

**HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA
SECTION 8 PROJECT-BASED VOUCHER PROGRAM (PBV)
October 2019**

PROPOSAL PACKAGE

**PROGRAM DESCRIPTION, PROPOSAL FORMS, ATTACHMENTS, CHECKLIST
AND SCORING FACTORS FOR OWNER/DEVELOPER SUBMISSION OF PBV
PROPOSALS**

PROPOSALS DUE October 24, 2019 3:00 PM

Submit one original and three copies to:
Housing Authority of the City of Santa Barbara
808 Laguna Street
Santa Barbara, CA 93101
Contact Person: Perla Vega
pvega@hacsb.org or (805) 897-1024

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**HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA
SECTION 8 PROJECT-BASED VOUCHER PROGRAM (PBV)
August 2019**

REQUEST FOR PROPOSALS (RFP)

1. INTRODUCTION

The Housing Authority of the City of Santa Barbara (HACSB) is inviting owners of rental projects within the city of Santa Barbara to submit proposals for participation in the Section 8 Project Based Voucher Program (PBV). **PBV assistance is available for up to 20 units under this RFP.** Applications will be accepted for existing units which are designated for serving families who are survivors of domestic violence or human trafficking.

A housing unit is considered an *existing unit* for purposes of the PBV program if, at the time of notice of HACSB selection, the units substantially comply with the Housing Quality Standards (HQS) issued by the U.S. Department of Housing and Urban Development (HUD).

The units must be leased to eligible families referred by HACSB. All families must have an annual income at or below 60% of area median income (AMI), as adjusted for family size, in order to qualify for a PBV Program Voucher.

Rents for PBV units cannot exceed the maximum allowable Payment Standard as established by HACSB for the PBV Program. In addition, to meet HUD's requirements for "rent reasonableness," rents must be comparable to those for similar rental units in the area in which the project is located. Rent reasonableness determinations will be made in accordance with HUD regulations.

2. PROGRAM OVERVIEW AND REQUIREMENTS

A. Purpose

The primary purpose of the PBV Program is to create designated rental units that are decent, safe and sanitary and affordable for families earning no more than 60% AMI. Units are "created" by attaching PBV assistance to identified rental units.

B. Funding

HUD does not allocate separate or additional funding for PBV units. Instead, funding comes from funds already obligated by HUD to HACSB's Housing Choice Voucher Program Annual Contributions Contract (ACC). HACSB may use a limited number of its voucher allocation for a PBV program.

C. Number of PBV Units Available

HACSB will make up to **20** vouchers available for Project Basing under this RFP.

D. Cap on Number of PBV Units in a Project

HACSB may not select a proposal to provide PBV assistance for units or enter into an AHAP (Agreement to Enter into a Housing Assistance Payments) contract or a HAP (Housing Assistance Payments) contract to provide PBV assistance for units if the total number of dwelling units that will receive PBV assistance during the term of the PBV HAP contract is more than the greater of 25 units or 25 percent of the number of dwelling units (assisted or unassisted) in the project.

Exceptions are allowed and PBV units can be up to 100% of a project's units if:

- The units are in a single-family building (one to four units); or
- The units are exclusively for elderly families
- The units are in a multifamily building and are specifically made available only for families receiving supportive services (see definitions in next section).

For a project to qualify for the supportive services exception, the project must offer services tailored to the population being served. It is not necessary that the services be provided at or by the project, if they are approved services.

E. Definition of Domestic Violence

For purposes of this RFP, "domestic violence" shall include felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

F. Definition of Human Trafficking

For the purposes of this RFP "human trafficking" shall be defined as the action or practice of illegally transporting people from one country or area to another, typically for the purposes of forced labor or sexual exploitation.

G. PBV Program Contract Assistance and Term

Upon satisfactory compliance with all post-selection requirements including a successful HQS inspection, the HAP contract will be executed between HACSB and the owner for specified units, for an initial term of up to 20 years.

Contract Assistance

Rental assistance is provided while eligible families occupy the units. An eligible family's income must not exceed 60% of the Area Median Income, the HUD-established low income limit (60% AMI), adjusted for family size. A family who resides in a PBV unit for at least one year may move with continued rental assistance under the tenant-based Section 8 Program if assistance is available and the family eligible. The PBV unit the family occupied must then be rented to an eligible family from HACSB's wait list. PBV units must be leased to eligible families for the full term of the HAP contract.

The HAP contract establishes the initial rents for the units and describes the responsibilities of HACSB and the owner. HAP contract renewal may occur at the sole option of HACSB for such period (not exceeding 20 years for each renewal) as HACSB determines appropriate to expand housing opportunities and to achieve long-term affordability of the assisted housing. All HAP contract renewals are contingent upon the future availability of appropriated HUD funds for the Housing Choice Voucher Program.

H. Occupancy and Vacant PBV Units

For existing projects, units that are occupied on the proposal selection date must be occupied by a family eligible for PBV assistance (see income limits listed in Section 8.A. of the Owner/Developer Proposal). If the family is not eligible, the unit cannot be selected for PBV assistance.

Initial vacancies for any project as well as all ongoing vacancies will be filled using HACSB's wait list. Owners may refer applicants to HACSB's waiting list during periodic openings of the list. Both the owner and the tenant of a PBV assisted unit must notify HACSB if the tenant will be moving from the PBV unit. HACSB will notify appropriately-sized households at the top of its wait list that a unit is available. Once a tenant is approved by the owner, the owner must refer the family back to HACSB for final eligibility.

I. Rent Limits

Except for certain Low Income Housing Tax Credit (LIHTC) units (discussed below), the rent to owner must not exceed the lowest of the following:

- An amount determined by HACSB, not to exceed 110 percent of the applicable HUD Fair Market Rent (FMR) (or any HUD-approved exception payment standard) for the unit bedroom size ("HACSB Payment Standards") minus any utility allowance;
- The reasonable rent; or
- The rent requested by the owner.

Certain LIHTC Units

For certain LIHTC units, the rent limits are determined differently than for other PBV units. These different limits apply to contract units that meet all of the following criteria:

- The contract unit receives a LIHTC under the Internal Revenue Code of 1986;
- The contract unit is not located in a qualified census tract (QCT). A QCT is any census tract (or equivalent geographic area defined by the Bureau of the Census) in which at least 50% of households have an income of less than 60% of the Area Median Gross Income or where the poverty rate is at least 25% and where the census tract is designated as a QCT by HUD.
- There are comparable LIHTC units of the same bedroom size as the contract unit in the same building, and the comparable LIHTC units do not have any form of rental assistance other than the LIHTC; and
- The LIHTC rent exceeds the HACSB Payment Standards.

For contract units that meet all of these criteria, the rent to owner must not exceed the lowest of:

- The LIHTC rent minus any utility allowance;
- The reasonable rent; or
- The rent requested by the owner.

	Effective Date	0-Br	1-Br	2-Br	3-Br	4-Br
City of Santa Barbara	10/01/2018	\$1,543	\$1,834	\$2,146	\$2,888	\$3,344

J. Threshold Project Eligibility

In order to be considered under this RFP, a project must meet all of the following:

1. Existing project must be located in HACSB’s jurisdiction within the City of Santa Barbara.
2. Existing project must be located in a census tract with a poverty rate no higher than 20%. An exception to this requirement is possible if certain other conditions exist, i.e., there has been an overall decline in the poverty rate over the past five years; the area is undergoing significant revitalization; new market rate units are being developed that would positively impact the poverty rate; and other conditions.
3. Existing project must exclusively serve survivors of domestic violence or human trafficking.

K. Ineligible Projects

Ineligible Housing Types (24 CFR 983.53)

HACSB may not attach PBV assistance to:

- Shared housing units;
- Units on the grounds of a penal reformatory, medical, mental, or similar public or private institution;
- Nursing homes or facilities providing continuous psychiatric, medical, nursing services, board and care, or intermediate care (except that assistance may be provided in assisted living facilities);
- Units that are owned or controlled by an educational institution or its affiliate and are designated for occupancy by students of the institution;
- Manufactured homes;
- Cooperative housing; or
- Transitional housing.

In addition, HACSB may not attach PBV assistance to a unit occupied by an owner and HACSB may not select or enter into an AHAP or HAP contract for a unit occupied by a family ineligible for participation in the PBV program. Also, HACSB will not assist high-rise elevator projects for families with children.

Ineligible Subsidized Housing (24 CFR 983.54)

HACSB may not attach PBV assistance to any of the following types of subsidized housing:

- A public housing unit;
- A unit subsidized with any other form of Section 8 assistance;
- A unit subsidized with any governmental rent subsidy;
- A unit subsidized with any governmental subsidy that covers all or any part of the operating costs of the housing;
- A unit subsidized with Section 236 rental assistance payments (except that HACSB may attach assistance to a unit subsidized with Section 236 interest reduction payments);
- A Section 202 project for non-elderly households with disabilities;
- Section 811 project-based supportive housing for persons with disabilities;
- Section 202 supportive housing for the elderly;
- A Section 101 rent supplement project;
- A unit subsidized with any form of tenant-based rental assistance; or
- A unit with any other duplicative federal, state, or local housing subsidy, as determined by HUD or HACSB in accordance with HUD requirements.

L. Site Inspection and Site Selection Standards

Deconcentration of Poverty

HACSB may not select a proposal for existing, rehabilitated or new construction PBV housing on a site or enter into an AHAP or HAP contract for units on the site unless HACSB has determined that PBV assistance for housing at the selected site is consistent with its goal of deconcentrating poverty and expanding housing and economic opportunities. In complying with

this goal HACSB will limit approval of sites for PBV housing to census tracts that have poverty concentrations of 20 percent or less.

HACSB will consider exceptions to the 20 percent standard where it determines that the PBV assistance will complement other local redevelopment activities designed to deconcentrate poverty and expand housing and economic opportunities such as activities located in:

- A census tract that is a HUD-designated Enterprise Zone, Economic Community, or Renewal Community;
- A census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition and HOPE VI redevelopment;
- A census tract that is undergoing significant revitalization as a result of state, local, or federal dollars invested in the area;
- A census tract where new market rate units are being developed;
- A census tract where there has been an overall decline in the poverty rate within the past five years; or
- A census tract where there are meaningful opportunities for educational and economic advancement.

Under no circumstances will HACSB approve PBV assistance in a census tract with a concentration factor greater than 75 percent of the community-wide poverty rate.

Site and Neighborhood Standards for Existing and Rehabilitated Housing (24 CFR 983.57(d))
HACSB may not enter into an AHAP or a HAP contract for existing or rehabilitated housing until it has determined that the site complies with the HUD-required site and neighborhood standards. The site must:

- Be adequate in size, exposure, and contour to accommodate the number and type of units proposed;
- Have adequate utilities and streets available to service the site;
- Promote a greater choice of housing opportunities and avoid undue concentration of assisted persons in areas containing a high proportion of low-income persons;
- Be accessible to social, recreational, educational, commercial, and health facilities and services and other municipal facilities and services equivalent to those found in neighborhoods consisting largely of unassisted similar units; and
- Except for housing for elderly persons, be located so that travel time and cost via public transportation or private automobile from the neighborhood to places of employment is not excessive.

M. Federal Requirements

Certain other Federal requirements also apply to PBV assistance, including, but not limited to:

1. Fair Housing: Nondiscrimination and equal opportunity. See 24 CFR 5.105(a) and Section 504 of the Rehabilitation Act.
2. Environmental Review: See 24 CFR parts 50 and 58 and 24 CFR part 983.58.
3. Labor Standards: Regulations implementing the Davis-Bacon Act, Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708), 29 CFR part 5, and other federal laws

and regulations pertaining to labor standards applicable to an AHAP covering nine or more assisted units.

4. **Debarment:** Prohibition on use of debarred, suspended, or ineligible contractors. See CFR 5.105(c) and 24 CFR part 24.
5. **Uniform Relocation Act:** A displaced person must be provided relocation assistance at the levels described in and in accordance with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and implementing regulations at 49 CFR part 24.

N. Federal Program Regulations and HACSB Program Policies

The information contained in this RFP is a summary overview of the PBV Program. HACSB does not warrant that it is exhaustive and bears no responsibility for its accuracy or completeness. All persons submitting proposals are encouraged to read the HUD regulations on the PBV Program for a full description of the Program's requirements.

For a complete copy of HACSB's PBV program policies, please see Chapter 17 of HACSB's Administrative Plan. The plan is located on HACSB's website at: www.hacsb.org

3. PROPOSAL SUBMITTAL AND PROCESSING

A. Organization of Submitted Materials

All proposals must be legibly typed and neatly organized and presented. Use the forms provided; do not use your own except where the form instructions permit you to do so. **Submit Section 4 (Owner/Developer Proposal), Section 5B (Factors for Scoring and Ranking Proposals – Existing) and Section 6 (Document Checklist and Required Attachments) of this Proposal Package.** Submit all attachments in the order shown in Section 6, "Required Attachments to Proposal (Document Checklist)".

B. Submittal Deadline

Proposals are due by **3:00PM p.m. PDT on October 24, 2019.** Submit an original and three copies to:

Housing Authority of the City of Santa Barbara
808 Laguna Street
Santa Barbara, CA 93101
Contact Person: Perla Vega
pvega@hacsb.org or (805) 897-1024

Only proposals submitted in response to this RFP will be accepted for consideration. Proposals must respond to all requirements as outlined in the RFP. HACSB will date and time stamp all proposals upon receipt. Proposals submitted after the deadline will not be accepted. Proposals will not be accepted via a facsimile machine or based on mail postmark. Delays in mail service or other methods of delivery will not excuse late proposal delivery.

C. Proposal Review and Selection

HACSB will review, evaluate, rank, and select the proposals according to this RFP. If an HACSB project is selected for PBV, the local HUD field office must review and approve the selection procedures.

Prior to selecting units, HACSB will determine that each proposal is responsive to and in compliance with HACSB's written selection criteria as stated in this RFP, and in conformity with HUD program regulations and requirements at 24 CFR part 983 as promulgated by Federal Register Notice FR-4633-F-02 and PIH 2017-21 (HA).

Proposals that meet the Project Thresholds outlined in Section 2.I above will be evaluated and ranked according to the factors described in Section 6 of this RFP. A Ranking List will be prepared according to points awarded to each proposal. In order to be considered for award, a proposal for Existing units must score at least 60 points.

The proposal scoring the highest points will be awarded project-based vouchers up to the amount requested and in accordance with the specified limits. After awarding the highest scoring proposals, HACSB will award the next highest ranking proposals up to the amount requested and in accordance with the specified limits until all vouchers advertised in the RFP have been assigned. If HACSB determines that a proposal is eligible for PBV funding but cannot be fully funded at the amount requested by the applicant, the owner will be given the opportunity to accept partial funding.

In the case of a tie score between two or more proposals in a category and not enough units available to fully award each tied proposal, HACSB will first discuss with the tied proposers whether they would accept fewer PBVs. If an acceptable agreement cannot be reached, HACSB may conduct a lottery or employ some other equitable method of selection.

HACSB may, at its discretion, select one or more of the proposals submitted, or none of the proposals submitted. HACSB reserves the right to postpone or cancel the final award of the proposals at HACSB's convenience.

HACSB will promptly notify the selected owner(s) in writing of their selection for the PBV program. HACSB will also publish a notice in newspapers of general circulation to provide public notice of such selection.

D. Incomplete and Non-Responsive/Non-Compliant Proposals

If HACSB determines that a proposal is non-responsive or non-compliant with this RFP, written selection criteria and procedures or HUD program regulations, the proposal will be rejected and returned to the applicant with notification stating the reason for rejection. In cases where the proposal meets the minimum information requirements but is defective through typographical or minor calculation errors the proposal will be processed.

HACSB reserves the right to reject a proposal at any time for misinformation, errors or omissions of any kind, no matter how far such proposal has been processed.

E. Withdrawal of Proposal

Applicants may withdraw their proposals before or after the RFP submittal deadline by submitting a written request to HACSB.

F. Proposal Cost

All costs incurred in the preparation of the proposal are the responsibility of the applicant. All documents submitted as part of the proposal will become property of HACSB. Any material submitted that is confidential must be clearly marked as such.

G. Affirmative Action

HACSB is an Equal Opportunity Business Enterprise which promotes competitive solicitations and does not discriminate on the basis of race, color, religion, creed, national origin, sex, disability, age or sexual orientation.

HACSB encourages Minority, Small, Women- and/or Disabled-owned Business Enterprises to respond to this solicitation.

H. Post Award Conditions

Existing Units

In the case of [existing housing](#), a Responsible Entity, a unit of general local government, a county or state, that is responsible for the environmental review under [24 CFR part 58](#) must determine whether or not PBV assistance is categorically excluded from review under the National Environmental Policy [Act](#) and whether or not the assistance is subject to review under the laws and authorities listed in [24 CFR 58.5](#).

1. *Environmental Review*: PBV activities are subject to HUD environmental regulations in 24 CFR parts 58. The owner must obtain documentation of environmental clearance from the Responsible Entity (i.e., the city or county) that conducted or approved the environmental review (see 24 CFR 983.58).

I. Post Award Costs

All costs for the SLR, environmental review, appraisal (if required for establishment of rent), Davis Bacon monitoring and any and all other costs that may be associated with processing and approval of the proposal are the responsibility of the owner and shall not be paid by HACSB.

**Housing Authority of the City of Santa Barbara
October 2019**

SECTION 8 PROJECT-BASED VOUCHER PROGRAM (PBV)

4. OWNER/DEVELOPER PROPOSAL

PROPOSAL SECTION A: APPLICANT STATEMENT, CERTIFICATIONS AND NOTARY

APPLICANT:

--

PROJECT NAME:

--

The undersigned applicant hereby submits this proposal to the Housing Authority of the City of Santa Barbara (HACSB) for a reservation of

_____ Section 8 Project-Based Vouchers (PBV).

I understand that HACSB's entering into the Housing Assistance Payments (HAP) contract is contingent on my providing all required documents and compliance with the U.S. Department of Housing and Urban Development (HUD) project-based regulations at 24 CFR part 983.

I agree it is my responsibility to provide HACSB with an original and three (3) copies of a complete proposal. I agree that it is also my responsibility to provide such other information as HACSB requests as necessary to evaluate my proposal. I represent that if an award is made as a result of this proposal, I will furnish promptly such other supporting information and documents as may be requested. I understand that HACSB may verify information provided and analyze materials submitted as well as conduct its own investigation to evaluate my proposal. I recognize that I have an affirmative duty to inform HACSB when any information in the proposal or supplemental materials is no longer true and to supply HACSB with the latest and accurate information.

I acknowledge that the determination of completeness, compliance with all thresholds, and the point total of the proposal shall be based entirely on the documents contained in the proposal as of the date of submission. No additional documents in support of the basic thresholds or points shall be accepted beyond the proposal filing deadline, unless the Executive Director, at his or her sole discretion, determines that the deficiency is a clear reproduction or application assembly error, an obviously transposed number, or other minor error. In such cases, applicants shall be given up to five (5) business days from the date of receipt of staff notification to submit said documents.

I acknowledge that all materials and requirements are subject to change by enactment of federal legislation or promulgation of regulations.

I acknowledge that the information submitted to HACSB in this proposal or supplemental thereto, other than financial statements, may be subject to the Public Records Act or other disclosure. I understand that HACSB may make such information public.

In carrying out the development and operation of my project, I agree to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all applicable PBV Program requirements, rules, and regulations.

I agree that HACSB in no way warrants the feasibility or viability of the project to anyone for any purpose.

I certify that I believe that the project can be completed within the development budget and the development timetable set forth and can be operated in the manner proposed within the operating budget set forth.

I acknowledge that if I obtain a PBV award, I will be required to enter into a HAP contract, which will contain, among other things, all the conditions under which the rental subsidy payments will be made.

I acknowledge that if a Subsidy Layering Review (SLR) is required that such SLR is performed by HUD or their assigned reviewing agency, not HACSB, and that HACSB has no control over the amount of time takes to perform such SLR.

I agree to hold HACSB, its commissioners, members, officers, agents, and employees harmless from any matters arising out of or related to the PBV Program.

I declare under penalty of perjury that the information contained in my proposal, exhibits, attachments, and any further or supplemental documentation is true and correct to the best of my knowledge and belief. I understand that misrepresentation may result in cancellation of my PBV award.

Signature of
Owner/Developer _____

Dated this _____ day of _____, 2019 at

_____, California

ACKNOWLEDGEMENT

STATE OF _____)
COUNTY OF _____)
On _____ before me, _____ ,
personally appeared _____

_____ who proved to me on the basis of satisfactory evidence)
to be the person(s) whose name(s) is/are subjected to the within instrument and acknowledged to me that
he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s)
on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)

(Notary may substitute its own form of Acknowledgement as long as such Acknowledgement contains the language above)

HOUSING AUTHORITY OF CITY OF SANTA BARBARA
September 2019

SECTION 8 PROJECT-BASED VOUCHER PROGRAM (PBV)

SECTION 1: GENERAL AND SUMMARY INFORMATION

A. Basic Proposal

1. What type of PBV assistance are you applying for?

Existing Rehabilitation New Construction

2. Number of PBVs requested:

_____ PBVs

3. If there are insufficient PBVs to fill your request are you willing to accept fewer?

Yes No If YES, how many? _____ PBVs

4. Indicate the term you prefer for the Housing Assistance (HAP) contract if you get funded:

_____ years

B. Project Location

Project Name: _____

Site Address: _____

If address is not established, enter detailed description (i.e. NW corner of 26th and Elm):

City: _____ County: _____

Zip Code: _____ Census Tract: _____

Assessor's Parcel Number(s): _____

Project is located in a Qualified Census Tract: Yes No

SECTION 2: APPLICANT INFORMATION

A. Identify Applicant

- Applicant is the current owner and will retain ownership
- Applicant will be or is a general partner in the to be formed or formed final ownership entity
- Applicant is the project developer and will be part of the final ownership entity for the project
- Applicant is the project developer and will not be part of the final ownership entity for the project

B. Applicant Contact Information

Applicant Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____

C.

Legal Status of Applicant: _____

D. General Partner(s) Information

General Partner name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____
Nonprofit/For Profit: _____

General Partner name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____
Nonprofit/For Profit: _____

E. General Partner(s) or Principal Owner(s) Type

F. Status of Ownership Entity

- Exists To be formed If to be formed, enter date _____

G. Contact Person During Application Process

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____
Participatory Role: _____

(e.g., General Partner, Consultant, etc.)

SECTION 3 : PROJECT INFORMATION

A. Site Control

(Please check the appropriate response and attach one of the following documents as evidence of site control.)

- Title report (within last 90 days) Contract of Sale Option to Purchase
- Development Agreement Long-term Lease Agreement
- Other (Describe): _____

B. Purchase Information, if applicable

Name of Seller: _____ Phone: _____

Purchase Price: _____ Date of Purchase Contract or Option: _____

Purchased from Affiliate: Yes No Expiration Date of Option: _____

If yes, broker fee amount to affiliate? _____ Special Assessment(s): _____

Holding costs per month: _____ Real Estate Tax Rate: _____

Total Projected Holding Costs: _____ Historical Site: Yes No

C. Building Information

Total Number of Buildings: _____ Residential Buildings: _____

Community Buildings: _____ Commercial/Retail Space: _____

If Commercial/Retail Space, explain (include use, size, location, and purpose):

D. Site Information

Current Land Use Designation _____

Proposed Zoning and Maximum Density _____

Does this site have Inclusionary Zoning or occupancy restrictions that run with the land?

- Yes No *(If yes, please explain)*

SECTION 3 : PROJECT INFORMATION (Continued)

D. Site Information (Continued)

Is site in a locally designated redevelopment project area, HUD-designed Enterprise Zone, Economic Community, or Renewal Community?

Yes No *(If yes, please specify)*

E. Project Unit Number

Size of Units in Project	Square Footage	Number of Units in Project	Number for which PBV Assistance is Sought	Target Population (e.g. Elderly, Disabled, Family, etc.)	Number of Accessible Units for which PBV Assistance is Sought	Type of Accessibility Features (e.g. Vision, Hearing, Mobility)	Number of Units Now Vacant (Existing/Rehab Only)
Studio							
1 BR							
2 BR							
3 BR							
4 BR							
Totals							

F. Supportive Services / Service Amenities

1. Check all the support services/amenities the project will provide. In the “service location” box indicate if the service will be located at the project or, if not, the address where it will be located.

<input type="checkbox"/> Transportation for activities such as (but not limited to) grocery shopping, job training, education, attending medical and dental appointments, etc.	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Supervised taking of medication	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Treatment for drug addiction (for recovering and current users)	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Treatment for alcohol addiction (for recovering and current users)	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Training and development of housekeeping and homemaking skills	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Family budgeting	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Childcare	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Parenting skills	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Computer access and training	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Library Access	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Work skills development, job training, and employment counseling	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Case Management services and/or counseling	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Access to Health and Psychiatric Services (i.e. nurse/medical staff, mental health professional, etc.)	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Life skills training	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Access to on-site/off-site social activities	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

G. Site Amenities

Check all site amenities that apply. Indicate the name of the amenity and its distance from the project. The amenities must be appropriate to the population served and must be in place at the time of PBV proposal submission. If the project is located on scattered sites, complete one schedule below for each site.

Amenity	Name of Amenity (e.g., Ralphs Grocery Store, MTD Bus Stop)	Distance in miles from the project
<input type="checkbox"/> Health facility (e.g., medical clinic or hospital; not a private doctor's office)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Bus stop or station or rail station		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Grocery store, supermarket or convenience store		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Pharmacy		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Public park or community center accessible to the general public		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Public Library		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Elementary, middle, or high school (if the project is a family project)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Senior center or facility offering daily services to seniors (if the project is a senior project)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Facility that operates to serve the population living in the development (if the project is a special needs project)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile

SECTION 3 : PROJECT INFORMATION (Continued)

H. Utilities

1. Indicate those utilities that will be paid by the owner and those by the tenant.

<u>Utility</u>	<u>Type</u> (e.g. Gas or Electric)	<u>Paid By</u>	
Heating	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Cooking	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Hot Water	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Air Conditioning	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Other Electric	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Refrigerator (tenant supplied)	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Stove (tenant supplied)	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Sewer / Water	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Garbage	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant

2. Monthly Resident Utility Allowance:

	SRO / Studio	1 BR	2 BR	3 BR	4 BR	5 BR
Space Heating:						
Water Heating:						
Cooking:						
Lighting:						
Electricity:						
Other: (specify)						
Total:						

SECTION 3 : PROJECT INFORMATION (Continued)

I. Existing and Rehabilitation Projects Only

1. Will any household presently living in the units be temporarily displaced because of the proposed rehabilitation?

Yes No

If yes, how long? _____ How many households? _____

2. Will the rehabilitation and/or the income and rent restrictions cause permanent relocation of existing tenants?

Yes No

If yes to either 1. or 2., applicants must submit an explanation of relocation requirements, a detailed relocation plan including a budget with an identified funding source. PBV units are subject to federal and state relocation laws and guidelines.

SECTION 4: REQUIRED LOCAL APPROVALS & DEVELOPMENT TIMETABLE

A. Local Approvals Required (New Construction and Rehabilitation Only)

	<i>Local Approval Date (month/year)</i>	
	Proposed Submittal	Estimated Approval / Final
CEQA		
NEPA*		
Article 34 of State Constitution		
Site Plan		
Design Review		
Conditional Use Permit		
Variance		
Subdivision Map		
General Plan Amendment		
Rezoning		
Building Permits		
Construction Start		
Construction End		

**NEPA review required for all PBV projects, including Existing, unless categorically excluded*

SECTION 4: REQUIRED LOCAL APPROVALS & DEVELOPMENT TIMETABLE
(Continued)

B. PBV Timing

Describe when you will need the PBVs. Discuss phasing of PBVs, if any. HACSB does not receive any extra vouchers for the PBV Program and has to accumulate them as current voucher holders leave the Section 8 program. It is important that we understand when you will need the vouchers, so please be as clear and specific as you can.



SECTION 5: CONSTRUCTION FINANCING

**A. List Below All Projected Sources Required to Complete Construction
(New Construction and Rehabilitation Only)**

1. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 5: CONSTRUCTION FINANCING (Continued)

A. List Below All Projected Sources Required to Complete Construction (Continued)

7. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Funds for Construction:				

SECTION 6: PERMANENT FINANCING

B. List Below All Projected Permanent Sources

1. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
2. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
3. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
4. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
5. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
6. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		

SECTION 6: PERMANENT FINANCING (Continued)

B. List Below All Projected Permanent Sources (Continued)

7. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
8. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
9. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
10. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
11. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
12. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		

Total Permanent Funds:	
-------------------------------	--

SECTION 6: PERMANENT FINANCING (Continued)

C. Low Income Housing Tax Credits (LIHTC)

Project will will not use LIHTC

If yes, complete the following:

Name of Investor: _____

Investor Contact: _____

Phone: _____

Projected LIHTC Equity: _____ LIHTC Factor: _____

Projected Pay-in Schedule

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. Sources and Uses Budget (New Construction and Rehabilitation Only)

Complete the Permanent Sources and Uses Budget (double-click on icon to open worksheet):



Permanent Sources
and Uses Budget

SECTION 7: PROJECT REVENUE (Continued)

B. Manager Units

(a) Bedroom Type(s)	(b) Number of Units	(c) Proposed Monthly Rent (Less Utilities)	(d) Total Monthly rents (b x c)
Total # of Units:		Total:	

C. Market Rate Units

(a) Bedroom Type(s)	(b) Number of Units	(c) Proposed Monthly Rent (Less Utilities)	(d) Total Monthly rents (b x c)
Total # of Units:		Total:	

D.

Rental Subsidy Income/Operating Subsidy (not PBV)	
Number of Units Receiving Assistance:	
Length of Contract (years):	
Expiration Date of Contract:	
Total Annual Rental Subsidy:	

E.

Miscellaneous Income	
Annual Income from Laundry Facilities:	
Annual Income from Vending Machines:	
Annual Interest Income:	
Other Annual Income:	
Total Miscellaneous Income:	
TOTAL ANNUAL RESIDENTIAL GROSS INCOME:	

SECTION 7: PROJECT REVENUE (Continued)

F.

Commercial Income	
Annual Income from Professional Space:	
Annual Income from Commercial/Retail Space:	
Annual Interest Income:	
Total Annual Commercial/Retail Income:	

G. Annual Residential Operating Expenses

Administrative	
Advertising:	
Legal:	
Accounting/Audit:	
Security:	
Other: (specify)	
Total Administrative:	

Management	
Total Management:	

Utilities	
Fuel:	
Gas:	
Electricity:	
Water/Sewer:	
Total Utilities:	

Payroll / Payroll Taxes	
On-site Manager:	
Maintenance Personnel:	
Other: (specify)	
Total Payroll / Payroll Taxes:	
Total Insurance:	

Maintenance	
Painting:	
Repairs:	
Trash Removal:	
Exterminating:	
Grounds:	
Elevator:	
Other: (specify)	
Total Maintenance:	

SECTION 7: PROJECT REVENUE (Continued)

G. Annual Residential Operating Expenses (Continued)

Other Expenses		
Other: (specify)		
Other: (specify)		
Other: (specify)		
Other: (specify)		
Other: (specify)		
Total Other Expenses:		

H. Total Annual Expenses

Total Residential Operating Expenses: _____

Total Number of Units in the Project: _____

Total Operating Expenses Per Unit: _____

Total Operating Reserve: _____

Total Service Amenities Budget: _____

Annual Per Unit Reserve for Replacement: _____

Total Real Estate Taxes: _____

Total Commercial/Retail Space Expenses: _____

Total Commercial/Retail Debt Service: _____

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY

A. Household and Units Characteristics

1. To the best of your knowledge, the following number of tenants (households) currently occupying the property have incomes at or below the following limits:

<u>Number of Persons in household</u>	<u>Annual Gross Income</u>	<u>Number of Households</u>
1	\$46,380	_____
2	\$52,980	_____
3	\$59,580	_____
4	\$66,180	_____
5	\$71,520	_____
6	\$76,800	_____
7	\$82,080	_____
8	\$87,360	_____

2. Vacant Units

<u>Type</u>	<u>Number Vacant</u>
Studio	_____
1 Bedroom	_____
2 Bedroom	_____
3 Bedroom	_____
4 Bedroom	_____

3. What is the current monthly rent?

Unit Size	Number of Units	Monthly Rent Amount	Total Rent Received
Studio			
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
Total:			
Total 12 months:			

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY

A. Household and Units Characteristics (Continued)

4. Indicate the monthly contract rent expected under the PBV Program:

Unit Size	Number of Units	Proposed PBV Rent
Studio		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY (Continued)

A. Household and Units Characteristics (Continued)

5. Complete the Rehabilitation Work Summary (Rehab-only projects, whether occupied or not, must complete this summary)

REHABILITATION ITEMS		Project Name: <input type="text"/>			
		Comments/Brief Description of the Proposed Rehabilitation	# of Units	% of Units	Estimated Remaining Useful Life (Years)
SITE					
	Carports/Garages				
	Drainage				
	Fencing				
	Landscaping/Topography				
	Lighting				
	Parking/Roadways				
	Recreation Areas				
	Sidewalks/Pedestrian Areas				
	Signage				
	Trash Facilities				
	Maintenance Shed				
	Utilities				
Other (Specify):					
Other (Specify):					
Other (Specify):					

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY (Continued)

A. Household and Units Characteristics (Continued)

5. Complete the Rehabilitation Work Summary (Rehab-only projects, whether occupied or not, must complete this summary)

		Project Name: <input type="text"/>			
		Comments/Brief Description of the Proposed Rehabilitation	# of Units	% of Units	Estimated Remaining Useful Life (Years)
REHABILITATION ITEMS					
STRUCTURE FRAMES AND ENVELOPES					
	Balconies/Patios				
	Doors/Frames				
	Elevated Walkways				
	Façades/Sliding/Exterior Walls				
	Foundation/Substructure				
	Insulation				
	Painting				
	Roofing				
	Stairs/Landings				
	Superstructure				
	Windows and Frames				
Other (Specify):					
Other (Specify):					
Other (Specify):					

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY (Continued)

A. Household and Units Characteristics (Continued)

5. Complete the Rehabilitation Summary (Rehab-only projects, whether occupied or not, must complete this)

Project Name:

REHABILITATION ITEMS (Continued)		Comments/Brief Description of the Proposed Rehabilitation	# of Units	% of Units	Estimated Remaining Useful Life (Years)	Estimated Cost
COMMON AREAS						
Community Room						
Laundry Facilities						
Management Office						
Other (Specify):						
Other (Specify):						
Other (Specify):						
MECHANICAL/ELECTRICAL/PLUMBING						
Electrical Systems						
Elevators						
Fire Alarm/Suppression						
Hot and Cold Water Distribution						
HVAC/Heating/Cooling						
Plumbing and Sewage Systems						
Water Heaters						
Other (Specify):						
Other (Specify):						
Other (Specify):						

5. FACTORS FOR SCORING AND RANKING PROPOSALS (EXISTING CONSTRUCTION)

For each category, please check the box next to the number of points for which the project qualifies and attach any verification requested. Any inaccurate information will result in reduced points.

Total Possible Points: 110, Minimum Points Required: 60
Do not submit a proposal if you do not have the minimum points required.

A. Site Amenities **Maximum 20 Points**

The project is within 1/2 mile of the following, which must be in existence at the time of PBV proposal submission:

1. Health facility (e.g., medical clinic or hospital; not a private doctor’s office)
2. Bus stop or station or rail station
3. Grocery store, supermarket or convenience store
4. Pharmacy
5. Public park or community center accessible to the general public
6. Public library
7. Elementary, middle or high school (if the project is a family project)
8. Senior center or a facility offering daily services to seniors (if the project is a senior project)
9. Facility that operates to serve the population living in the development (if the project is a special needs project)

Indicate how many of the listed amenities are within 1/2 mile of the project and enter the total points received in the box below (select one):

- | | | |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Project is within 1/2 mile of <u>six or more</u> of the listed amenities | 20 Points |
| <input type="checkbox"/> | Project is within 1/2 mile of <u>four or five</u> of the listed amenities | 15 Points |
| <input type="checkbox"/> | Project is within 1/2 mile of <u>two or three</u> of the listed amenities | 10 Points |
| <input type="checkbox"/> | Project is within 1/2 mile of <u>one</u> of the listed amenities | 5 Points |
| <input type="checkbox"/> | Project is within 1/2 mile of <u>none</u> of the listed amenities | 0 Points |

To receive points in this section, the amenities you claim in section 3.G. Site Amenities of the proposal that are within 1/2 mile of the project will be used to calculate your score. Submit a scaled for distance map showing all site amenities; a single map made be submitted. A proposal for a project located on scattered sites shall be scored proportionately in the site amenities based upon (i) each site’s score, and (ii) the percentage of units represented by each site. Additionally, the amenities must be appropriate to the tenant population served and must be in place at the time of PBV proposal submission.

Total Points for Site Amenities:

B. Owner Experience / Compliance with HCVP

Maximum 30 Points

B(1) Owner’s Previous Experience in Section 8 Tenant-Based Voucher Program

Indicate the level of the Owner’s previous experience in the Section 8 tenant-based voucher program and enter the total points received in the box below (select one):

- Five or more years experience in the Section 8 tenant-based voucher program 15 Points
- Less than five years experience in the Section 8 tenant-based voucher program 7 Points
- No experience in the Section 8 tenant-based voucher program 0 Points

To receive points in this section, you must provide documentation of your experience for which you are claiming points as part of section 6. REQUIRED ATTACHMENTS TO PROPOSAL (DOCUMENTS CHECKLIST).

B(2) Owner’s Compliance with the Owner’s Obligations Under the Section 8 Tenant-Based Voucher Program

Indicate the level of the Owner’s compliance with the owner’s obligations under the Section 8 tenant-based voucher program and enter the total points received in the box below (select one):

- Owner believes it has been fully compliant with the owner’s obligations under the Section 8 tenant-based voucher program 15 Points
- Owner believes it has been primarily compliant with the owner’s obligations under the Section 8 tenant-based voucher program 7 Points
- Owner has had some compliance problems under the Section 8 tenant-based voucher program or has no experience in the Section 8 tenant-based voucher program 0 Points

To receive points in this section, HACSB will review its files to determine the Owner’s compliance with the owner’s obligations under the Section 8 tenant-based voucher program.

Total Points for Owner Experience / Compliance with HCVP:	
--	--

C. Extent to Which Project Furthers HACSB’s Goal of Deconcentrating Poverty and Expanding Housing Opportunities **Maximum 15 Points**

Indicate the poverty concentration of the census tract that the project is located in and enter the total points received in the box below (select one):

- Census tract has a poverty rate of 10.0% or less 15 Points
- Census tract has a poverty rate of 10.1% to 20.0% 10 Points
- Census tract has a poverty rate of more than 20.0% and you believe it qualifies for the exception 5 Points
- Census tract has a poverty rate of more than 20.0% and does not qualify for the exception 0 Points

To receive points in this section, you must provide a completed Census Tract Certification indicating the poverty rate of the census tract in which the project is located for the points you are claiming as part of section 6. **REQUIRED ATTACHMENTS TO PROPOSAL (DOCUMENTS CHECKLIST)**. If you believe the project qualifies for an exception, the certification must include documentation of why it qualifies for the exception.

HACSB will consider exceptions to the 20% standard where it determines that the PBV assistance will complement other local redevelopment activities designed to deconcentrate poverty and expand housing and economic opportunities, such as sites in:

- A census tract in which the proposed PBV development will be located is a HUD-designated Enterprise Zone, Economic Community, or Renewal Community;
- A census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition and HOPE VI redevelopment;
- A census tract in which the proposed PBV development will be located is undergoing significant revitalization as a result of state, local, or federal dollars invested in the area;
- A census tract where new market rate units are being developed where such market rate units will positively impact the poverty rate in the area;
- A census tract where there has been an overall decline in the poverty rate within the past five years; or
- A census tract where there are meaningful opportunities for educational and economic advancement.

Total Points for Deconcentrating Poverty and Expanding Housing Opportunities:	<div style="border: 2px solid black; width: 60px; height: 30px; margin: 0 auto;"></div>
--	---

D. Units Occupied by Income Eligible Households

Maximum 20 Points

Indicate the number of proposed PBV units in the project that are currently occupied by income eligible families (see income limits listed in Section 8.A.1. of the Owner/Developer Proposal) and enter the total points received in the box below (select one):

- 75% to 100% of the units are currently occupied by income eligible families 20 Points
- 35% to 74% of the units are currently occupied by income eligible families 10 Points
- Less than 35% of the units are currently occupied by income eligible families 0 Points

To receive points in this section, the number of households you claim in section 8.A.1. of the proposal will be used to calculate your score.

Total Points for Units Occupied by Income Eligible Households:

E. Limiting Rents on PBV Units

Maximum 25 Points

Due to continued limited funding for the voucher program, if the project owner agrees to limit the PBV rents to no more than 80% of the current payment standard, 25 points will be awarded

- Project Owner agrees to limit PBV unit rents to 80% of HACSB's Payment standard for the unit sizes 25 Points
- Project Owner will not limit rent to 80% of HACSB Payment Standard 0 Points

To receive points in this section, the PBV proposal must include documentation of the existing subsidy for which you are claiming points as part of section 6. REQUIRED ATTACHMENTS TO PROPOSAL (DOCUMENTS CHECKLIST).

Total Points for Continuity of Affordability:

POINT SYSTEM SUMMARY

<u>FACTORS FOR SCORING AND RANKING PROPOSALS</u> <u>(EXISTING)</u>	Maximum Possible Points	Your Proposal Points
A. Site Amenities	20	
B. Owner Experience / Compliance with HCVP		
B(1) Owner's Previous Experience in the Section 8 Tenant-Based Voucher Program	15	
B(2) Owner's Compliance with the Owner's Obligations Under the Tenant-Based Voucher Program	15	
C. Deconcentrates Poverty and Expands Housing Opportunities	15	
D. Units Occupied by Income Eligible Households	20	
E. Agreement to hold PBV unit rents to more than 20% of the current Payment Standard for the unit size	25	
<i>Total</i>	110	

6. REQUIRED ATTACHMENTS TO PROPOSAL (DOCUMENTS CHECKLIST)

Please attach all Attachments in the order shown below and tab by categories A through M. Attach only those items applicable to your proposal type (i.e. New Construction, Rehabilitation, or Existing).

THRESHOLD PROJECT ELIGIBILITY

- A. **Census Tract Certification** (form attached)
- B. **Evidence of Site Control** (form attached)
- C. **Certification and Evidence of Zoning** (form attached)
- D. **Project Financing and Local Government Support**
 - D-1. 15-year proforma with all revenue and expense projections
 - D-2. Permanent Sources and Uses Budget (form attached)
 - D-3. Evidence of tentative or firm financing commitments including all local government funding
 - D-4. Evidence of fee waivers
 - D-5. Evidence of donated or leased land by a public entity
 - D-6. Evidence of donated land as part of a local inclusionary housing ordinance
 - D-7. Design Architect's Certification of Cost Estimate (form attached)

OTHER PROJECT ELIGIBILITY

- E. **Site Amenities**
 - E-1. Scaled for distance map of site amenities
- F. **Owner / General Partner / Management Company Experience**
 - F-1. Current financial statement (form attached)
 - F-2. Certification Regarding Debarment and Suspension (link provided)
 - F-3. Owner / General Partner Experience Form (attached)
 - F-4. Management Company Experience Form (attached)
 - F-5. Equal Opportunity Certification (form attached)
 - F-6. Disclosure of Lobbying Activities (link provided)
 - F-7. Certification of Payments to Influence Federal Transactions (link provided)

Continued on next page

6. REQUIRED ATTACHMENTS TO PROPOSAL (DOCUMENTS CHECKLIST)
(Continued)

- G. **Supportive Services / Service Amenities**
 - G-1. Supportive Services narrative

- H. **Construction Type Priorities**
 - Design Architect's or Engineer's certification of sustainable building methods included in the project's design and specifications (form attached)

- I. **Sustainable Building Methods**
 - Design Architect's or Engineer's certification of sustainable building methods included in the project's design and specifications (form attached)

- J. **Continuity of Affordability**
 - Documentation of project's existing housing subsidy

- K. **Tenant Relocation (if applicable)**
 - K-1. Explanation of relocation requirements
 - K-2. Relocation plan along with a budget and identification of the funding source
 - K-3. Certification Regarding Compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act (form attached)

- L. **Site and Project Information**
 - L-1. Legal description
 - L-2. Narrative description of the proposed use of the subject property
 - L-3. Narrative description of the current use of the property, adjacent land uses, surrounding neighborhood identification
 - L-4. Description of any unique features of the site, noting those that may increase project costs or require environmental mitigation
 - L-5. Construction and design description
 - L-6. Site plan, building elevations, and unit floor plans, including square footages
 - L-7. Disclosure of Lead-Based Paint/Hazards (Existing only)
 - L-8. Current Rent Roll (if applicable)
 - L-9. Design Architect's Certification of Building Code Compliance

- M. **Additional Certifications**
 - M-1. Equal Opportunity Certification (form attached)
 - M-2. Applicant's Disclosure Questionnaire (form attached)

ATTACHMENT A

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Census Tract Certification

Applicant Name:

Project Name:

Project Address:

Please complete the items below.

Census Tract: _____

Poverty Rate (Percent below
poverty level for all
individuals for whom poverty
status is determined): _____

I certify that the information entered above is true, complete and accurate to the best of my knowledge.

Signature

Print Name

Title

Date

ATTACHMENT B

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Evidence of Site Control

Applicant Name:

Project Name:

Project Address:

Please check the appropriate document and attach as evidence of site control

- Title report (within last 90 days) Contract of Sale Option to Purchase
- Development Agreement Long-term Lease Agreement
- Other (Describe): _____

ATTACHMENT C

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Certification and Evidence of Zoning

Applicant Name:

Project Name:

Project Address:

I certify that the proposed New Construction/Rehabilitation project is permitted by current zoning ordinances and/or regulations. I further certify that should re-zoning be necessary for this proposed New Construction/Rehabilitation project, it is highly likely to occur and will not result in any material delay of the project.

Signature of Certifying Officer-Planning Dept.

Print Name

Title

Phone

Date

ATTACHMENT D-1

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Project Financing and Local Government Support

Applicant Name:

Project Name:

Project Address:

Please attach 15-year proforma with all revenue and expenses projections

ATTACHMENT D-2

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Project Financing and Local Government Support

Applicant Name:

Project Name:

Project Address:

Complete and attach Permanent Sources and Uses Budget (link in Section 6.D of the Owner / Developer Proposal)

ATTACHMENT D-3

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Project Financing and Local Government Support

Applicant Name:

Project Name:

Project Address:

Please attach evidence of tentative or firm financing commitments including all local government funding

ATTACHMENT D-4

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Project Financing and Local Government Support

Applicant Name:

Project Name:

Project Address:

Please attach evidence of fee waivers

ATTACHMENT D-5

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Project Financing and Local Government Support

Applicant Name:

Project Name:

Project Address:

Please attach evidence of donated or leased land by a public entity

ATTACHMENT D-6

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Project Financing and Local Government Support

Applicant Name:

Project Name:

Project Address:

Please attach evidence of donated land as part of a local inclusionary housing ordinance

ATTACHMENT D-7

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Project Financing and Local Government Support

Design Architect's Certification of Cost Estimate

Applicant Name:

Project Name:

Project Address:

This is to certify that the total project development cost shown in the Permanent Sources and Uses Budget in Section 6.D. of the Owner/Developer Proposal is an accurate estimate of the total project costs for this project. This total project cost estimate reflects construction costs at the projected time of construction.

Signature

Print Name

Title

Date

ATTACHMENT E-1

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Site Amenities

Applicant Name:

Project Name:

Project Address:

Please attach a scaled for distance map of site amenities

ATTACHMENT F-1

Housing Authority of the City of Santa Barbara

20189 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Current Financial Statement

Applicant Name:

Project Name:

Project Address:

Include your most recent financial statements in a separate envelope. This information will not be included with any information that is made public unless it is already part of a document that has been distributed to the public.

ATTACHMENT F-2

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Certification Regarding Debarment and Suspension

Applicant Name:

Project Name:

Project Address:

Please complete and attach the enclosed HUD-2992



Form HUD-2992

ATTACHMENT F-3

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Owner/General Partner Experience

Applicant Name:

Project Name:

Project Address:

If the applicant Owner/General Partner is on the TCAC “Pre-Qualified General Partner” list, submit proof of being on said list and check here . Otherwise, complete the information below.

OWNER/GENERAL PARTNER (G.P.) EXPERIENCE

	Project Name & Address	Number of Units	Month & Year Project was Placed-In-Service	Month & Year G.P. Participation Began	Month & Year G.P. Participation Ended (if applicable)	Number of Full Years of G.P. Participation After Project Placed-In-Service*
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Signature (general partner)

Date

Organization

*NOTE: General Partner experience cannot start accumulating until after the project is placed-in-service. In addition, do NOT round up the amount of time/experience. For example, 2 years, 11 months of General Partner experience is only 2 full years of experience, not 3 years.

ATTACHMENT F-4

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Management Company Experience

Applicant Name:

Project Name:

Project Address:

If the Management Company is on the TCAC “Pre-Qualified Management Company” list or has a TCAC-approved tax credit compliance entity certification submit proof of being on said list or certification and check here . Otherwise, complete the information below.

MANAGEMENT COMPANY EXPERIENCE

	Project Name & Address	Number of Units	Month & Year Project was Placed-In-Service	Month & Year Management Company Participation Began	Month & Year Management Company Participation Ended (if applicable)	Number of Full Years of Management Company Participation After Project Placed-In-Service*
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Signature (Management Principal)

Date

Management Company

*NOTE: Management Company experience cannot start accumulating until after the project is placed-in-service. In addition, do NOT round up the amount of time/experience. For example, 2 years, 11 months of Management Company experience is only 2 full years of experience, not 3 years.

ATTACHMENT F-5

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Equal Opportunity Certification

Applicant Name:

Project Name:

Project Address:

I certify that I, _____, as the authorized owner for the project named _____

shall comply with the Title VI of the Civil Rights Act of 1996, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 (Equal Opportunity requirements) and all applicable Federal requirements listed in 24 CFR 983.11 including, but not limited to, the payment, if applicable, of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction/rehabilitation of the project.

Signature

Print Name

Title

Date

ATTACHMENT F-6

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Disclosure of Lobbying Activities

Applicant Name:
Project Name:
Project Address:

Please attach a completed copy of SF-LLL (07/1997). The form can be found at <https://www.hudexchange.info/resource/308/hud-form-sflll/>

ATTACHMENT F-7

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Certification of Payments to Influence Federal Transactions

Applicant Name:

Project Name:

Project Address:

Please attach a completed copy of HUD-50071 (01/14). The form can be found <https://www.hud.gov/sites/documents/50071.PDF>

ATTACHMENT G-1

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Supportive Services Narrative

Applicant Name:

Project Name:

Project Address:

Please attach a narrative describing the population to be served, the services to be provided, and how these services meet the identified needs of your target population.

ATTACHMENT H

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Design Architect's Certification of Per Unit Rehabilitation Costs (Rehab Projects Only)

Applicant Name:

Project Name:

Project Address:

This is to certify that the per unit rehabilitation cost provided in Section 8.A.5. of the Owner/Developer Proposal is an accurate estimate of the per unit rehabilitation costs for this project.

Signature

Print Name

Title

Date

ATTACHMENT I

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

*Design Architect's or Engineer's Certification of Sustainable Building Methods
Included in the Project's Design and Specifications*

Applicant Name:

Project Name:

Project Address:

This is to certify that the sustainable building methods indicated in 5A.H of the Owner/Developer Proposal is an accurate record of the item(s) that will be included in this project's design and specifications.

Signature of Architect or Engineer

Print Name

Title

Date

ATTACHMENT J

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Documentation of Project's Existing Housing Subsidy

Applicant Name:

Project Name:

Project Address:

Please attach documentation of project's existing housing subsidy.

ATTACHMENT K-1

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Explanation of Relocation Requirements (if applicable)

Applicant Name:

Project Name:

Project Address:

Please attach an explanation of relocation requirements

ATTACHMENT K-2

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Relocation Plan

Applicant Name:
Project Name:
Project Address:

Please attach a relocation plan including a budget with an identified funding source.
PBV units are subject to federal and state relocation laws and guidelines.

ATTACHMENT K-3

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Certification Regarding Compliance with the Uniform Relocation Assistance and Real Property Acquisition Policies Act

Applicant Name:

Project Name:

Project Address:

This is to certify that the above Applicant will comply with the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, and its implementing regulations at 49 CFR, Part 24.

Signature

Print Name

Title

Date

ATTACHMENT L-1

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Legal Description

Applicant Name:

Project Name:

Project Address:

Please attach a legal description of the project

ATTACHMENT L-2

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Proposed Use of Subject Property

Applicant Name:

Project Name:

Project Address:

Please attach a narrative description of the proposed use of the subject property

ATTACHMENT L-3

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

*Current Use of the Property, Adjacent Land Uses,
Surrounding Neighborhood Identification*

Applicant Name:

Project Name:

Project Address:

Please attach a narrative description of the current use of the property, adjacent land uses, and surrounding neighborhood identification

ATTACHMENT L-4

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Site Features

Applicant Name:

Project Name:

Project Address:

Please attach a description of any unique features of the site, noting those that may increase project costs or require environmental mitigation

ATTACHMENT L-5

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Construction and Design

Applicant Name:

Project Name:

Project Address:

Please attach a description of the construction and design

ATTACHMENT L-6

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Site Plan, Building Elevations, and Unit Floor Plans

Applicant Name:

Project Name:

Project Address:

Please attach the site plan, building elevations and unit floor plans, including the square footages

ATTACHMENT L-7

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Disclosure of Lead-Based Paint/Hazards (Existing Only)

Applicant Name:

Project Name:

Project Address:

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

Presence of lead-based paint and/or lead-based paint hazards (check one below):

Known lead-based paint and/or lead-based paint hazards are present in the housing. (Explain)

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

Records and reports available to the lessor (check below):

Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents).

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Certification of Accuracy

Owner / Developer certifies to the best of its knowledge, that the above information is true and correct.

Signature

Print Name

Title

Date

ATTACHMENT L-8

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Current Rent Roll

Applicant Name:

Project Name:

Project Address:

Please attach Current Rent Roll (if applicable)

ATTACHMENT L-9

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Design Architect's Certification of Building Code Compliance

Applicant Name:

Project Name:

Project Address:

This is to certify that the project will comply with local adopted building codes and that landscaping and construction materials will be compatible with the neighborhood in which the proposed project is to be located.

Signature of Architect

Print Name

Title

Date

ATTACHMENT M-1

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Equal Opportunity Certification

Applicant Name:

Project Name:

Project Address:

I certify that I, _____, as the authorized owner for the project named _____

shall comply with the Title VI of the Civil Rights Act of 1996, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 (Equal Opportunity requirements) and all applicable Federal requirements listed in 24 CFR 983.11 including, but not limited to, the payment, if applicable, of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction/rehabilitation of the project.

Signature

Print Name

Title

Date

ATTACHMENT M-2

Housing Authority of the City of Santa Barbara

2019 Owner/Developer Proposal for the Section 8 Project-Based Voucher (PBV) Program

Applicant's Disclosure Questionnaire

Applicant Name:

Project Name:

Project Address:

1. Disclose material information relating to any legal or regulatory proceeding or investigation in which the applicant/project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the applicant/project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the applicant/project sponsor that is involved in the management, operation, or development of the project.
2. Disclose any civil, criminal, or regulatory action in which the applicant/project sponsor, or any current board members, partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past 10 years involving fraud or corruption, or matters involving health and safety where there are allegations of serious harm to employees, the public, or the environment.

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), charters, complaint or filing, and the outcome. For a publicly-traded company, the relevant sections of the company's 10K, 8K, and 10Q most recently filed with the Securities and Exchange Commission may be attached in response to question #1. With respect to a response for question #2, previous 10K, 8K, and 10Q filings of the company may be attached if applicable.

Nothing to Disclose

Signature (Applicant/Project Sponsor)

Date

Printed Name of Signatory

Printed Title of Signatory