



County: **SM County**

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**San Mateo County – Department of Housing
Application for AHF 10.0 Funds (July 2022)
Application Due Date: **Friday, August 19, 2022****

Instructions: Please note that the Application includes some checkboxes and/or spaces for text to be inserted. For questions that require an attachment, the [Click to Upload](#) link will lead to a second page where all documents can be uploaded. Check your application carefully to make sure you have filled in all appropriate areas and provided all required, available, and applicable attachments.
If you are reapplying for a project that you have submitted a previous application for, please contact us at citydataservices@yahoo.com, so we can copy your previous application into this new application.

This Application consists of 6 sections as follows:

- [Section I. COVER PAGE](#)
- [Section II. APPLICANT INFORMATION](#)
- [Section III. PROJECT INFORMATION & NARRATIVE](#)
- [Section IV. TENANT POPULATION](#)
- [Section V. SITE INFORMATION](#)
- [Section VI. PROJECT FINANCE](#)
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[Click Here](#) for the NOFA for this Application
[Save and Continue](#)

I. COVER PAGE

A. Project Summary

Project Name:	Sample Application		
Project Address:	City:	Zip:	
Application Type:	<input type="radio"/> Rental Housing Project <input type="radio"/> Homeownership <input type="checkbox"/> New Construction <input type="checkbox"/> Resyndication/Rehabilitation <input type="checkbox"/> Preservation		
For which funding source and at what funding amount is this project applying?			
<input type="checkbox"/> Measure K <input type="text"/>			
<input type="checkbox"/> MHSAs <input type="text"/>			
After making your selections above, Click Here to format the remainder of the application based on your choices above.			

Number of lines needed for APNs:

Parcel (APN)	Street Address	City
Jurisdiction with Planning Entitlements authority:		
Provide a one sentence project summary:		

Total Request Under this NOFA:	\$0
Total Project Cost:	

B. Applicant/Project Sponsor Summary

Applicant/Project Sponsor Name:	Test AHF Project		
Borrower Name if different from Applicant/Project Sponsor Name:			
Applicant/Project Sponsor Address:	Test St	City: Testtest	Zip: 12345
Applicant/Project Sponsor Phone:	07/20/2022		
Applicant/Project Sponsor Email:	testtestasdsdtest@test.com		
Applicant/Project Sponsor's Type of Entity:	<input type="radio"/> Tax Credit LLC/LP <input type="radio"/> For Profit Entity <input type="radio"/> General Partnership <input type="radio"/> Non-Profit: Attach IRS Determination Letter for 501(c)(3) tax-exempt status (I.B1) Click to Upload <input type="radio"/> Other: <input type="text"/>		
Applicant/Project Sponsor Federal EIN/TIN #:		Applicant/Project Sponsor DUNS #:	
Borrower's Type of Entity if Borrower is different from Applicant/Project Sponsor:	<input type="radio"/> Tax Credit LLC/LP <input type="radio"/> For Profit Entity <input type="radio"/> General Partnership <input type="radio"/> Non-Profit: Attach IRS Determination Letter for 501(c)(3) tax-exempt status (I.B2) Click to Upload <input type="radio"/> Other: <input type="text"/>		

Borrower Federal EIN/TIN #:		Borrower DUNS #:	
Federal EIN/TIN Number IRS Letter (I.B3):	Click to Upload		
Project Sponsor Director			
Name:		Title:	
Phone:		Email:	
Project Manager			
Name:		Title:	
Phone:		Email:	
Finance Manager			
Name:		Title:	
Phone:		Email:	
Name of Person Authorized to Execute Legal Documents with the County for this Project			
Name:		Title:	
Phone:		Email:	
If other than Sponsor/Applicant/Project Sponsor, please explain:			

C. AHF 10.0 Funding Summary

Phase	Use	Amount to be Expended (from Award date)		Total Projected AHF 10.0 Funding Needed (C)
		0-12 Months (A)	13 Months-Completion (b)	
Predevelopment	Soft Cost			\$0
	Acquisition			\$0
Development	Soft Cost			\$0
	Hard Cost			\$0
	Acquisition			\$0
	Developer Fee			\$0
	Reserves			\$0
Total Funding Request:		\$0	\$0	\$0

D. Projected Dates

Projected Construction Start:	
Projected Construction End:	

[Save and Continue](#)

II. APPLICANT INFORMATION

A. Developer Team Information.

Upload Attachment II.A, specifying the names, experience, and roles and responsibilities, of each Developer Team member. Indicate the percentage of time each person will work on the Project. (II.A1)

[Click to Upload](#)

Corporate Borrowing Resolution (II.A2):	Click to Upload
Borrower's Financial Statements for last 2 years (II.A3):	Click to Upload
Most recent completed final audit report available (II.A4):	Click to Upload
IRS Form 990 for most recent tax year (II.A5):	Click to Upload

B. Structure / Roles

Fill in the table below on your project development and post-development structure.

Project Role	Name of Entity & Relationship to Sponsor/Applicant
Sponsor/Applicant:	Test AHF Project
Developer:	
Owner:	<input type="radio"/> Owner same as Borrower <input type="radio"/> Owner is different from Borrower: <input type="text"/> <input type="radio"/> Special Purpose Entity to be formed
Property Manager:	
Resident Services Agency:	
If Sponsor/Applicant is different from Developer, Borrower, or Owner, please provide a brief explanation here for how the parties are related:	

C. Experience and Capacity of Key Parties.

Briefly describe the experience and capacity of key project parties, including the Developer, Property Manager, and Resident Services Agency(s):

You have 5000 characters left.

Would this be your first affordable Project financed by San Mateo County DOH in the past three years? Yes No

D. Ownership Structure. Please attach the existing/proposed ownership structure chart for the project. Attach as Attachment (II.D).

[Click to Upload](#)

[Save and Continue](#)

III. PROJECT INFORMATION & NARRATIVE

A. Project Description.

Provide a concise narrative below addressing the following areas:

1. Complete descriptive summary of the project including a description of targeted populations, general location of the Project, on-site amenities, number of units and AMI restrictions, projected construction start and completion dates, and a general description of the funding commitments:

You have 3000 characters left.

2. Please briefly describe the project's history leading to this request. Include such information as when site control was achieved; when the site was acquired or will be acquired; any previous requests for County funding (and whether successful); changes in the project since those requests were made; attempts to secure other financing; how the current project concept was conceived; and any other relevant information about the history of the project:

You have 3000 characters left.

3. Identify the specific NOFA strategic priorities from Section II of the NOFA Overview and Funding Guidelines that your project meets:

Priority	Check	1-2 Sentence Description
Expand housing opportunities in Unincorporated San Mateo County through the construction or rehabilitation of affordable multifamily housing in Unincorporated San Mateo	<input type="checkbox"/>	
Expand housing opportunities through construction of new affordable multifamily housing developments.	<input type="checkbox"/>	
Target AHF funds to very low- and extremely low-income affordable housing units.	<input type="checkbox"/>	
Maintain existing deed-restricted affordable rental housing by supporting essential repairs and rehabilitation, in conjunction with re-syndication of Low Income Housing Tax Credits (LIHTC), to support the project, for health and safety reasons and/or to extend the useful life of the improvements when such repairs are beyond the Project's capital improvement budget.	<input type="checkbox"/>	
Create more extremely low-income and/or supportive housing for homeless households and those at imminent risk of homelessness, including housing opportunities for at-risk former foster youth, persons with serious mental health challenges who are homeless or at-risk of homelessness, and other County clients in need of affordable housing.	<input type="checkbox"/>	
Encourage the creation of affordable multifamily projects containing larger units (2- and 3-bedroom).	<input type="checkbox"/>	
Create more housing within walking distance of services, amenities, and transit – particularly in locations qualifying for Affordable Housing & Sustainable Communities (AHSC) state funding.	<input type="checkbox"/>	
Build system capacity among affordable housing providers and supportive services providers.	<input type="checkbox"/>	
Create more affordable housing in High-Opportunity, Jobs-Rich areas, as defined in Section IV of AHF 10.0 NOFA.	<input type="checkbox"/>	
Preserve rental housing known to be at imminent risk of rent increases likely to result in the eviction of existing tenants.	<input type="checkbox"/>	
Preserve rental housing that currently serves clients of County services, children, elderly, or disabled tenants.	<input type="checkbox"/>	

Describe additional strategic priorities not listed above that your project meets (if applicable):

4. Project Timeline. Submit a table (III.A4) which lists all major project milestones such as: entitlement submissions/approvals; financing submissions/approvals; tenant relocation; construction start/completion dates; 100% lease up; placed in service date, etc. The table should have three columns indicating the milestone, the status, and actual or projected approval/completion dates.

[Click to Upload](#)

Please see TCAC proposed [Schedule and Deadlines](#)

Briefly describe the major project milestones that have been accomplished to date, and remaining major milestones (and anticipated dates) until project completion:

You have 1500 characters left.

5. Is there a possibility that one or more of the milestones listed in your project timeline will be delayed or accelerated? Please explain why and the effect of this change on your overall project schedule.

You have 1500 characters left.

B. Project Amenities

Check	Amenity	Availability
<input type="checkbox"/>	Service Provider Office / Meeting Space	Choose ▼
<input type="checkbox"/>	Community Garden	Choose ▼
<input type="checkbox"/>	Community Kitchen	Choose ▼
<input type="checkbox"/>	Community Room	Choose ▼
<input type="checkbox"/>	Computer Room	Choose ▼
<input type="checkbox"/>	Exercise Room	Choose ▼
<input type="checkbox"/>	Laundry Facilities	Choose ▼
<input type="checkbox"/>	Outdoor Rec Space	Choose ▼
<input type="checkbox"/>	Playground	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼
<input type="checkbox"/>	Other: <input type="text"/>	Choose ▼

Describe amenities that need further explanation (if applicable):

You have 1750 characters left.

C. Project Details.

1) # of Residential Buildings	<input type="text"/>	
2) # of Stories	<input type="text"/>	
3) # of Units	<input type="text"/>	0
4) # of Parking Spaces (total)	<input type="text"/>	
5) Parking Type (podium, surface, etc.)	Select ▼	
6) Total Livable Space (sq. ft)	<input type="text"/>	SF
7) Amount of Community Space (sq. ft)	<input type="text"/>	SF
8) Community Facility Space, if any, not Exclusively for Project Residents (sq. ft.) -- e.g. Senior Center, etc.	<input type="text"/>	SF
9) Uses of Community Facility Space not Exclusively for Project Residents		
<input type="text"/>		
10) Amount of Commercial Space (sq. ft.)	<input type="text"/>	SF
11) Uses of any Commercial Space		
<input type="text"/>		

D. Architectural Site Plan. Attach Site Plan, Elevations and Schematic Drawings (if available) (III.D)

[Click to Upload](#)

E. Relocation of Residential / Commercial Occupants.

- No, relocation of occupants not required.
- Yes, relocation of occupants required.

F. Proximity to transit and services. Submit a map that shows amenities within a one (1) mile radius of Project site (III.F).

[Click to Upload](#)

Please describe the Project's proximity to transit and services, e.g. public transit options, shopping and other neighborhood services, and whether site is located in a walkable area:

You have 3000 characters left.

G. Accessibility. Please specify how you will address accessibility in both the residential units and overall project, including the number of ADA units ADA adaptable units and communication units:

You have 1500 characters left.

H. Rent Roll (Preservation Projects Only). Please attach current (dated no earlier than March 2022) rent roll which includes the following information: monthly rent, whether or not the unit is a Section 8 contract unit, lease start and end date, accomodation detail, unit size (number of bedrooms), and unit number. Attach as Attachment (III.H)

[Click to Upload](#)

I. Income Survey (Preservation Projects Only). Please attach current estimated incomes and AMIs of existing tenants and household size and include the method by which this information was collected, the date this information was collected, and unit numbers. Attach as Attachment (III.I)

[Click to Upload](#)

[Save and Continue](#)

IV. TENANT POPULATION

A. Proposed tenancy for the project.

1. Please provide a brief descriptive summary of the tenant population including the numbers and types of units targeted for special needs populations:

You have 1500 characters left.

2. Is this a Senior Project? Yes No

3. Is this a Supportive Housing Project? Yes No

4. Indicate the proposed tenancy for the Project.

Include any units targeted to persons who are: homeless; persons with disabilities; special needs, or other special populations. "Total" should equal the total number of units in the project.

Targeted Populations	Number of Units	% of Total Resident Units
Clients of County Services		
General Homeless/County Clients		
Duals Frail Elderly		
Former Foster Youth		
Homeless/ At-Risk Veterans (VASH/VHHP)		
I/DD (Receiving County Services)		
Mental Health Services Act Clients (MHSA)		
No Place Like Home Eligible		
HHC Eligible		
Other (3 Words Max):		
Subtotal (Clients of County Services):	0	NaN%
Other Targeted Populations		
Extremely Low Income		
Non-Homeless Veterans		
Targeted Employee Populations:		
I/DD (Not receiving County Services)		
Other Targeted Populations (3 Words Max):		
Other Targeted Populations (3 Words Max):		
Other Units		
Other Targeted Populations earning > 80% AMI (3 Words Max)		
Non-restricted units		
Manager's Unit(s)		
TOTAL:	0	100%

B. Unit Information.

Total number of Units in the Project, Project-Based Voucher (PBV) units, Non-Project-Based Voucher (NPBV) units, HHC Units, and Unit size.

Additional Columns needed:

AMI Restriction	Studio					1BR					2BR					3BR	
	HHC	PBV	PBV-	NPBV	NPBV	HHC	PBV	PBV-	NPBV	NPBV	HHC	PBV	PBV-	NPBV	NPBV	HHC	PBV

	Units	Units	Requested Rent	Units	Rent	Units	Units	Requested Rent	Units	Rent	Units	Units	Requested Rent	Units	Rent	Units	Units	Requested Rent
0%-15%																		
16%-20%																		
21%-25%																		
26%-30%																		
31%-35%																		
36%-50%																		
51%-60%																		
61%-80%																		
Total Units up to 80% AMI:	0	0		0		0	0		0		0	0		0		0	0	
81%-100%																		
101%-120%																		
121%-180%																		
Managers Units																		
Unrestricted																		
Total Units in Project:	0	0		0		0	0		0		0	0		0		0	0	

Total PBV Units in Project:

Provide a brief description of the unit breakdown below (optional):

You have 1000 characters left.

1. Quality of Proposed Services Plan:

Attach a brief description (one page maximum) of general resident services that the project will provide, including name of the service provider, brief description of specific services to be provided location where services will be provided, how residents will access services, frequency and length of time services will be provided, any monitoring of resident use of services, and any cost to residents. Also briefly describe the types of supportive services that are anticipated to be provided (on or off-site) to any targeted special needs populations (IV.B1). [Click to Upload](#)

2. General Resident Services Budget

Total Budget	Number of Units up to 80%	PUPA
	0	

3. Services Coordinator(s) (%FTE):

4. Commitment for Provision of Supportive Services

Attach any conditional commitments, or letters of intent, to provide supportive services that have already been obtained (if any). Supportive Housing Projects must provide an attachment here. (IV.B4). [Click to Upload](#)

5. How will Supportive Housing Services be paid for?

You have 1500 characters left.

6. Total Supportive Services Budget (over and above General Resident Services Budget):

C. Section 3 Requirements. Developers must comply with the federal Section 3 requirements of the Housing & Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3). Please briefly describe below whether Developer meets the Section 3 requirements by having either: (a) a Section 3 plan, or (b) a history of meeting Section 3 requirements (IV.C): [Click to Upload](#)

You have 1500 characters left.

[Save and Continue](#)

V. SITE INFORMATION

A. Site Location

Submit a site location map (V.A)

[Click to Upload](#)

B. Current Use of the Site. Briefly describe below the current use of the site:

You have 1500 characters left.

C. Property Information:

APNs	
Project Address:	, CA

Census Tract(s):	<input type="text"/>	Find Census Tracts: Click Here
Total acreage:	<input type="text"/>	
Is the site, or any part of it, within a 100-year floodplain?	<input type="radio"/> Yes <input type="radio"/> No FEMA Floodzone map If yes, explain:	
FIRM Map number:	<input type="text"/>	

D. Status of Site Control. The Applicant must obtain an enforceable right to use a parcel of land for the proposed development prior to submission of this application.

Evidence of Site Control (V.D1) [Click to Upload](#)
 Attach the Preliminary Title Report (V.D2) [Click to Upload](#)

1) Form of Site Control: (e.g. fee title, purchase agreement, ground lease, or enforceable option agreement)	<input type="text"/>
2) Dates of Any Key Expirations: (e.g. when an option agreement expires)	<input type="text"/>
3) Please describe the level of access and ability to disturb each parcel, granted to you by your site control document(s):	<input type="text"/>

E. Environmental. Please attach the following Environmental Clearances/Reports, if available:

Environmental Assessment (Part 58) (V.E1) [Click to Upload](#)
 Phase I (V.E3) [Click to Upload](#)

Phase I is clean, no Phase II necessary.

Phase II (V.E4) [Click to Upload](#)

If Phase II was conducted, what were the results and what remedial actions are required, if any? Submit a Remedial Action Plan (if applicable), Attachment (V.E5): [Click to Upload](#)

You have 1500 characters left.

F. Appraisal

Do you have a recent appraisal obtained within the past 12 months on this property? Yes No

Estimated Land Value, based upon a minimum of three recent comparable sales

Submit documentation on the three comparables (V.F2) [Click to Upload](#)

Explain below when an appraisal will be obtained

[Save and Continue](#)

VI. PROJECT FINANCE

A. Funding & Sources

1. Previously Awarded County Funding for this Project:

Number of lines needed for Previous Funding Sources:

Funding Round	Amount
<input type="text"/>	<input type="text"/>

2. Anticipated Funding Sources - Enter the anticipated sources of capital funding for the Project for both construction and permanent financing periods. If commercial lender(s) is unknown, please type "Unknown". As described in Section C.10, for any committed sources, attach commitment letters or other proof of committed sources. Should any sources contain affordability restrictions, please list the AMI and/or target population restrictions and the number of restricted units:

Indicate in this table the Funding Sources you anticipate for your Project
 After completing this table, click the Update button to update for budget tables.

Type	Construction Sources	Permanent Sources
Commercial Loans		
Commercial	<input type="checkbox"/>	<input type="checkbox"/>
Type		
4% Tax Credit Equity	<input type="checkbox"/>	<input type="checkbox"/>
9% Tax Credit Equity	<input type="checkbox"/>	<input type="checkbox"/>
Deferred Developer Fee	<input type="checkbox"/>	<input type="checkbox"/>
Deferred Reserves	<input type="checkbox"/>	<input type="checkbox"/>
Developer Equity	<input type="checkbox"/>	<input type="checkbox"/>
FHLB AHP	<input type="checkbox"/>	<input type="checkbox"/>
New Market Tax Credits	<input type="checkbox"/>	<input type="checkbox"/>
HEART	<input type="checkbox"/>	<input type="checkbox"/>
San Mateo County		
Measure A/K	<input checked="" type="checkbox"/> # of lines needed: 3	<input checked="" type="checkbox"/>
MTW	<input type="checkbox"/>	<input type="checkbox"/>
Redevelopment	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>
MHSA	<input type="checkbox"/>	<input type="checkbox"/>
HOME	<input type="checkbox"/>	<input type="checkbox"/>
CDBG	<input type="checkbox"/>	<input type="checkbox"/>
CESH	<input type="checkbox"/>	<input type="checkbox"/>
Noncompetitive NPLH	<input type="checkbox"/>	<input type="checkbox"/>
City		
City CDBG	<input type="checkbox"/>	<input type="checkbox"/>
City HOME	<input type="checkbox"/>	<input type="checkbox"/>
City General Fund	<input type="checkbox"/>	<input type="checkbox"/>
City Redevelopment Fees	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
State		
AHSC	<input type="checkbox"/>	<input type="checkbox"/>
ESG	<input type="checkbox"/>	<input type="checkbox"/>
HHC	<input type="checkbox"/>	<input type="checkbox"/>
MHP	<input type="checkbox"/>	<input type="checkbox"/>
MHSA	<input type="checkbox"/>	<input type="checkbox"/>
Competitive NPLH	<input type="checkbox"/>	<input type="checkbox"/>
PLHA	<input type="checkbox"/>	<input type="checkbox"/>
SHMHP	<input type="checkbox"/>	<input type="checkbox"/>
VHHP	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Federal		
HUD 108	<input type="checkbox"/>	<input type="checkbox"/>
HUD 202	<input type="checkbox"/>	<input type="checkbox"/>
HUD 811	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Other		
Other	<input type="checkbox"/>	<input type="checkbox"/>

[Update Budget Tables](#)

Construction Sources

Commercial Loan	Lender	Amount	Cost Per Dwelling Unit	Proof if Committed
Type		Amount	\$/DU	Proof if Committed
San Mateo County		Amount	\$/DU	Proof if Committed
Measure A/K	AHF Round(s): <input type="text"/>	<input type="text"/>		Click to Upload
Measure A/K	AHF Round(s): <input type="text"/>	<input type="text"/>		Click to Upload
Measure A/K	AHF Round(s): <input type="text"/>	<input type="text"/>		Click to Upload
San Mateo Cities		Amount	\$/DU	Proof if Committed
State		Amount	\$/DU	Proof if Committed
Federal		Amount	\$/DU	Proof if Committed
Other	Lender	Amount	\$/DU	Proof if Committed
Total			\$0	
Total should match Total Project Cost:			\$0 from Part I.A	

[Copy Construction to Permanent](#) Click this button to copy all information from Construction Sources to Permanent Sources. Values can be edited after copying

Permanent Sources

Commercial Loan	Lender	Amount	Cost Per Dwelling Unit	Proof if Committed
Type		Amount	\$/DU	Proof if Committed
San Mateo County		Amount	\$/DU	Proof if Committed
San Mateo Cities		Amount	\$/DU	Proof if Committed
State		Amount	\$/DU	Proof if Committed
Federal		Amount	\$/DU	Proof if Committed
Other	Lender	Amount	\$/DU	Proof if Committed
Total			\$0	
Total should match Total Project Cost:			\$0 from Part I.A	

Tax Credit Type	Amount	Self Score (If round is within 1 year of this app, DOH requires self-score)	CTCAC/CDLAC Committee Meeting Date
<input type="checkbox"/> 4%	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 9%	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Construction Bids/Estimates: Please attach copies of any construction bids/ estimates obtained, (VI.A3) - [Click to Upload](#)

4. Please describe how the requested AHF funding will allow you to move closer to construction closing. Describe how and when the funding will allow you to close (if applicable). If the funds do not directly lead to a construction start, describe the intended use of the funds and when you expect to utilize them.

You have 1500 characters left.

5. State Funding Programs. Please describe the applicability of each state funding program listed in the table below for the Project and the status of any state funding applications.

State Program	Applicability of Program for Project	Status of funding application, if applicable	Application Due Date/Anticipated Due Date [MM/DD/YYYY]
Infill Infrastructure Grant	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
No Place Like Home	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Multifamily Housing Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Affordable Housing and Sustainable Communities	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Transit Oriented Development	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Veterans Housing and Homelessness Prevention	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Housing for a Healthy California	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>
Other: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>

6. Anticipated Financing Commitments (excluding State Funding Programs). Briefly describe below any anticipated financing commitments, including the projected timing of each commitment, and likelihood of receiving each commitment, provided by (a) the local jurisdiction or (b) another entity. [Note: you will need to provide financing commitment letters, if/when the source is later obtained, in Section VI.A(2) of this application]:

You have 1500 characters left.

7. Affordability Restrictions. If the County provides AHF funds to your project, an affordability term will be required as described in the NOFA Overview and Funding Guidelines. Describe below any affordability restrictions that will/may be imposed by other funding sources:

You have 1500 characters left.

8. Anticipated/ Approved Land Donation or Below-Market-Rate Land Provision. Project has anticipated or approved land donation, or provision of below-market-rate land transfer or ground lease, provided by (a) the local jurisdiction or (b) another entity.

Yes No

9. Anticipated / Approved Cost-Saving Incentives from the Local Jurisdiction. The local jurisdiction with entitlement authority for the Project has provided, or is anticipated to provide the Project, one or more cost-saving incentives, such as fee reductions or waivers, by-right zoning, density bonus, parking requirement reduction, or other such cost-saving incentive.

Yes No

10. Fees. Please complete the chart below by listing confirmed or anticipated fees to be paid. If a fee waiver or reduction has been granted, or anticipated, enter the fee amount with and without the reduction/waiver. If the fee does not apply to your project, please enter zero (0) for the applicable line item. If no waiver or reduction is anticipated for a given fee, enter the same amount in both columns. The sum of the fees listed in the "Amount with Reductions/Waiver" column should equate to the cost of the fees included in the Project development budget. Use the space below the table to explain any issues.

Fee	Amount of Fee	Amount of Fee Waived	Amount with Reductions/Waiver (to be paid)
Planning and Building Fees			
Plan Review Fee			\$0
Permitting Fee			\$0
Other Planning/Building Fee:			\$0
Other Planning/Building Fee:			\$0
Other Planning/Building Fee:			\$0
Other Planning/Building Fee:			\$0
Impact Fees			
Community Development Fees			\$0
Drainage Facilities			\$0
Facilities Assessment			\$0
Fire Facilities			\$0
			\$0

General Facilities				
Governmental/Environmental				\$0
Law Enforcement Facilities				\$0
Library Facilities				\$0
Parks & Recreation				\$0
Public Facilities				\$0
Schools				\$0
Streets & Signals				\$0
Traffic Fees				\$0
Waste Water Collection				\$0
Waste Water Treatment				\$0
Water Facilities				\$0
Other Impact Fee:				\$0
Other Impact Fee:				\$0
Other Impact Fee:				\$0
Other Impact Fee:				\$0
Other Impact Fee:				\$0
Total Fees Waived:				\$0
Comments / Issues:				
<div style="border: 1px solid black; height: 20px;"></div>				

B. Budget.

1. Development Budget Narrative. Describe committed or anticipated construction and permanent sources, attempts to leverage County funds to the greatest degree possible, and considerations for including 4% or 9% tax credit financing scenarios for the Project. Include also a discussion of the applicability of Affordable Housing and Sustainable Communities funding for the Project. If multiple financing scenarios are currently under consideration, describe the variables, what information you expect will lead to the determination of the final financing plan, and your expectations for the outcome.

You have 1500 characters left.

2. Development Budget. Attach as Attachment (VI.B2), a Development Financial Proforma, including itemized development budget, construction and permanent sources and uses table, year 1 income projection with unit breakdown by AMI level and size, year 1 operating expense projections (including services), loan sizing worksheet, and tax credit assumptions with basis calculation and equity raise expectations. Please upload as an unlocked Excel document.

[Click to Upload](#)

3. Operating Budget. Attach as Attachment (VI.B3), a 30-year cash flow projection showing estimated project income, operating expenses (including services), reserves, debt service and distributions. Please upload as an unlocked Excel document.

[Click to Upload](#)

3a. What is the Year 1 Debt Coverage Ratio indicated in your Operating Budget?:

3b. If the Year 1 Debt Coverage Ratio indicated in your Operating Budget is greater than or less than 1.15, please provide an explanation:

4. Inclusionary Project. Is the proposed project a component of - or does it meet requirements for a commercial or other non-residential project for - an inclusionary housing requirement implemented by the local jurisdiction?

Yes No

If 'yes' please attach a letter from the local jurisdiction regarding the inclusionary requirements applicable to the project and if/how the project proposes to exceed the inclusionary requirement of the local jurisdiction. Attach as Attachment (VI.B4)

[Click to Upload](#)

[Save and Continue](#)

Attachments

If attachments are unavailable to upload, please explain when they will be available

<input type="checkbox"/> Proposed Homebuyer Loan Terms (I.A1)	
<input type="checkbox"/> Applicant IRS Determination Letter for 501(c)(3) tax-exempt status(I.B1)	
<input type="checkbox"/> Borrower IRS Determination Letter for 501(c)(3) tax-exempt status(I.B2)	
<input type="checkbox"/> Federal EIN/TIN Number IRS Letter (I.B3)	
<input type="checkbox"/> Development Team Information. (II.A1)	
<input type="checkbox"/> Corporate Borrowing Resolution authorizing submission of this funding application, OR an explanation of when you anticipate receiving such authorization (II.A2)	
<input type="checkbox"/> Borrower's Financial Statements for last two (2) years (II.A3)	
<input type="checkbox"/> Borrower's most recent completed final audit report available (II.A4)	
<input type="checkbox"/> Borrower's IRS Form 990 for most recent tax year (II.A5)	
<input type="checkbox"/> Evidence of Developer Experience. (II.C1)	
<input type="checkbox"/> Applicant Reference (II.C2)	
<input type="checkbox"/> Ownership Structure Chart (II.D)	

<input type="checkbox"/> Project Schedule/ Timeline (III.A4)	
<input type="checkbox"/> Architectural. Site Plan and Elevations, Schematic Drawing (III.D)	
<input type="checkbox"/> Relocation Plan (III.E)	
<input type="checkbox"/> Transit and Services Map. (III.F)	
<input type="checkbox"/> Rent Roll Attachment (III.H)	
<input type="checkbox"/> Income Survey (III.I)	
<input type="checkbox"/> Quality of Proposed Services (IV.B1)	
<input type="checkbox"/> Commitment for Provision of Supportive Services (IV.B4)	
<input type="checkbox"/> HUD Section 3 Plan (IV.C)	
<input type="checkbox"/> Site Location Map (V.A)	
<input type="checkbox"/> Evidence of Site Control. (V.D1)	
<input type="checkbox"/> Preliminary Title Report (V.D2)	
<input type="checkbox"/> NEPA Environmental Assessment (Part 58) (V.E1)	
<input type="checkbox"/> Phase I (V.E3)	
<input type="checkbox"/> Phase II (V.E4)	
<input type="checkbox"/> Remedial Action Plan (V.E5)	
<input type="checkbox"/> Appraisal, obtained within the last 12 months (V.F1)	
<input type="checkbox"/> Recent Comparable Sales (V.F2)	
<input type="checkbox"/> Construction Estimate. Bids/estimates, if available.(VI.A3)	
<input type="checkbox"/> Evidence of Land Donation or Provision of Below-Market-Rate Land.(VI.A8)	
<input type="checkbox"/> Financial Proforma - Upload as an unlocked Excel doc (VI.B2)	
<input type="checkbox"/> 30-Year Cash Flow Projection for Project - Upload as an unlocked Excel doc(VI.B3)	
<input type="checkbox"/> Letter Regarding Inclusionary Project Requirements (must be on applicable jurisdiction letterhead) (VI.B4)	
<input type="checkbox"/> Construction Commercial Loan	
<input type="checkbox"/> Construction FHLB AHP	
<input type="checkbox"/> Construction New Market Tax Credits	
<input type="checkbox"/> Construction HEART	
<input type="checkbox"/> Other - <input type="text"/>	
<input type="checkbox"/> Other - <input type="text"/>	
<input type="checkbox"/> Other - <input type="text"/>	

[Click here to go to the Document Upload page](#) (Your application will be saved)

This application was prepared by:

Name: Title: Email:

Please check your application carefully before submission. All questions **must** be answered, and incomplete or missing answers will adversely affect consideration of your application.

I/We certify that the information and statements submitted in and attached to this application, are true, accurate and complete to the best of my/our knowledge. I/We authorize the Department of Housing to verify any information pertaining to this application. I/We acknowledge and understand that if facts and/or information herein are found to be misrepresented, it may constitute grounds for rejection of the application or default of the allocation for which this application is being made.

This application must be filled out and submitted electronically.
Please fill in all applicable boxes above, enter your name, and click the "Submit Application" button

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