2023 Combined Funders Homeownership Application New Construction, New Construction and/or Acquisition with Rehabilitation.

This application is for:

1. New Construction
2. ~~Acquisition with Rehabilitation~~ **(Acquisition/Rehabilitation is not eligible for Skagit HOME Consortium funding)**

**Note Concerning Use of Federal Funds:**

The Department of Commerce’s HOME and National Housing Trust Fund federal programs are NOT funding Homeownership projects at this time.

Other Public Funders accepting this application may use federal funds for homeownership activities, such as Community Development Block Grant Program funds or local HOME Investment Partnership Program funds.

**Use of this Application in Conjunction Construction/Rehabilitation Excel Sheet:**

Each tab of the Excel Sheet is numbered according to the Sections below for easier reference. Narrative information should be portrayed in the excel tabs as they correlate to the information being provided.

There are six sections to this application, all applicants must complete sections 1, 4, 5, and 6. Sections 2 and 3 are dependent on the type of work being completed:

Section 1: General Project and Organization Information, **all applicants must complete this section.**

Section 2: New Construction. Complete this section if you are constructing new homes, including projects that may have both rehabilitation and new construction on the same site.

~~Section 3: Acquisition with Rehabilitation. Complete this section if you are acquiring pre-built homes that are in need of rehabilitation funding. This also includes projects that are doing both rehabilitation and new construction on the same site.~~ \*

~~Section 4: Supplemental Questions,~~ **~~all applicants must complete this section.~~ \***

Section 5: Checklist of Required Supplemental Documentation.

~~Section 6: Self-Certification,~~ **~~all applicants must complete this section~~**~~.~~ \*

\*Indicated Sections not required for Skagit HOME Consortium funding

**\*\*All questions must be answered in full, required documentation submitted, and Self-Certification completed in order for this application to be considered Completed in Full. Incomplete applications may be denied**.

# **Section 1: Organization and Project Information**

## **Organization Summary**

***Type of Agency:***

- Local Government

- Local Housing Authority

- Nonprofit Organization

- Federally-Recognized Indian Tribe

- For-profit Entity

- Other

1. If “Other” is selected, specify the type of organization.
2. Provide a brief description of your organization and how you help to provide affordable homeownership assistance to your clients, including:
3. Mission and Goals
4. Services provided
5. Staff qualifications
6. Time frame in which you have been providing Homeownership services.
7. If your agency is new (less than 3 years old), explain your immediate needs with the current project and long term goals of the organization.
8. Provide an overview of related experience, including size and type of project(s), how they were acquired, and the size of the organizations current portfolio including: number of units produced, rehabilitated, owned and/or managed/stewarded.
9. Describe some of your successes and failures, what you have learned from each, and how you have implemented processes and knowledge into your current organizational program structure.
10. Describe how your organization markets itself to the community and potential homeowners, Include affirmative marketing activities, partners etc.
11. If your organization partners or plans to partner with other agencies in providing Homeownership opportunities, list those partners and describe the function of each partnership.

## Tab 1 Excel Form

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| Please make sure to complete the following Excel Form:   * Tab 1: Summary |

## **Population Narrative**

1. Indicate the target area location, characteristics and the specific population to be served.
2. Describe the intensity of hardship facing the intended population in the geographic area to be served. (Some examples of intensity include but are not limited to rent burden for the targeted population, lack of safe and affordable housing units in the target area, lack of living wage jobs, unemployment rates higher than the state average).
3. What is the estimated number of people in the target population needing affordable housing within this service area?

1. Will your project serve Special Needs households?
   * Yes
   * No
2. For homeownership projects/programs designed to Special Needs households, describe the geographic area(s) from which this project will draw its target population (e.g., city, county, state, other agencies).
3. Provide an explanation about how this project is a local priority. Include references to consistency with local plans that are specific to the population to be served, and citations of specific source data
4. What additional information would you like us to know about your target populations?

## Tab 2 Excel Form

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| Please make sure to complete the following Excel Form:   * Tab 2: Populations |

## **Project Narrative**

1. Provide a brief description of your proposed project and/or program including:

* The kind of project or program
* The ownership model
* The type of activities planned (e.g., development, construction, rehabilitation)
* Financial assistance to be provided (e.g., down payment and/or mortgage (including rehabilitation) to homebuyers and homeowner households):

1. Provide a brief description of the homes that will be created, such as:

* The type of homes to be created (single family, condos, townhomes)
* The number of units to be produced
* If mixed use community, describe the other uses to be included at the site
* Additional information on the site etc. that may make this project stand out from others:

1. Are there specific properties already chosen for this specific project, if so please list the type(s), the location, the costs of the properties that will be purchased, the maximum purchase price, and the minimum property standards that homes must meet before acquisition.
2. If there is or will be a Homeowner’s Association, describe what will be owned by the homeowner and what will be considered common elements. How will your organization be involved in the HOA, if at all?

## **Production Pipeline**

1. Describe the readiness of the intended homebuyers for your project/program. Include the number and type of homebuyers on any waiting list and their prequalification status.
2. Describe your process for qualifying eligible homebuyers. Describe how you will select or prioritize homebuyers for this project, the mortgage and approval process, the appraisal, home inspection, and process for closing the home.

## Tab 3 Excel Form

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| Please make sure to complete the following Excel Form:  Tab 3: Production Pipeline |

## **Funding Sources and Budget**

1. List funding sources you considered applying for, but did not or will not apply for, and clearly state the reasoning for not applying.
2. If your financing plan includes a capital campaign to raise additional capital funds, list the activities and benchmark dates (refer to the Housing Trust Fund solicitation for application materials to ensure your project can be developed within the required timeline).

|  |  |
| --- | --- |
| Benchmark Activities: | Benchmark Dates |
|  |  |
|  |  |

1. Provide relevant information *not included on* ***Excel Tab 4*** for each source, including any award conditions, performance requirements, date(s) of funding availability, approval process(es), timing issues, etc. as applicable.
2. Were you denied funding by any entity? If yes, briefly explain why you were denied funding and from whom?

Please input N/A, if answer is no.

## Tab 4 Excel Form

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| Please make sure to complete the following Excel Form:   * Tab 4: Funding Sources |

## **Project Team**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  |  | |  |  |  1. List the names of key members of the sponsor organization’s development team (both staff and contracted development team members), their titles and their years of experience in affordable housing below. Please attach the resume of key development team members. | | |
|  | | |
| Name | Title and Affiliated Organization  (e.g., executive director, project manager.) | Years’ Experience in Affordable Housing |
|  |  |  |
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1. Please explain the roles and responsibilities of each individual project development team member, including consultants, and their experience with those specific tasks or roles.

## Tab 5 Excel Form

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| Please make sure to complete the following Excel Form:   * Tab 5: Project Team |

## Tab 6 Excel Form

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| Please complete a copy of the following Excel Form for **each market** in which the program will operate and **each income level** the program will serve.  *If the program will serve households across the state, provide samples, a separate* ***Tab 6 Excel Form*** *for each of the target market areas and income levels to be served.*   * Tab 6: Homebuyer Affordability Worksheet |

# **Section 2: New Construction**

## Site Control

1. Describe the type of site control (e.g., statutory warranty deed, purchase and sale agreement, lease agreement, etc.) and key dates (e.g., purchase date, closing date, option to purchase expiration date, maximum extension, etc.) and attach documentation.

## Readiness and Schedule

1. Please list any issues that may affect the timing of this project or program. Please include the following information on the current status of:
2. Architectural plans
3. Permits
4. Availability of private mortgage financing
5. Contractor selection
6. Anything else that may cause delays:

## Tab 7 Excel Form

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| Please make sure to complete the following Excel Form:   * Tab 7: Schedule |

## Zoning

1. What is the current zoning of the project site(s)?
2. Is the proposed project consistent with the zoning status of the site(s)?

- Yes, [skip to Site Control](#_Site_Control)

- No, if current zoning is not consistent, explain:

Outline the steps that will be taken to address zoning issues (e.g., administrative, conditional use, hearing examiner, council approval), what approvals are required, and the time frame needed to resolve these issues:

## Environmental

1. Is Phase I ESA complete for this project?

- Yes.

- No.

Phase I ESA Completion date:

Does the Phase I ESA recommend a Phase II be completed?

Are there structures on-site?

1. ***IF APPLICABLE***: Identify how environmental issues identified in either the Phase 1 ESA or the Phase II ESA will be abated or otherwise addressed, including an estimated budget that must be included as a separate line item in the *Development Budgets-* ***Tabs 8A and 8B.*** Items to be addressed at a minimum include, *but are not limited* to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs).
2. Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site? If yes, provide details of the consultation.
   * 1. Is a No Further Action (NFA) determination being sought for this project site, or structures on the site?

- Yes

- No  
 - Not Applicable

1. Provide a timeline for the hazardous material remediation.
2. Have you completed consultation with the Department of Archeological and Historic Preservation, including any local tribal entities? If yes, what was the outcome? If no, when do you plan to consult with the department?

## Construction Cost Estimates

For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder you are seeking funding from. If an identified Public Funder has not yet adopted a formal Cost Policy, refer to the WSHFC [Policies](http://www.wshfc.org/mhcf/9percent/2019application/c.policies.pdf) (Chapter 3, Section 3.2, *et seq*.) and to the State Housing Trust Fund [Handbook](https://deptofcommerce.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) (Section 205.9).

1. Total construction cost reflected in the 3rd party estimate, excluding sales tax:
2. Base construction contract line item reflected in the development budget, excluding sales tax:
3. Explain any line item differences between the cost estimate and the base construction cost in the development budget. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied or any other factor which causes the two amounts to differ.

## Tab 8A & 8B Excel Forms

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| Please make sure to complete the following Excel Forms, as appropriate to your project:   * Form 8A: Project Budget Detail * Form 8B : Supplemental Development Budget – Single House |

# **~~Section 3: Rehabilitation of Existing Structures~~**

## ~~Site Control~~

1. ~~Describe the type of site control (e.g., statutory warranty deed, purchase and sale agreement, lease agreement, etc.) and key dates (e.g., purchase date, closing date, option to purchase expiration date, maximum extension, etc.) and attach documentation.~~

## ~~Readiness and Schedule~~

1. ~~Please list any issues that may affect the timing of this project or program. Please include the following information on the current status of:~~ 
   1. ~~Architectural plans~~
   2. ~~Permits~~
   3. ~~Availability of private mortgage financing~~
   4. ~~Contractor selection~~
   5. ~~Anything else that may cause delays:~~

## Tab 7 Excel Form

|  |
| --- |
| Please make sure to complete the following Excel Form:   * Tab 7: Schedule |

## ~~Environmental~~

1. ~~Have tests been completed for mold, lead based paint, asbestos, and methamphetamines? If yes, what were the outcomes of those tests and what will be done to abate the issues?~~
2. ~~Is a Phase I ESA required for this project?~~

~~- Yes. Continue to Question 15~~

~~- No.~~ [~~Skip to Construction/Rehab Information~~](#_Construction/Rehab_Information)

1. ~~Phase I ESA Completion date:~~

1. ~~Does the Phase I ESA recommend a Phase II be completed?~~
2. ***~~IF APPLICABLE~~***~~: Identify how environmental issues identified in either the Phase 1 ESA or the Phase II ESA will be abated or otherwise addressed, including an estimated budget that must be included as a separate line item in the~~ *~~Development Budgets-~~* ***~~Forms 8A and 8B.~~***~~Items to be addressed at a minimum include,~~ *~~but are not limited~~* ~~to asbestos, lead based paint, mold, wetlands, and underground storage tanks (USTs).~~
3. ~~Has the Washington State Department of Ecology been consulted, formally or informally, regarding issues with the site and/or structures on the site? If yes, provide details of the consultation.~~ 
   * 1. ~~Is a No Further Action (NFA) determination being sought for this project site, or structures on the site?~~

~~- Yes~~

~~- No  
 - Not Applicable~~

1. ~~Provide a timeline for the hazardous material remediation, if applicable.~~
2. ~~Have you completed consultation with the Department of Archeological and Historic Preservation, including any local tribal entities? If yes, what was the outcome? If no, when do you plan to consult with the department?~~

## ~~Rehabilitation Information~~

1. ~~Describe the types of repairs and improvements that will be undertaken. Summarize your rehabilitation standards, including the projected life span of rehabilitated homes:~~
2. ~~For homeownership projects/programs designed to help Special Needs households, describe the work that will be performed to the project that will aid in those needs.~~

## ~~Tenant Relocation~~

1. ~~Will this project involve relocation of existing tenants?~~

~~- Yes~~

~~- No. Section complete.~~

1. ~~Have you developed a relocation plan for this project?~~

~~- Yes~~

~~- No~~

1. ~~State the number of~~ ***~~Residential~~*** ~~tenants to be relocated:~~

~~Permanent relocation:~~

~~Temporary relocation:~~

1. ~~State the number of~~ ***~~Commercial~~*** ~~tenants to be relocated:~~

~~Permanent relocation:~~

~~Temporary relocation:~~

1. ~~Briefly describe anticipated relocation needs and how they will be addressed~~
2. ~~What requirements or guidelines govern the project relocation plan? (check all applicable)~~

~~- Uniform Relocation Act~~

~~- Section104 [d] (if HOME or CDBG funded)~~

~~- WA State Department of Transportation~~

~~- Other - Identify the governing requirements:~~

1. ~~Have you provided notices to the tenants indicating the type of displacement and benefits provided to tenants?~~

~~- Yes~~

~~- No~~

1. ~~Have you identified replacement or temporary units for those who will be displaced?~~

~~- Yes~~

~~- No~~

1. ~~Have you determined any tenants' relocation benefits?~~

~~- Yes~~

~~- No~~

1. ~~Have you included the total relocation budget in your development budget under relocation?~~

~~- Yes~~

~~- No~~

## ~~Rehabilitation Construction Cost Estimates~~

~~For information regarding what must be included in a required Construction Cost Estimate, consult the program handbook of each Public Funder you are seeking funding from. If an identified Public Funder has not yet adopted a formal Cost Policy, refer to the WSHFC~~ [~~Policies~~](http://www.wshfc.org/mhcf/9percent/2019application/c.policies.pdf) ~~(Chapter 3, Section 3.2,~~ *~~et seq~~*~~.) and to the State Housing Trust Fund~~ [~~Handbook~~](https://deptofcommerce.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) ~~(Section 205.9).~~

1. ~~Total construction cost reflected in the 3rd party estimate, excluding sales tax:~~

1. ~~Base construction contract line item reflected in the development budget, excluding sales tax:~~

1. ~~Explain any line item differences between the cost estimate and the base construction cost in the development budget. Explain any increases, decreases, exclusions, additions, inflation, the escalation factor applied and number of months applied or any other factor which causes the two amounts to differ.~~

## Tab 8A & 8B Excel Forms

|  |
| --- |
| Please make sure to complete the following Excel Forms, as appropriate to your project:   * Form 8A: Project Budget Detail * Form 8B : Supplemental Development Budget – Single House |

# **Section 4: Supplemental Questions**

## **Applicants for Skagit HOME Consortium funding may skip indicated questions below**

## ~~Statutory Preferences~~

~~The Legislature identified specific preferences in RCW~~ [~~43.185.070~~](https://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) ~~(5)(k),(l),(m), and (n) to prioritize the investment of HTF funds.~~

1. ~~Briefly describe job opportunities in the project area.~~ 
   1. ~~Significant sources of employment must be close enough to the project area that commute times are less than 30 minutes by car or one hour by public transit.~~
   2. ~~Supporting data should be included, or cited with web links, as appropriate (e.g., unemployment rates, access to living wage jobs).~~

## ~~Youth Employment Opportunities (~~[~~RCW 43.185.070~~](http://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) ~~(5)(l)~~

1. ~~If the project involves professional construction, describe any ways in which employment and training opportunities for disadvantaged youth under a program (e.g.~~ [~~YouthBuild~~](https://youthbuild.org/) ~~or similar programs) that provides opportunities for employment, education, leadership development, entrepreneurial skills development, and training in the construction or rehabilitation of housing will be provided.~~ *~~(Note: This does not mean that the completed project will provide such programs, but that the construction of the project will involve a youth workforce development program.)~~*

## ~~Access to Transportation (~~[~~RCW 43.185.070~~](http://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) ~~(5)(m))~~

1. ~~Describe the public transportation services at the project’s location, including the number of routes accessible to the project site, frequency of route service, and affordability of the service.~~

## ~~School Board Collaboration (~~[~~RCW 43.185.070~~](http://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070) ~~(5)(n))~~

1. ~~Describe any ways in which your organization collaborated with the local school district(s) to support the stability of households with children.~~
2. ~~Has your project, and its part in the effort described above, been discussed in at least one school board meeting?~~

~~☐ -~~ **~~YES – Cite when:~~**

~~-~~ **~~NO~~**

~~If no, have arrangements been made to have such a discussion? Provide relevant dates (e.g. scheduled school board meetings) with your answer.~~

## **Community Centered Decision Making**

1. Black, Indigenous, and People of Color (BIPOC) households disproportionately experience housing instability as a result of institutionalized racism. Is this project primarily intended to serve BIPOC households?

* Yes
* No

1. Is your organization an organization that is “By and For” the community(s) in which you plan to serve? *Review the definition of By and For Organizations in Appendix E – Definitions.*If **yes**, describe in detail how your organization meets all of the following:
   1. Primary mission and history of serving a specific community;
   2. Embodiment of the community’s central cultural values;
   3. Disproportionate challenges to becoming homeowners;
   4. Provide additional information if you feel your organization qualifies as a By and For Organization despite not meeting the defined criteria in Appendix E.
2. If this project is intended to serve specific populations, list the specific populations, and the number of homes set aside for each population. Note that any units indicated in this application as being set aside for a targeted population may be incorporated into the contractual requirements as the result of a funding award.
3. Is the project site in a neighborhood that has been historically underserved? Please provide context for your answer..

* Yes
* No

1. Describe plans to engage the residents of this project in its management. ([43.185.070](https://app.leg.wa.gov/RCW/default.aspx?cite=43.185.070)(5)(e) RCW)
2. Describe any efforts undertaken to connect to the community or communities discussed above in *planning for this project*. (e.g., outreach partnerships with community agencies, places of worship, community centers, stores that sell culturally specific products).
3. How do you plan to ensure that members of the community or communities are aware of the *homeownership opportunities resulting from this project*? Describe planned outreach efforts and area resources that you will connect with/utilize.

## **Organizational Engagement and Cultural Competency**

1. Describe your ORGANIZATION’s policies, practices, services and systems that promote fairness and opportunity for all people, particularly people of color and communities historically disadvantaged by the housing ownership system.
2. Describe how your ORGANIZATION engages communities in a manner that fosters trust among people across geographic, race, class and gender lines and supports communities’ goals.
3. Describe how your ORGANIZATION’s engagement and homeownership service delivery model ensures access to underserved communities disproportionately impacted by housing discrimination (e.g., service design, staffing, outreach and engagement approach, language).
4. Explain what services your ORGANIZATION will make available to populations disproportionately impacted by housing discrimination, including racial and ethnic minorities, immigrants and refugees, individuals with disabilities, people with limited English proficiency, and LGBTQIA+ youth and adults.
   1. Identify any issues or limitations you anticipate encountering, and describe they will be addressed.
5. ~~Describe your ORGANIZATION’s self-assessment, with both internal and external input, of its practices ensuring cultural competency as well as fair and just practices. Give examples, if possible, of instances which caused changes in policy, agency administration, or service delivery based on the self-assessment findings~~

# **Section 5: Checklist of Required Supplemental Documentation**

**The Skagit HOME Consortium does not require all documentation listed below at the time of funding application. See the Skagit HOME Consortium Housing Development NOFA for details regarding the highlighted items; for all other items, please include in your funding application if the documentation is available.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Type** | **Requirement** | **Attached** | **n/a** |
| ***Preliminary Drawings and Site Plan:*** | | | |
| * Elevations, typical floor plans, descriptive building sections, site plan, and roof plan. | New Construction projects |  | ☐ |
| * typical floor plans, primary elevations, descriptive building section, site plan and roof plan | projects involving interior reconfiguration, exterior improvements, or newly constructed additions |  |  |
| * current floor plans, for each floor if they differ | projects in existing buildings |  |  |
| * Site Plan of off-site improvements | If Applicable |  |  |
| Documentation of Site Control | See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| Title Report | See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| Outline Specifications | Projects involving construction work |  |  |
| Photos of Proposed Site(s) and Homes | All Projects |  |  |
| Zoning Approval Letter/Verification of Zoning Status | Projects involving construction work |  |  |
| Phase I Environmental Site Assessment | See [HTF Handbook](https://deptofcommerce.app.box.com/s/f89ytc0qtime7dl6wpqke5h2zl1jwzlm) |  |  |
| Phase II Environmental Site Assessment | if recommended by Phase I, or conditions warrant |  |  |
| Consultation with DAHP | Required for all projects |  |  |
| Limited survey for Asbestos, Lead, Mold and Meth | *If rehabbing existing building* |  |  |
| Limited survey for Wetlands | if Vacant Land |  |  |
| Documentation of alternate Green Standard | Projects using a non-ESDS Green Standard |  |  |
| ESDS Project Priorities Survey | Projects subject to ESDS |  |  |
| ESDS Sustainable Development Outline | Projects subject to ESDS |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3rd Party Construction Cost Estimate  To be broken down by Division, along either Building Systems or Materials | Projects involving construction or rehab work |  | ☐ |
| Capital Needs Assessment  To include Narrative *and* Lifecycle Cost Analysis (including replacement Reserve analysis) | Rehab except “Gut” rehab | ☐ |  |
| Appraisal or Property Tax Assessment | New Construction and/or Rehab projects |  | ☐ |
| Funding Commitment Letters | If project budget includes other (non-HTF) fund sources |  |  |
| Letters for Committed Donations (including Sponsor Donations) | If project budget depends on private donations |  |  |
| Capital Campaign Plan | If project budget depends on a capital campaign for small private donations |  |  |
| Development Consultant Agreement | If working with a Development Consultant |  |  |
| Signed board resolution authorizing application submittal | Sponsor is a board-controlled entity |  |  |
| Board Composition list | Sponsor is a board-controlled entity |  |  |
| Resumes of development team members | All projects |  |  |

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| --- |
| Missing or Not Applicable Items *If any item listed above is not checked or is not applicable to the project, reference the item or specific document and provide an explanation here:* |
|  |

# **Section 6: Self-Certification of Threshold Requirements**

**In lieu of the certification below, please complete the required certifications required as detailed in the Skagit HOME Consortium Housing Development NOFA.**

~~I, NAME OF AUTHORIZED OFFICIAL, TITLE OF AUTHORIZED OFFICIAL of SPONSOR ORGANIZATION, acknowledge that:~~

* ~~I have completed the self-certified threshold checklist and that all the required documentation necessary to review this application has been included.~~
* ~~I have read and understand the Notice of Funding Availability and approve this application for submittal.~~

**~~ORIGINAL SIGNATURE OF AUTHORIZED OFFICIAL~~**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **~~Signature~~** |  |  | **~~Date~~** |  |

|  |  |
| --- | --- |
| **~~Name~~** |  |
|  |  |
| **~~Title~~** |  |
|  |  |
| **~~Organization~~** |  |
|  |  |
| **~~Project~~** |  |