  |

## VII. INCOME AND EXPENSE PROJECTIONS

At a minimum, provide a 15-year income and expense pro forma on a separate sheet, similar to the format below for long-term projects (e.g. rental housing projects or large owner occupied housing projects) or complete the attached Pro Forma. The Pro Forma must include all income and expenses (for each year and in total) projected for the development to determine cash flow. Assumptions should be clearly stated such as rent levels (including utility allowances), vacancy/collection loss rates, projected annual income and expense percentages increases, etc.).

#### INCOME AND EXPENSE PRO FORMA FORMAT:

- 1. Gross Income
- 2. Vacancy and loss %
- 3. Effective Gross Income
- 4. Operating Expenses:

Taxes and Insurance

Repair and Maintenance

Management/Administration

Replacement Reserves

Operating Reserves

- 5. Total Operating Expenses
- 6. Net Operating Income
- 7. Debt Service
- 8. Cash Flow

### VIII. PROJECT DEVELOPMENT SCHEDULE

Indicate the actual or expected date for the following activities:

| Actual or Scheduled |                                |
|---------------------|--------------------------------|
| Month/Day/Year      | <u>Activity</u>                |
|                     | A. Site                        |
|                     | Acquisition                    |
|                     | Environmental Review Completed |
|                     | B. Local Permits               |
|                     | Grading Permit                 |
|                     | Building Permit                |
|                     | C. Construction Financing:     |
|                     | Loan Application               |
|                     | Commitment Letter              |
|                     | Closing and Disbursement       |

|     |  | D. Permanent Financing:         |  |  |
|-----|--|---------------------------------|--|--|
|     |  | Loan Application                |  |  |
|     |  | Commitment Letter               |  |  |
|     |  | Closing and Disbursement        |  |  |
|     |  | E. Other Loans and Grants:      |  |  |
|     |  | 1. Type and Source              |  |  |
|     |  | Application Submission          |  |  |
|     |  | Closing and Award               |  |  |
|     |  | 2. Type and Source              |  |  |
|     |  | Application                     |  |  |
|     |  | Closing and Award               |  |  |
|     |  | F. Construction and Occupancy:  |  |  |
|     |  | Construction Start              |  |  |
|     |  | Construction Completion         |  |  |
|     |  | Placed In Service               |  |  |
|     |  | Occupancy of All Assisted Units |  |  |
|     |  | G. Other Government Incentives: |  |  |
| -   |  | Tax Abatement                   |  |  |
|     |  | Tax Credits                     |  |  |
|     |  | Other, Please Specify           |  |  |
|     |  |                                 |  |  |
| IX. | SITE INFORMA   | ATION                           |  |  |
| (A) | Applicant currently  | has control of site through:    |  |  |
|     | Fee simple title (fu   | ll control) Lease Period        |  |  |
| -   | Ground Lease   | Option Type                     |  |  |
| -   | Option   | Option Period                   |  |  |
|     | Other, describe  | Option i criod                  |  |  |
| (B) | Provide evidence of site control (i.e. Include copy of grant deed, purchase option agreement, etc.).                             |                                 |  |  |
| (C) | If site is not under applicant's control, provide timeline and schedule for establishing site control.                           |                                 |  |  |
| (D) | Provide a layout of the site showing details of the site, including the locations of any existing buildings or other structures. |                                 |  |  |
| (E) | Are there any special or unusual features which should be known about this site?   |                                 |  |  |

## X. PLANNING AND ENVIRONMENTAL INFORMATION

- 1. Total number of units proposed:
- 2. Total land area (acres):
- 3. Proposed density (units/acre):
- 4. Current Zoning:
- Zoning required for project:
   If rezoning required for this project, provide date rezoning approved or estimated approval date
- 6. Indicate all local approvals required:
- 7. Has an environmental assessment been completed? []Yes []No If yes, list environmental assessment reference number and pertinent conditions, approvals, and findings.
- 8. Is the project located in a flood hazard zone? []Yes []No [] Don't Know

# XI. APPLICANT QUALIFICATIONS

- 1. Summarize your organization's experience in affordable housing development, housing management, and/or other areas relevant to the proposed project. Also describe how your organization will implement this project.
- 2. Once completed, who will manage the project?

3. List previous affordable housing projects developed by your organization (most recent projects). Provide below or as an attachment:

Project Name Location Project Type No. Of Units Year Completed

# XII. CONFLICT OF INTEREST

List the names and positions of members of the Board of Directors, officers, workers, other members of the organization, or members of the development team who are appointed members of a City Commission or Committee, or a City employee.

## XIII. CERTIFICATION

If this application is approved for funding, the organization agrees to comply with all required federal, state, and local laws and regulations. The organization confirms that it is fully capable of fulfilling the obligations as stated in this proposal and in any attachments or documents included with this application.

As a duly authorized representative of the organization, I submit this application to the City of Bloomington and verify that the information included herein is true, accurate and complete.

#### PENALTY FOR FALSE OR FRAUDULENT STATEMENT:

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false fictitious statement, knowing it to be false.