



## **HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)**

### **2010-2011 Application**

City of Salem  
Urban Development Department  
350 Commercial Street NE  
Salem, OR 97301

Attn: Toni Payseno



## GENERAL INSTRUCTIONS:

Applications must be typed. Original documents must be submitted. Handwritten applications will not be processed and will be returned. Electronic copies will not be accepted. Failure to submit a complete application and all required copies by the submission date will result in the application being disqualified.

**The completed application and all supporting documentation must be submitted to the address on the cover page no later than December 15, 2009 at 5:00 pm. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. All information requested must be submitted for each application. Postmarks will not be accepted. Applications cannot be faxed or sent electronically.**

Please read the general instructions section thoroughly before completing this application.

You must use this form for your application. Narrative responses to the questions should not exceed two (2) pages per question.

An application should be submitted for each project. If there is more than one project, then a separate application must be submitted for that project. Please indicate priority for funding when submitting more than one (1) application.

The 2010 program year runs from July 1, 2010 to June 30, 2011. Projects are expected to begin shortly after July 1, 2010 and be completed by June 30, 2011. Preference will be given to those projects completed during the program year. Program year funds may be subject to reallocation if the project is not completed in the year funded or if there has not been substantial progress toward completion.

Application funding will be allocated to projects or programs that address the following 2009-2013 Consolidated Plan priorities:

- Homeless and Decent Housing
- Promote/Create Economic Development
- Provide Affordable Housing
- Revitalize Low-Income Neighborhoods

The City of Salem reserves the right to allocate funding for proposed projects in either CDBG, HOME or General funds based on need and availability.

Performance Measurement System – HUD requires recipients of federal funding to assess the outcomes of the proposed project in question. Performance Measurement System has been designed to establish and track measurable goals and objectives for the CDBG and HOME programs. All approved applicants will be required to comply with the Performance Measurement System.

## TECHNICAL ASSISTANCE:

If additional technical assistance is required, please contact:

Rena Peck – 503.588.6178 ext 7546  
rpeck@cityofsalem.net

Toni Payseno – 503.588.6178 ext 7539  
tpayseno@cityofsalem.net

**Public Records and Confidentiality of Application.** By submitting an Application, the Applicant acknowledges that information submitted to the City of Salem is open to public inspection under the Oregon Public Records Law, ORS 192.410 through 192.505. One (1) copy of each original Application shall be kept for the City of Salem Urban Development Department for a minimum period of one (1) year. The Applicant is responsible for becoming familiar with and understanding the provisions of the Public Records Law.

The Applicant may identify information submitted to the City as confidential. Prior to submitting such information to the City, the Applicant shall prominently mark in conspicuous letter any information with the words 'Confidential Information' and state in writing that the Applicant wishes the material to be held in confidence and the reasons therefore. The City may treat any information so marked as confidential and not subject to public disclosure, to the extent permitted by law. If the City receives any public records request for disclosure of such information, within ten (10) City working days of receiving any such request, the City shall provide the Applicant with written notice of the request, including a copy of the request. The Applicant shall have ten (10) City working days within which to provide a written response to the City, before the City may disclose any of the requested confidential information. Whether the Applicant submits any written response to the City, the City shall retain the final discretion to determine whether to release the receipt of any response from the Applicant prior to releasing such information. The Applicant does not waive any rights to seek a protective order from a court of competent jurisdiction restraining the City from disclosing such information.

## ELIGIBILITY REQUIREMENTS:

### **Applicant Eligibility**

Applicant organizations must be either: (1) a public agency (i.e. a city department) (2) a non-profit entity with current 501(c)(3) exempt status or (3) a for-profit agency that shares the same goals and vision as the Housing and Community Development Consolidated Plan.

Application submittal must be approved by the applicant/agency's board of directors (if applicable) and signed by an authorized representative.

**Any expenses incurred prior to application approval are ineligible expense.**

### **Project Eligibility**

HOME Investment Partnerships (HOME) applications must meet the following project eligibility guidelines. Eligible projects are limited to:

- a. Homeowner or rental housing rehabilitation or construction.
- b. Assistance to homebuyers.
- c. Tenant-based rental assistance.

All HOME projects must benefit low and very low-income persons (defined by HUD as not exceeding 60% of the area median family income), see Attachment E, Income Limits.

**HOME** projects must be located within designated target areas and serve residents in the City of Salem and the City of Keizer.

## APPLICATION GUIDELINES AND PROCESS

Proposed projects could be eligible for 2010-2011 Program Year funding which begins on July 1, 2010 and ends on June 30, 2011.

Project goals should be attainable within a defined period of time (typically one year) and should achieve measurable results under the performance measurement system.

Funds will not be used for ineligible items defined under the HOME federal regulatory guidelines. Examples include but are not limited to, reducing existing budget deficits, educational scholarships, entertainment, lobbying expenses, indirect or general agency administrative costs, etc.

Successful applicants will be required to execute an agreement with the City and provide insurance coverage prior to receiving funding.

### **Review Process**

It is the responsibility of the City of Salem to ensure that funds are disbursed wisely and managed effectively in the delivery of services that are most beneficial to the community. To fulfill this responsibility, the City of Salem will conduct a review of all applications to evaluate the operation, services, and budgets of the proposed projects. Projects must be able to show financial feasibility, management capacity, consistency with the goals and objectives of the 2009-2013 Consolidated Plan and be in compliance with the Department of Housing and Urban Development (HUD) regulations. The Housing and Urban Development Advisory Committee will review the applications and make funding recommendations to the City Council through the Annual Action Plan and City Budget process.

### **Review Criteria**

- Applicants must demonstrate that each project is consistent with the 2009-2013 Consolidated Plan.
- Applications must be complete and include all applicable supporting materials.
- Applications must be for specific projects which serve income-eligible persons, fill a current unmet need, and compliment existing local projects.
- Each applicant must demonstrate adequate management and fiscal controls within its current organization to undertake the proposed project.
- Applicants must report all funds, including those from other sources, which are being requested or are proposed.
- Applicants who previously received CDBG or HOME funding must report the status of that funding, including actual accomplishments.
- Applicant must demonstrate the successful implementation of any previously funded project(s).
- Applicant must be current on all loans with the City and have no outstanding monitoring issues.

## COMMUNITY HOUSING DEVELOPMENT ORGANIZATIONS (CHDO)

Organizations wishing to become a CHDO or those already determined qualified must submit an application for operating funds that meet the following guidelines for certification or recertification:

1. Evidence in the organization's Charter, Articles of Incorporation, Bylaws or a resolution of the board:
  - That the purpose of organization is to provide decent, safe, sanitary affordable housing.
  - Indicate a clearly defined service area.
2. Evidence of non-profit status.
3. Submit a Board roster that clearly indicates composition of one-third low-income representatives (see attached documentation for the breakdown of the required representatives) and not more than 1/3 public officials.
4. Provide a policy on how the CHDO provides for low-income input or feedback on proposed projects.
5. Demonstrates at least one year of experience serving the community with the intent of creating affordable housing.
6. Demonstrates capacity of key staff to carry out the planning and management of a project.
7. Financial accountability standards that conform to 24 CFR 84.21, "Standards for Financial Management Systems."
8. Provide a detailed five (5) year plan indicating how the sponsor will create capacity by the end of the five (5) year period.

# CHECKLIST OF DOCUMENTATION REQUIRED FOR APPLICATION SUBMISSION

Copies of the following documents must be provided as applicable:

Applicant Information

Program/Project Description

Program/Project Budget (if multiple funding sources list entire budget with costs allocated to specific source)

CHDO Operating Expense and Documentation (Attachment A)

Request and commitment letters from other funding sources, if applicable

Program/Project Timeline (Attachment C)

Status of Previous Projects/Programs (Attachment D)

Disclosure of Potential Conflicts of Interest Policy (a copy of organization's policy)

Concurring Resolution by Board to submit application (Attachment B)

Service area map, if applicable (**area benefit criteria only**)

Current Organizational Chart

IRS Tax determination letter: 501(c)(3)

Current Bylaws and Articles of Incorporation

Most recent independent audit (if less than \$500,000 received in federal funds) **OR**;

Most recent audited financial statement (if more than \$500,000 received in federal funds)

Auditor's management letter

Current list of Board of Directors – including terms.

Record Retention Policy addressing terms and methods for securing federal files

## **Housing Projects Only:**

Affirmative Marketing Plan for five (5) or more housing units (Attachment M)

Property Management Agreement, if applicable

Tenant selection policy

## **Housing Acquisition, Construction or Rehabilitation Projects:**

Program/Project Budget (if multiple funding sources list entire budget with costs allocated to specific source) (Attachment K)

Sources and Uses of Financing (Attachments G-K)

Pro-forma, Summary Debt Service Analysis, Ten-Year Operating, Ten-Year Operating Debt Service (Attachments F-K)

Documentation indicating notification to local neighborhood

Transitional Housing, plan for moving tenants to self-sufficiency, if applicable

Architect certification that units meet Section 504 requirements, if applicable (Attachment L)

Uniform Relocation Act notices

Copies of drawing/plans and specs for construction projects and substantial rehabilitation projects).

# APPLICATION REQUEST INSTRUCTIONS

General instructions for completion of the project application.

## 1. PROJECT TITLE AND SPONSOR INFORMATION

- The title should be a brief description of the proposed project, for example, Evergreen Street Apartments.
- Enter the name of the agency applying for funds, mailing address, contact person and phone number. The contact should be the person who prepared the application or who can answer questions regarding the application.
- The authorized representative signature should be the person who is authorized by the sponsor's governing body to submit the application on behalf of the sponsor (e.g. Chief Administrative Officer, Executive Director, Chairperson of Board of Directors, etc.)  
**Submit a copy of the board-approved resolution authorizing submittal of the application; the attachment section contains a sample resolution.**

## 2. ORGANIZATION TYPE

- Check the organization type.

## 3. ORGANIZATION IDENTIFICATION

- Provide Tax ID and DUN's #.

## 4. TOTAL FUNDING REQUEST AND SOURCE

- Indicate amount of funding requesting. Check box if requesting CHDO operating funds.

## 5. FUNDING PRIORITY

- If you are submitting more than one project application, please indicate the priority you place on each project (i.e. 1, 2, 3...).

## 6. TYPE OF PROJECT

- Select the project type that best describes your application. Select only one (1) of A through J and one subgroup, if applicable. Answer questions describing project.

## 7. OUTCOME PERFORMANCE MEASUREMENT STATEMENT

- Create an outcome statement that summarizes the program or project goals, objectives, and outcomes.

## 8. SITE LOCATION

- Provide as much detailed information as possible. Follow the instructions listed with each section.

## 9. DETAILED DESCRIPTION OF PROJECT

- Provide additional details so the project and goals are clear.

## 10. NATURE OF PROBLEM/REMEDY

- Provide a clear description of the problem/remedy.

## 11. PROJECT SCHEDULE

- Indicate start and completion dates.

## **12. CONSTRUCTION PROJECT INFORMATION**

- Complete only if you have a proposed project that will require construction or rehabilitation.

## **13. PROJECT FINANCIAL SUMMARY**

- Identify all sources (funds) and uses (expenses) requested. Amount of funds leverage should include both pending and committed funding sources for your proposed project. Attach a separate sheet if additional space is required. Please include in-kind donations received.

## **14. NARRATIVES**

- Complete each narrative as it relates to the proposed project. Limit responses to no more than two (2) pages per question.

## **15. RENTAL PROJECT NARRATIVES**

- If requesting funds for a rental project, also complete each narrative as it relates to the proposed project. Limit responses to no more than two (2) pages per question.

## **16. CERTIFICATION**

- Each project application must certify (if funded) the project will comply with the federal requirements detailed in this certification.

## **17. ATTACHMENTS**

- Complete attachments A-M as applicable

**City of Salem**  
HOME Application for Funding  
2010-2011

FOR STAFF ONLY  
Project # \_\_\_\_\_  
Date R'vd \_\_\_\_\_  
Eligible \_\_\_\_\_

**1. TITLE AND SPONSOR:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Application Contact Name/Email address: \_\_\_\_\_

**2. ORGANIZATION TYPE:** (check one)

501(c)(3) non-profit

for profit, public

CHDO

Other

**3. ORGANIZATION'S IDENTIFICATION**

TAX ID #

ORGANIZATION'S DUNS #

**4. TOTAL FUNDING REQUEST:**

CHDO Operating (if checked, complete Attachment A)

**5. FUNDING PRIORITY:** If submitting multiple applications, please indicate **your** priority:

**Funding Priority**

**6. TYPE OF PROJECT:** (Select only one from A through L and one subgroup, if applicable)

- A. New construction  
Rental housing
- B. Rehabilitation  
Alteration, improvement or modification of an existing structure
- C. Reconstruction  
Rebuilding a structure on the same lot where housing is standing  
Construct or repair foundations
- D. Conversion  
Converting an existing structure from another use to affordable residential housing if extended beyond existing structure.
- E. Acquisition of Property
- F. Demolition
- G. Relocation costs  
Permanent relocation assistance  
Temporary relocation assistance
- H. Project related soft costs  
Architectural, Engineering, other related professional services  
Project audit costs
- I. Other – Please describe:

**Will the proposed project:** YES NO

- Help prevent homelessness?
- Help the homeless?
- Help those with HIV or AIDS?
- Primarily help persons with disabilities?

**Who will this project serve:**

Target Population Income Level (number of units)

|                           |                           |
|---------------------------|---------------------------|
| At or below 80% of median | At or below 60% of median |
| At or below 50% of median | At or below 30% of median |
| No income                 | Total units               |

Total Number of People expected to be served

Total Number of households expected to be served

**Ethnic Populations**

Please indicate total number project will serve.

White

African American

Asian

American Indian or Alaska Native

Native Hawaiian

Hispanic/Latino

Other

Russian

**Special Needs Beneficiaries (if applicable):**

Elderly (over 62)

Frail Elderly

Disabled

Homeless

## Rental Housing Projects Only:

### Age of Property

If any structures are over 50 years old, the project must be reviewed by the State Historic Preservation Office (SHPO). The City will contact SHPO for you.

YES NO NA

Is property currently occupied?

Is property located in a flood zone?

Are there existing structures on the project site?

Will any structures be retained or demolished?

If retained, do the plans or specs include any work that might interfere with the historic integrity of the structure(s)?

Does this project consist of transitional housing?

*(If yes, a plan for moving tenants to self-sufficiency must be submitted with this application.)*

If a new construction project with 5 or more units, or a rehabilitation project with 5 or more units, do the specs or plans address Section 504 requirements?

Has project architect certified that units meet Section 504 requirements?

Are 5% of **total** units (not just HOME units) accessible?

Are an additional 2% of **total** units accessible for the blind and deaf?

Total number of accessible units in this project:

### If project involves occupied units:

Does either a residential or commercial tenant currently occupy the property?

Has a tenant survey been completed for each unit or commercial space?

Are proposed rents greater than 30% of tenant's income?

*(If yes, then tenants are economically displaced.)*

Was a General Information Notice sent to each tenant?

Will any tenants be **temporarily** displaced?

If yes, how many?

Will any tenants be **permanently** displaced?

If yes, how many?

Have funds been budgeted for relocation and are they reflected in the "Sources and Uses" proforma page?"

### If project includes acquisition of land or improvements:

Has all Uniform Relocation Act (URA) notices been sent to seller?

If the land purchase has closed, was the URA notice sent to seller?

***(All notices signed by seller must be submitted with this application)***

## Lead Paint Issues for Rehabilitation Projects

YES NO NA

Was the project built prior to 1978?

Has it been tested for a presence of lead paint?

If yes, by whom?

Date tested?

If not, what are the plans for do so and when?

How much was budgeted for lead paint assessment, stabilization and final clearance? What method was employed to arrive at the budget figure?

How much has been budgeted for temporary relocation of tenants during lead paint work?

What method was employed to arrive at the budget figure?

Is a lead paint plan included in your Rehabilitation Assessment?

Attach lead paint test results to your Rehabilitation Assessment (if testing has been performed).

**RENTAL PROJECT COST**

Total HOME funds requested (Line a)

Total value of other resources

**Total project cost**

Value of In-Kind donations  
(Describe in narrative)

**Minimum number of HOME assisted units**

**Total Project Cost**

Less offsite costs

Less Community building costs (if detached from housing)

Less Commercial space costs

**Total HOME eligible cost amount** (Line b)

HOME request divided by HOME eligible costs equals % of units that are HOME assisted

Line (a) ÷ Line (b) = %  
 ÷ = % (Line c)

Total number of units in project x the % of HOME assisted units equals minimum number of HOME assisted units.

Total units x Line (c) = number of HOME units

x = (Line d)

Verify that the HOME subsidy limit, based on the number of HOME assisted units in Line (d) equals or exceed the HOME request. (See program year subsidy limits below)  
 (HOME subsidy per unit type x number of HOME assisted units)

- (Subsidy limit for bedroom unit) x =
- (Subsidy limit for bedroom unit) x =
- (Subsidy limit for bedroom unit) x =
- (Subsidy limit for bedroom unit) x =

(Line e)

**2009 HUD Subsidy Limits**

|           | Unit Type | Subsidy limit based on unit type |
|-----------|-----------|----------------------------------|
| 221(d)(3) | 0         | \$128,092                        |
|           | 1         | \$147,688                        |
|           | 2         | \$178,115                        |
|           | 3         | \$227,993                        |
|           | 4         | \$253,993                        |

HOME subsidy total from Line (e) equals or exceed HOME request from Line (b)? If not, recalculate and increase number of HOME units in Line (e).

Minimum number of HOME assisted units (greater of Line (d) or Line (e)). (Line f)

New % of HOME assisted units? (if different from Line (c) above). (Line g)

**If your project has more than five (5) units, at least 20% of the units will need to be Low Home rent units (round up).** Total # High Total # Low

HOME Assisted Units

| # of HOME Assisted Units | Bedroom Size | % of Median | Combined rent & utility allowance | Low HOME Rent | High HOME Rent |
|--------------------------|--------------|-------------|-----------------------------------|---------------|----------------|
|                          |              |             |                                   |               |                |
|                          |              |             |                                   |               |                |
|                          |              |             |                                   |               |                |
|                          |              |             |                                   |               |                |
|                          |              |             |                                   |               |                |

Are the HOME assisted units dispersed throughout the project?

Number of separate buildings in the project.

Number of HOME units in each building.

Are HOME assisted units distributed by bedroom size?

For example, if a project contains 2 & 3 bedroom units and 16% of the 2 bedroom units are HOME assisted, then 16% of the 3 bedroom units should be HOME assisted.

Do 80% of the HOME assisted units have rents at or below the high HOME limits?

Do 20% of the HOME assisted units have rents at or below the low HOME limits?

Are the HOME funds being used with LIHTC?

Will the 130% LIHTC bonus be claimed?

Are the HOME funds being removed from the LIHTC basis?

If not removed from LIHTC basis is only the 4% credit being claimed?

Attach an additional page if additional space is needed for the following:

**7. PERFORMANCE MEASUREMENT OUTCOME STATEMENT**

Create an outcome statement that summarizes the program or project goals, objectives, and outcomes (i.e. **describe number of clients served, their income limits and what service you will provide**).

**8. SITE LOCATION:**

Provide a street address or other locational information indicating specifically where the activity is physically being carried out. For activities not located at a specific street address, provide beginning and ending points, e.g. James Street from 5<sup>th</sup> to 10<sup>th</sup> Street. **ZIP CODES AND CENSUS TRACTS MUST BE INCLUDED FOR EACH SITE LOCATION.**

**9. DETAILED DESCRIPTION OF PROJECT:**

In concise, measurable, and quantifiable terms, describe the work to be accomplished with the funds requested, including specific physical description if applicable, along with a detailed line item budget. **Administrative costs must include an itemized budget breakdown.**

**10. NATURE OF PROBLEM/REMEDY:** If the project is proposed to remedy a problem, provide a detailed description of the nature of the problem, and indicate how the proposed project will correct the situation. Attach additional paper if necessary.

**11. PROJECT SCHEDULE**

Estimated Date Project will begin

Estimated Completion Date



### 13. PROJECT FINANCIAL SUMMARY

Identify all funding sources, including federal, state, county, local, tax credits, and private grants or loans, committed or applied. **If funds are pending or committed by other funding sources, a verification letter must be submitted.**

| SOURCES OF FUNDS               |  |
|--------------------------------|--|
| HOME Funds requested           |  |
|                                |  |
|                                |  |
|                                |  |
| <b>*Total Sources of Funds</b> |  |
|                                |  |
| USES OF FUNDS                  |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
|                                |  |
| <b>*Total Uses of Funds</b>    |  |

\*These totals must be the same

#### Amount of Funds Leveraged

| Source                         | Amount | % of Total Project Cost | Grant/Loan | Status Pending/Committed |
|--------------------------------|--------|-------------------------|------------|--------------------------|
| HOME                           |        |                         |            |                          |
| Local funds (Specify):         |        |                         |            |                          |
| State funds (Specify):         |        |                         |            |                          |
| Other federal funds (Specify): |        |                         |            |                          |
| Private Financing (Specify):   |        |                         |            |                          |
| Tax Credits                    |        |                         |            |                          |
| Other (Specify):               |        |                         |            |                          |
| Totals                         |        |                         | N/A        | N/A                      |

**14. NARRATIVES:** Please provide a maximum two-page response for each of the following statements:

**TEAM DEVELOPMENT**

Describe the collaboration of team members who will be working on the development of this project. Include the members of the board or staff and their experience in developing a team on a similar type of project. Examples may include, but are not limited to, staff, contractors, architects, consultants, developers and designers.

**MANAGEMENT ABILITY**

Describe the management structure and staffing of your organization. Describe how your organization can carry out this project and its ability to manage the project over time. Identify other organizations involved in the management of this project.

Please provide a copy of the Agency's most recent complete financial statements and audit, including the findings. Complete financial statements should include a statement of financial position, statement of activities, cash flow statement, statement of changes in net assets and notes to the financial statements, if available.

**CITIZEN SUPPORT**

Describe how citizens, neighborhoods, agencies, and others were involved in the development of this project application and how they will be involved in the implementation of the project if HOME funds are awarded. Attach materials that demonstrate how citizens were involved in the project application such as public meeting minutes, neighborhood meetings, letters of support, fund raising materials, documented volunteer hours, etc., which demonstrate this support. Indicate when and where were public hearings held and how the public was notified about this project.

**REASONABLE ACCOMMODATIONS**

Describe how your organization provides reasonable accommodations to individuals with disabilities or language barriers.

**STATUS OF PREVIOUSLY FUNDED HOME/CDBG PROJECTS**

If your organization has received funding from the City before, complete this section for all projects funded including those not yet completed.

**ASSOCIATED SERVICES**

Describe in detail the associated social services such as; case management, day treatment, or other services that will be provided or coordinated for special populations. Please attach any contractual agreements currently in place or proposed for the provision of services and the source of funds. Describe any licensing requirements associated with the project. Give a timeline for obtaining licenses and/or permits. Explain how your program partners with community organizations, and assists your clients, tenants and potential customers.

**WORKPLAN AND SCHEDULE**

Provide a detailed work plan showing all the activities and sub-activities of the project (for example, financing, closing, and construction) and a completion date for each activity and sub-activity. List past, current, and future tasks necessary for timely completion and ongoing management. *When preparing the work plan and schedule, please consider all the other funding source requirements and state and local permitting.*

**BUDGET NARRATIVE**

Please describe the type and status of anticipated funds that can be committed by July 1 and list any limitations or funding restrictions.

**Anticipated Objective – Measurable Outcomes**

Describe in measurable, objective terms the results you expect to achieve from this project. Your answer should include economic and social results.

**15. RENTAL HOUSING PROJECT NARRATIVES ONLY**

**PROJECT MANAGEMENT CAPABILITY**

Municipalities may utilize existing staff expertise to meet management requirements if adequate experience and time available is demonstrated. Non-profit applicants who propose to utilize existing staff must clearly demonstrate that staff is capable of project management, taking into consideration the complexity of the project.

The project sponsor will be required to designate a Project Manager to coordinate and monitor all aspects of the project.

Please provide the following information relative to management of this project:

- a. Name and title of the designated Project Manager
- b. Past management experience related to this or similar project(s). Give examples of and list experience relative to the following:
  - Ability/experience in: dealing with appointed and elected officials, contractors, engineers, architects, clients, and citizens; resolving complaints, conducting meetings.
  - Ability/experience in: government contract administration; knowledge of federal regulations governing acquisition, procurement, equal employment opportunity, and labor standards.
  - Ability/experience in: establishing timeliness; drafting requests for applications, bid documents, and contracts; reviewing plans and specifications; negotiating contracts and change orders; approving requests for payment.

**OPERATION AND MAINTENANCE**

Project sponsors are required to operate and maintain facilities for the affordability period.

- a. Specify who will assume legal responsibility for operation and maintenance of the improvements or facilities if it is different than applicant; also specify who owns the facility.
- b. Describe how operations and maintenance will be provided during the affordability period (for both rehabilitation and for new construction). Include in your description:
  - A general statement of financial assets and resources at applicant’s disposal.
  - General administrative as well as budgetary performance.
  - Any problems the applicant has encountered over the past two years.
  - Past experiences in operating or administering a similar type of activity.
  - Staffing arrangements and source of financing for the ongoing operation and maintenance of the project. Indicate whether the expertise is available in-house or if staffing must be acquired.

**PROFORMA (RENTAL HOUSING ONLY)**

The pro-forma should reflect the unit type, rents, utility allowance, operating expenses, and proposed debt repayment.

**Affirmative Fair Housing**

Affirmative Fair Housing Marketing education is required for all sponsors requesting funds for housing projects. Please attach a list of courses attended, attendee names, dates attended and topics covered.

**CALCULATING HOME MATCH:** (a 25% non federal match is required)

HOME fund request

x .25

Match Requirement

For every HOME project funded there is a 25% match requirement. The following is a list of funding sources eligible to calculate match requirement:

- Cash or cash equivalent from a non-federal source.
  - Foundation donations
  - Present value of interest subsidy for loans made at rates below market
  - Housing Trust funds
- Value of waived taxes, fees or charges associated with HOME assisted units (% of total project).
- Value of donated land or real property.
- Cost of infrastructure improvements associated with HOME project.
- % of the proceeds of single-or multi family housing bonds issued by state, state instrumentality or local government.
- Value of donated materials, equipment, labor and professional services:
  - Volunteer hours calculate at \$10 an hour
  - Labor hours calculate at prevailing wage
- Sweat Equity
  - Unskilled labor calculate at \$10 an hour

Indicate each source and amount of match to the HOME funds. Include additional sheet if you need more room.

| Source of Match | Amount |
|-----------------|--------|
|                 |        |
|                 |        |
|                 |        |
|                 |        |

Multiply total of source by HOME units (Line c or g on page 16). If the greater of (Line c or g) exceeds 50%, then 100% of match can be credited.

X            %

**Total eligible match**

Does eligible match equal or exceed match requirement? If not, then additional match must be identified or designating additional HOME units may increase the amount of eligible match.

**Total eligible match**

**For CHDO's, Complete Attachments A-E**

**For all projects and programs; Complete Attachments B-E.**

**For all acquisition, rehabilitation or construction projects complete Attachments B-M.**

## 16. CERTIFICATION

I hereby certify that for any project, compliance is required in the following areas:

### **Utilization of Minority/Women & Disadvantaged Contractors**

Projects receiving funding must notify and include minority and women contractors in their bidding process. *Executive Order 11625 (Utilization of Minority Business Enterprise); Executive Order 12138 (Utilization of Female Business Enterprise).*

### **Labor Standards Provisions (Davis-Bacon)**

Construction projects resulting in 12 or more HOME units will be required to comply with prevailing wage requirements.

### **Section 3**

Projects receiving funding involving building or public facilities improvements must, to the greatest extent feasible, notify and utilize lower income residents for employment and training opportunities. (*24 CFR, Part 135*).

### **Environmental Regulations**

All funded projects will need to have an environmental review to ensure compliance with NEPA (National Environmental Protection Act) regulations. The environmental review must be completed PRIOR to any work beginning on a project.

### **Title VI of the Civil Right Act of 1964**

Which provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. (*Public Law 99-352*)

### **Title VIII of the Civil Rights Act of 1969**

Popularly known as the Fair Housing Act, which provides that it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States and prohibits any persons from discriminating in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including otherwise making unavailable or denying a dwelling to a person, because of race, color, religion, sex, or national origin. (*Public Law 90-294*)

### **ADA and 504 Compliance**

Projects receiving funding involving multi family projects, building or public facilities improvements must include accessibility and comply with the Americans with Disabilities Act Guidelines (ADAG).

To the best of my knowledge and belief all information in this application are true and current. I certify that all federal dollars to be expended on the project has been disclosed and the governing board of the applicant has duly authorized this document.

Authorized Signature: \_\_\_\_\_  
Executive Director/Board Chair

Date: \_\_\_\_\_



## Non Discrimination Employee Certification and Training

---

I, \_\_\_\_\_, have read, understand and will support the following City of Salem policies on behalf of \_\_\_\_\_:

To ensure compliance with Title VI of the Civil Rights Act of 1964; 49 C.F.R. Part 26; and related statutes and regulations to the end that no person shall be excluded from participation in or be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance from the U.S. Department of Housing and Urban Development on the grounds of race, color, sex or national origin.

Further, Salem Revised Code, Chapter 97, prohibits discrimination on the basis of race, color, religion, sex, marital status, familial status, national origin, age, mental or physical disability, sexual orientation gender identity or source of income.

Environmental Justice Principles also require:

- Avoid, minimize, or mitigate disproportionately high and adverse human health and environmental effects (including social and economic effects), on minority populations and low-income populations
- To ensure the full and fair participation by all potentially affected communities in the transportation decision-making process
- To prevent the denial of, reduction in, or significant delay in the receipt of benefits by minority populations and low-income populations

The management of \_\_\_\_\_ will support the above non-discriminatory policies, and in so far as we are aware, comply with all laws and specifications pertaining to non-discrimination.

Sponsor Name:

Executive Director/Manager: \_\_\_\_\_

Date:

## 17. ATTACHMENTS

| <b>CHDO Requirement Only:</b> |                   |
|-------------------------------|-------------------|
| Attachment A                  | CHDO requirements |

| <b>All Projects and Programs:</b> |                                       |
|-----------------------------------|---------------------------------------|
| Attachment B                      | Concurring Resolution                 |
| Attachment C                      | Project Timeline                      |
| Attachment D                      | Status of Previous Projects           |
| Attachment E                      | 2009 Income Limits (information only) |

| <b>Multi-family Construction or Rehabilitation Projects:</b> |   |
|--|---|
| Attachment F   | Proforma  |
| Attachment G   | Summary of Debt Service Analysis                |
| Attachment H   | Ten-Year Operating Proforma                     |
| Attachment I   | Ten-Year Operating Proforma, Debt Service       |
| Attachment J   | Multi-Family Unit Project Budget                |
| Attachment K   | Multi-family Unit Sources and Uses of Financing |
| Attachment L   | Section 504 Compliance Form                     |
| Attachment M   | Affirmative Fair Housing Marketing Plan         |

## Attachment A (applies only to Community Housing Development Organizations)

### **CHDO REQUIRED DOCUMENTATION**

The CHDO is intended to respond to a specific community need. Therefore, the structure of the board of directors of a CHDO is viewed as the main indicator of community control over the CHDO.

Documentation must be submitted that indicates the CHDO board is composed as follows:

- At least one-third must be representative of the low-income community;
- No more than one-third may be representatives of the government;
- The balance is unrestricted, and may include people such as human and social service providers, lenders, individuals with access to philanthropic resources, or others willing to contribute their professional expertise.

### **CHDO REQUIREMENTS**

- Provide a list of names and addresses of your CHDO board members.
- Identify and document which members constitute the above elements of the CHDO requirements.
- Provide a copy of your current bylaws, resolutions, or a written statement of operating procedures approved by the governing body. Documentation must indicate the CHDO provides a formal process for low-income program beneficiaries to advise the organization in all of its decisions regarding the design, development, and management of affordable housing projects.

### **CHDO Operating Budget Summary**

| <b>REVENUES BY SOURCE</b>   | <b>FY 2009-2010 Budget<br/>(Prior Year)**</b> | <b>FY 2010-2011 Budget<br/>(Current Year)**</b> |
|-----------------------------|---|---|
| Applicant Contribution      |   |   |
| HOME – City of Salem        |   |   |
| Other Governmental Agency   |   |   |
| Other (list other sources): |   |   |
| <b>TOTAL REVENUES</b>       |   |   |

| <b>EXPENDITURES BY CATEGORY</b>     |  |  |
|-------------------------------------|--|--|
| Personnel                           |  |  |
| Project Materials                   |  |  |
| Equipment/Supplies                  |  |  |
| Printing & Binding                  |  |  |
| Postage                             |  |  |
| ____ Telephone      ____ Utilities  |  |  |
| Rental:              ____ Equipment |  |  |
| ____ Building                       |  |  |
| Travel/Training                     |  |  |
| Professional Services               |  |  |
| Capital Outlay                      |  |  |
| Other Contracted Services           |  |  |
| Contracted Improvements             |  |  |
| Other Project Costs                 |  |  |
| *                                   |  |  |
| <b>TOTAL EXPENDITURES</b>           |  |  |
| <b>**MATCH CONTRIBUTIONS:</b>       |  |  |
|                                     |  |  |
|                                     |  |  |

If this is a new request for funding, please provide the current and prior year budget(s) for this project, if applicable. \*\*Match Contributions could include in kind donation, volunteer hours etc.

## Attachment B Concurring Resolution

The purpose of the Resolution form is to have on record a statement confirming that the applicant has formally requested a grant and/or loan, has designated an official to perform the required duties between the applicant and the City of Salem, Urban Development Department and has assured, where applicable, the provision of local matching funds. In addition, the applicant will comply with all other provisions of the HOME application.

Resolution of the \_\_\_\_\_ authorizing  
*Name of Operating Agency/Municipality*  
the filing of an application for funds with the City of Salem, Urban Development Department.

**WHEREAS**, the \_\_\_\_\_ is  
desirous of obtaining funds from the City of Salem, Urban Development Department in the  
amount of \_\_\_\_\_ under the Federal Housing and Community  
Development Act as amended.

**NOW, THEREFORE, BE IT RESOLVED**, that the  
\_\_\_\_\_ does hereby formally request a funding from the City of Salem Urban Development Department.

**BE IT FURTHER RESOLVED**, that the  
\_\_\_\_\_ does hereby designate \_\_\_\_\_ as the official to sign  
and file all applications and forms between the  
\_\_\_\_\_ and the City of Salem Urban Development Department.

**BE IT FURTHER RESOLVED**, that the  
\_\_\_\_\_ will assure, where applicable, the provision of the full local share of the project costs.

Adopted this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by the \_\_\_\_\_

**ATTEST:** \_\_\_\_\_  
Signature (Must **not** be the same as Authorized Official) \_\_\_\_\_ Title





Attachment E  
2009 INCOME LIMITS

Effective: March 19, 2009 (MFI-\$58,200)

| Number in Household | 30% of Median (Extremely Low Income) |          | 50% of Median (Very Low Income, CDBG) |          | 60% of Median (HOME Maximum Income) |          | 80% of Median (Low Income, CDBG) |          |
|---------------------|--------------------------------------|----------|---------------------------------------|----------|-------------------------------------|----------|----------------------------------|----------|
|                     | Yearly                               | Monthly  | Yearly                                | Monthly  | Yearly                              | Monthly  | Yearly                           | Monthly  |
| 1                   | 12,200                               | 1016.67  | 20,350                                | 1,695.83 | 24,420                              | 2,035.00 | 32,600                           | 2,716.67 |
| 2                   | 13,950                               | 1,162.50 | 23,300                                | 1,941.67 | 27,960                              | 2,330.00 | 37,250                           | 3,104.17 |
| 3                   | 15,700                               | 1308.33  | 26,200                                | 2,183.33 | 31,440                              | 2,620.00 | 41,900                           | 3,491.67 |
| 4                   | 17,450                               | 1,454.17 | 29,100                                | 2,425.00 | 34,920                              | 2,910.00 | 46,550                           | 3,879.17 |
| 5                   | 18,850                               | 1,570.83 | 31,450                                | 2,620.83 | 37,740                              | 3,145.00 | 50,250                           | 4,187.50 |
| 6                   | 20,250                               | 1,687.50 | 33,750                                | 2,812.5  | 40,500                              | 3,375.00 | 54,000                           | 4,500.00 |
| 7                   | 21,650                               | 1,804.17 | 36,100                                | 2,008.33 | 43,320                              | 3,610.00 | 57,700                           | 4,808.33 |
| 8                   | 23,050                               | 1,920.83 | 38,400                                | 3,200.00 | 46,080                              | 3,840.00 | 61,450                           | 5,120.83 |

**HOME PROGRAM RENTS**

| Unit Size                           | Low HOME Rent (eff. 3/19/09) | High HOME Rent (eff. 3/19/09) | Fair Market Rents (FMR) (eff. 03/19/09) |
|-------------------------------------|------------------------------|-------------------------------|---|
| Single Room Occupancy (SRO, Studio) | 508                          | 508                           | 508                                     |
| One Bedroom                         | 545                          | 564                           | 564                                     |
| Two Bedroom                         | 655                          | 675                           | 675                                     |
| Three Bedroom                       | 756                          | 950                           | 981                                     |
| Four Bedroom                        | 843                          | 1040                          | 1183                                    |
| Five Bedroom                        | 931                          | 1129                          | 1360                                    |
| Six Bedroom                         | 1018                         | 1219                          | 1538                                    |

**Attachment F  
Proforma**

**Required for Single Family or Multi Family Rental**

**Median Income Rents (GROSS Rents)**

| No of People | No of Bedrooms | Median Rents as of January 2009 |     |     | Median Income* |
|--------------|----------------|---------------------------------|-----|-----|----------------|
|              |                | 30%                             | 50% | 80% |                |
|              |                |                                 |     |     |                |
|              |                |                                 |     |     |                |
|              |                |                                 |     |     |                |
|              |                |                                 |     |     |                |
|              |                |                                 |     |     |                |
|              |                |                                 |     |     |                |

**Utility Allowances**

| Unit Size | Multifamily |          | Single Family |          |
|-----------|-------------|----------|---------------|----------|
|           | New         | Existing | New           | Existing |
|           |             |          |               |          |
|           |             |          |               |          |
|           |             |          |               |          |
|           |             |          |               |          |
|           |             |          |               |          |
|           |             |          |               |          |

**Application**

**30% MFI Net Rents**

| No of Bedrooms | Multifamily |          | Single Family |          |
|----------------|-------------|----------|---------------|----------|
|                | New         | Existing | New           | Existing |
| Studio         |             |          |               |          |
| 1 BR           |             |          |               |          |
| 2 BR           |             |          |               |          |
| 3 BR           |             |          |               |          |
| 4 BR           |             |          |               |          |

**50% MFI Net Rents**

| No of Bedrooms | Multifamily |          | Single Family |          |
|----------------|-------------|----------|---------------|----------|
|                | New         | Existing | New           | Existing |
| Studio         |             |          |               |          |
| 1 BR           |             |          |               |          |
| 2 BR           |             |          |               |          |
| 3 BR           |             |          |               |          |
| 4 BR           |             |          |               |          |

**60% MFI Net Rents**

| No of Bedrooms | Multifamily |          | Single Family |          |
|----------------|-------------|----------|---------------|----------|
|                | New         | Existing | New           | Existing |
| Studio         |             |          |               |          |
| 1 BR           |             |          |               |          |
| 2 BR           |             |          |               |          |
| 3 BR           |             |          |               |          |
| 4 BR           |             |          |               |          |

\* Make sure to update median charts each year! New medians come out in Dec/Jan and can be found on HUD's website ([www.huduser.com](http://www.huduser.com))

**Net Rent Charts by Income (these have a utility allowance deducted)**



**Attachment G**  
**Summary Debt Service Analysis**  
 Proforma Continued

| <b>OPERATING EXPENSES</b>    |              |                 |                                  |                     |                     |
|------------------------------|--------------|-----------------|----------------------------------|---------------------|---------------------|
| Unit Size                    | No. of Units | Sq Footage      | Mo Rent                          | % of MFI            | Annual Rent         |
| 0 BR                         |              |                 |                                  |                     |                     |
| 1 BR                         |              |                 |                                  |                     |                     |
| 2 BR                         |              |                 |                                  |                     |                     |
| 3 BR                         |              |                 |                                  |                     |                     |
| 4 BR                         |              |                 |                                  |                     |                     |
| Other Income                 |              |                 |                                  |                     |                     |
| Total Gross Income           |              |                 |                                  |                     |                     |
| Vacancy                      |              |                 |                                  |                     |                     |
| <b>Adjusted Gross Income</b> |              |                 |                                  |                     |                     |
|                              |              |                 |                                  |                     |                     |
| Operating Exp                |              |                 | Per unit                         |                     |                     |
| <b>NOI</b>                   |              |                 |                                  |                     |                     |
| <b>DEBT SERVICE</b>          |              |                 |                                  |                     |                     |
| <b>Net Operating Income</b>  |              |                 |                                  |                     |                     |
|                              |              |                 | First Mortgage Target Debt Cover |                     |                     |
| <b>Principle</b>             |              | <b>Interest</b> |                                  | <b>Amortization</b> | <b>Debt Service</b> |
| <b>First Mortgage</b>        |              |                 |                                  |                     |                     |
| Bank Loan                    |              |                 |                                  |                     |                     |
|                              |              |                 |                                  |                     |                     |
| <b>Total Permanent Loan</b>  |              |                 |                                  |                     |                     |
|                              |              |                 |                                  | Actual Debt Cover:  |                     |
| <b>Second Mortgage</b>       |              |                 |                                  |                     |                     |
| City of Salem loan           |              |                 |                                  |                     |                     |
| <b>Totals</b>                |              |                 |                                  |                     |                     |
|                              |              |                 |                                  |                     |                     |
| <b>Cash Flow</b>             |              |                 |                                  |                     |                     |

**Attachment H**  
**Ten-Year Operating Proforma**  
**Proforma Cont.**

|                      |                             |          |        |        |        |        |        |        |        | Inflation factor on Income:   |        |         |
|----------------------|-----------------------------|----------|--------|--------|--------|--------|--------|--------|--------|-------------------------------|--------|---------|
|                      |                             |          |        |        |        |        |        |        |        | Inflation factor on Expenses: |        |         |
|                      |                             | Per Unit | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8                        | Year 9 | Year 10 |
| <b>RENTAL INCOME</b> |                             |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Gross Rental Income         |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Other Income                |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Less Vacancy                | %        |        |        |        |        |        |        |        |                               |        |         |
|                      | <b>Net Rental Income</b>    |          |        |        |        |        |        |        |        |                               |        |         |
| <b>EXPENSES</b>      |                             |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Insurance                   |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Resident Services           |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Utilities: Common Areas     |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Water & Sewer               |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Electricity                 |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Maintenance/Repair          |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Property Management         |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Garbage                     |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Advertising                 |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Exterior/yard care          |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Property Taxes              |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Security                    |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Replacement Reserves        |          |        |        |        |        |        |        |        |                               |        |         |
|                      | Misc                        |          |        |        |        |        |        |        |        |                               |        |         |
|                      | <b>TOTAL EXPENSES</b>       |          |        |        |        |        |        |        |        |                               |        |         |
|                      |                             |          |        |        |        |        |        |        |        |                               |        |         |
|                      | <b>Net Operating Income</b> |          |        |        |        |        |        |        |        |                               |        |         |

**Attachment I**  
**Ten-Year Operating Proforma**  
**Proforma Cont.**

| <b>DEBT SERVICE</b>                 |        |        |        |        |        |        |        |        |        |         |
|-------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
|                                     | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
| <b>Bank Loan</b>                    |        |        |        |        |        |        |        |        |        |         |
| Principal Paid                      |        |        |        |        |        |        |        |        |        |         |
| Interest Paid                       |        |        |        |        |        |        |        |        |        |         |
| Total                               |        |        |        |        |        |        |        |        |        |         |
| <b>Loan with</b>                    |        |        |        |        |        |        |        |        |        |         |
| Principal Paid                      |        |        |        |        |        |        |        |        |        |         |
| Interest Paid                       |        |        |        |        |        |        |        |        |        |         |
| Total                               |        |        |        |        |        |        |        |        |        |         |
| <b>City of Salem loan</b>           |        |        |        |        |        |        |        |        |        |         |
| Principal Paid                      |        |        |        |        |        |        |        |        |        |         |
| Interest Paid                       |        |        |        |        |        |        |        |        |        |         |
| Total                               |        |        |        |        |        |        |        |        |        |         |
| <b>Total Loans</b>                  |        |        |        |        |        |        |        |        |        |         |
| Total Principal                     |        |        |        |        |        |        |        |        |        |         |
| Total Interest                      |        |        |        |        |        |        |        |        |        |         |
| <b>Total Paid</b>                   |        |        |        |        |        |        |        |        |        |         |
| <b>Overall Debt Cover</b>           |        |        |        |        |        |        |        |        |        |         |
| <b>Project Cash Flow</b>            |        |        |        |        |        |        |        |        |        |         |
| Cash Flow Available for split       |        |        |        |        |        |        |        |        |        |         |
| Amount to City                      |        |        |        |        |        |        |        |        |        |         |
| <b>Total Cash Flow to Developer</b> |        |        |        |        |        |        |        |        |        |         |

**Attachment J  
Multi-Family Project Budget**

|                                 | Per Unit | Total Costs | Soft Costs |
|---------------------------------|----------|-------------|------------|
| <b>Acquisition</b>              |          |             |            |
| Purchase Price                  |          |             |            |
| <b>Construction Costs</b>       |          |             |            |
| Demolition                      |          |             |            |
| Construction                    |          |             |            |
| Construction Contingency        |          |             |            |
| <b>Soft Costs</b>               |          |             |            |
| <b>Development Costs</b>        |          |             |            |
| Environmental Study             |          |             |            |
| Survey                          |          |             |            |
| Market Study                    |          |             |            |
| Building Permits/Fees           |          |             |            |
| SDCs                            |          |             |            |
| Engineering                     |          |             |            |
| Soils Report/Geotechnical       |          |             |            |
| Construction Bond               |          |             |            |
| Insurance During Construction   |          |             |            |
| <b>Third Party Fees</b>         |          |             |            |
| Architect Design                |          |             |            |
| Legal                           |          |             |            |
| <b>Loan Fees</b>                |          |             |            |
| Closing costs: const loan       |          |             |            |
| Closing costs: perm loan        |          |             |            |
| Inspections                     |          |             |            |
| Const/ bridge loan fees         |          |             |            |
| Pre-paid interest               |          |             |            |
| Pre-paid property tax           |          |             |            |
| Const loan interest             |          |             |            |
| Perm. Loan Origination Fees     |          |             |            |
| <b>Other Soft Costs</b>         |          |             |            |
| Developer Fee                   |          |             |            |
| Relocation Expenses             |          |             |            |
| Property Insurance              |          |             |            |
| Lease Up                        |          |             |            |
| Operating Reserve               |          |             |            |
| Property Appraisal              |          |             |            |
| Initial Deposit to rep reserves |          |             |            |
| <b>TOTAL</b>                    |          |             |            |

**Attachment K  
Multi-Family Sources and Uses of Financing**

| <b>SOURCES OF FINANCING</b>      |              |                 |
|----------------------------------|--------------|-----------------|
|                                  | <b>Total</b> | <b>Per Unit</b> |
| Permanent Loan                   |              |                 |
| Perm Loan w/OAHTC                |              |                 |
| City of Salem HOME Loan          |              |                 |
| Developer Loan                   |              |                 |
| <b>Subtotal of loans</b>         |              |                 |
| Housing Trust Fund               |              |                 |
| Low Income Tax Credits           |              |                 |
| City of Salem HOME grant         |              |                 |
| Permit/Fee Waivers               |              |                 |
| Other Grant                      |              |                 |
| Other Grant                      |              |                 |
| <b>Subtotal of donated funds</b> |              |                 |
| <b>Total Sources</b>             |              |                 |

| <b>USES OF FINANCING</b>     |              |                 |
|------------------------------|--------------|-----------------|
|                              | <b>Total</b> | <b>Per Unit</b> |
| Acquisition                  |              |                 |
| Construction                 |              |                 |
| Const Contingency            |              |                 |
| Developer Fee                |              |                 |
| Soft Costs                   |              |                 |
| <b>Total Uses</b>            |              |                 |
| <b>SURPLUS/GAP</b>           |              |                 |
| <b>Total City Investment</b> |              |                 |

| <b>PROJECT ANALYSIS SECTION</b>     |              | <b>No of Units</b> | <b>Total Sq Ft</b> | <b>Total People</b> | <b>Total BR's</b>  |
|-------------------------------------|--------------|--------------------|--------------------|---------------------|--------------------|
|                                     | <b>Total</b> | <b>Per Unit</b>    | <b>Per Sq Ft</b>   | <b>Per Person</b>   | <b>Per Bedroom</b> |
| <b>Total Project Cost</b>           |              |                    |                    |                     |                    |
| <b>Construction Cost (inc Cont)</b> |              |                    |                    |                     |                    |
| <b>Soft Costs (inc Dev Fee)</b>     |              |                    |                    |                     |                    |
| <b>Land/Acquisition Cost</b>        |              |                    |                    |                     |                    |



**Purpose/Instructions:** In accordance with City of Salem funding criteria and as required by HUD, this form is used for each housing project funded with Community Development Block Grant (CDBG) or HOME funds to assure compliance with SECTION 504 UFAS requirements. ALL housing projects with 5 or more units must meet criteria established in 24 CFR Part 8.

**This form is to be completed by the Architect of Record and the Developer upon the City of Salem design review approval of the final project design and prior to release of HUD funding and City of Salem Notice to Proceed.**

Project:

Date:

Developer:

Phone#

Architect:

Phone#

1. Are CDBG or HOME funds designated for this project? Yes No
2. Does this project include 5 or more residential dwelling units? Yes No
3. Does this project involve **new construction**  and/or **renovation** ?
4. Account for all units, number of adaptable and accessible units by type:

| Project Unit Inventory |             |                 |                  |
|------------------------|-------------|-----------------|------------------|
| Unit Type              | Total Units | Adaptable Units | Accessible Units |
| Studio Units           |             |                 |                  |
| 1 Bedroom Units        |             |                 |                  |
| 2 Bedroom Units        |             |                 |                  |
| 3+ Bedroom Units       |             |                 |                  |
| Other                  |             |                 |                  |
| <b>Total All Units</b> |             |                 |                  |

5. If an existing building, are alterations required to meet 504/UFAS standards? Yes No
  - A. Section 504 requires application of UFAS if substantial alterations are made on a project with 15 or more units.
  - B. Section 504 applies if cost of alterations is 75% or more of the replacement cost of the completed facility. When this level of alterations occurs, then all areas of UFAS will be applicable.
  - C. If there are fewer than 15 units or the costs of alterations is less than 75% of the replacement cost, then alterations to the units, to the maximum extent possible and feasible, are to be made. If alteration to single elements or spaces of a dwelling unit, when considered together, amount of an alteration of a dwelling unit, the entire unit shall be made accessible. This applies to the following areas of a dwelling unit:
    - Renovation of whole kitchens, or at least replacement of kitchen cabinets.
    - Renovation of the bathroom.

- If a bathtub or shower is replaced or added, or a toilet and flooring is replaced, then at least 5% or one (1) unit shall be made accessible. (Depending upon the total number of units renovated).
- D. When the entire unit is not being altered, 100% of the single elements being altered must be made accessible until 5%, or at least one (1) unit in the development is accessible.
  - E. Section 504 requires 5% of the dwelling units, or at least one (1) unit, to meet UFAS. The criteria address meeting the needs for persons with mobility disabilities. An additional 2% of the dwelling units, or at least one (1) unit (whichever is greater) must be accessible for persons with hearing or visual disabilities.
  - F. Section 504 defines an accessible dwelling unit as a unit that is located on an accessible route and can be approached, entered and used by individuals with physical disabilities. This includes public and common areas of a housing site. Every effort must be made to provide all unit types on all floors and locations of the site readily adaptable and/or accessible.
  - G. Alterations to existing facilities must, to the maximum extent feasible, be made accessible to ensure that such facilities are readily accessible to and useable by persons with disabilities. Units that are accessible and/or adaptable must first be provided to those individuals with disabilities who need the features of those units. The unit is to be first offered to a qualified individual(s) who currently resides in a non-accessible unit in the same project or comparable project under the same operation. If there are no such persons currently residing in the housing project, then an offer is to be made to the next available qualified individual(s) with disabilities on a waiting list. Non-disabled applicants shall be passed over until all disabled prospective tenants have been notified of the accessible unit's availability.
  - H. Renovations for adaptability and/or accessibility are not required if making these alterations have little likelihood of being accomplished without removing or altering a load-bearing structural member.
6. Describe the rehabilitation work to achieve compliance. Attach documentation as needed.
  7. If this is rehabilitation on an existing facility, identify physical obstacles in the project and facility that limit the accessibility of programs or activities to individuals with disabilities.
  8. Describe, in detail, the methods that will be used to make the facility(s) accessible.
  9. For rehabilitation of an existing facility, specify the schedule for taking the steps necessary to achieve compliance with Section 24 CFR Part 8 and the UFAS criteria. If the time period of the transition plan is longer than one year, identify steps that will be taken during each year of the transition period.
10. **Definitions per 24 CFR Part 8:**
- A. Accessible means that the unit is located on an accessible route and when designed, constructed, or altered or adapted can be approached, entered, and used by individuals with physical handicaps.
  - B. Accessible route means a continuous, unobstructed path connecting accessible elements and spaces in a building or facility that complies with the space and reach requirements of applicable UFAS standards. An accessible route that serves only accessible units occupied by persons with hearing or vision impairments need not comply with those requirements intended to effect accessibility for persons with mobility impairments.
  - C. Adaptability means the ability of certain elements of a dwelling unit such as kitchen counters, sinks, and grab bars to be added to, raised, lowered, or otherwise altered, to accommodate the needs of persons with or without handicaps, or to accommodate the needs of persons with different types or degrees of disability. In a unit adaptable for a hearing impaired person, the wiring for visible emergency alarms may be installed but the alarms need to not be installed until such time as the unit is made ready for occupancy by a hearing impaired person.

- D. Alteration means any change in a facility or its permanent fixtures or equipment. It includes, but is not limited to:
- i. Remodeling
  - ii. Renovation
  - iii. Rehabilitation
  - iv. Reconstruction
  - v. Changes or rearrangements in structural parts and extraordinary repairs
- Alteration does not include normal maintenance or repairs, reproofing, interior decoration, or changes to the mechanical systems.
- E. Facility means all or any portion of buildings, structures, equipment, roads, sidewalks, parking lots, or other real or personal property or interest in the property, which is a component of the Federal funding.
- F. Project means the whole of one or more residential structures and appurtenant structures, equipment, roads, sidewalks, parking lots and spaces such as common areas, laundry facilities, management office(s), and exercise facilities covered by a single contract for Federal financial assistance or application for assistance, or are treated as a whole for processing purposes, whether or not located on a common site.
- G. Multi-family housing project means a project/facility containing five or more dwelling units.
- H. Replacement cost of the completed facility means the current cost of construction and equipment for a newly constructed or remodeled housing facility. Construction and equipment costs do not include the cost of land, demolition, site improvements, non-dwelling facilities, and administrative or "soft" costs for project development activities.

| <b>Developer Certification</b>  |       |           |       |
|---|-------|-----------|-------|
| <i>I hereby certify that the information provided on this form is based on the submitted project design plans and is true and accurate, and that I am signing this form as an authorized representative of the Developer.</i> |       |           |       |
| _____   | _____ | _____     | _____ |
| Printed Name  | Title | Signature | Date  |
| _____   | _____ | _____     | _____ |
| Printed Name  | Title | Signature | Date  |

| <b>For City of Salem, Urban Development Use Only</b>   |       |             |       |
|--|-------|-------------|-------|
| Received By: _____   |       | Date: _____ |       |
| <input type="checkbox"/> Returned for clarifications/corrections as noted below by: _____                            |       | Date: _____ |       |
| _____  |       |             |       |
| _____  |       |             |       |
| <input type="checkbox"/> Revisions received by: _____  |       | Date: _____ |       |
| I have reviewed the submitted project design drawings and verified the information herein provided by the Developer. |       |             |       |
| _____  | _____ | _____       | _____ |
| Printed Name   | Title | Signature   | Date  |



## Attachment M

### Multi-Family Affirmative Fair Housing Marketing Plan

|  |  |   |
|--|--|---|
| 1 a. Applicant's Name, Address (including City, State & Zip Code) & Phone Number | 1 c. Project/Application Number  | 1 d. Number of Units:   |
|  | 1 e. Price or Rental Range<br>From \$ _____<br>To \$ _____               | 1 f. For Multifamily Housing Only<br><input type="checkbox"/> Elderly <input type="checkbox"/> Non-Elderly<br><input type="checkbox"/> Disabled |
|  | 1 g. Approximate Starting Dates (mm/dd/yyyy)<br>Advertising<br>Occupancy |   |

|  |   |                                    |
|--|---|------------------------------------|
| 1 b. Project's Name, Location (including City, State and Zip Code) | 1 h. Housing Market Area:   | 1 i. Census Tract or area targeted |
|  | 1 j. Managing/Sales Agent's Name & Address (including City, State and Zip Code) |                                    |

|   |  |
|---|--|
| <b>2. Type of Affirmative Marketing Plan</b> (check ALL that apply)<br><input type="checkbox"/> New <input type="checkbox"/> Updated<br><br><input type="checkbox"/> White Area <input type="checkbox"/> Minority Area<br><small>(non-minority)</small><br><input type="checkbox"/> Mixed Area (with _____% minority residents) | <b>3. Direction of Marketing Activity</b> (Indicate which group(s) in the housing market area are least likely to apply for the housing because of its location and other factors without special outreach efforts)<br><br><input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Families with Children |
|---|--|

**4 a. Marketing Program: Commercial Media** (Check the type of media to be used to advertise the availability of this housing)

Newspapers/Publications   
  Radio   
  TV   
  Billboards   
  Other (specify) \_\_\_\_\_

| Name of Newspaper, Radio or TV Station | Group Identification of Readers/Audience | Size/Duration of Advertising |
|--|--|------------------------------|
|  |  |                              |
|  |  |                              |
|  |  |                              |
|  |  |                              |
|  |  |                              |

**4 b. Marketing Program: Brochures, Signs, HUD's Fair Housing Poster and Applicant Notification**

(1) Will brochures, letters, or handouts be used to advertise?  Yes  No If "Yes", attach a copy or submit when available.

(2) For project site sign, indicate sign size \_\_\_\_\_ x \_\_\_\_\_ Logotype size \_\_\_\_\_ x \_\_\_\_\_ Attach a photograph of project sign or submit when available.

(3) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the

Sales/Rental Office   
  Real Estate Office   
  Model Unit   
  Other (specify) \_\_\_\_\_

(4) Attach on a separate sheet the process or plan for applicant rejection. Include the written notification and grounds for determining ineligibility.

**4 c. Community Contacts.** To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area. If more space is needed, attach an additional sheet. **Notify the CITY OF SALEM of any changes in this list.** Attach a copy of correspondence to be mailed to these groups/organizations. (Provide all requested information)

| Name of Group/Organization | Group Identification | Approximate Date (mm/dd/yyyy) | Person Contacted or to be Contacted |
|----------------------------|----------------------|-------------------------------|-------------------------------------|
|                            |                      |                               |                                     |
|                            |                      |                               |                                     |
|                            |                      |                               |                                     |
|                            |                      |                               |                                     |

| Group/Organization Address & Phone Number | Method of Contact | Indicate the specific function the Sponsor will undertake in implementing the AFHMP |
|---|-------------------|---|
|   |                   |   |
|   |                   |   |
|   |                   |   |
|   |                   |   |

**5. Future Marketing Activities** (Rental Units Only) Mark the box(s) that best describe marketing activities to fill vacancies as they occur after the project has been initially occupied.

Newspapers/Publications     Radio     TV  
 Brochures/Leaflets/ Handouts     Site Signs  
 Community Contacts     Other (specify)

**6. Experience and Staff Instructions** (See instructions)

6a. Staff has experience.  
 Yes     No

6b. On separate sheets, indicate training to be provided to staff on Federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.

**7. Additional Considerations** Attach additional sheets as needed.

**8. Review and Update:** By signing this form, the applicant agrees, after appropriate consultation with **CITY OF SALEM**, to change any part of the plan covering a multifamily project to ensure continued compliance with Section 200.620 of HUD's Affirmative Fair Housing Marketing Regulations

|  |                                 |
|--|---------------------------------|
| Signature of person submitting this Plan | Date of Submission (mm/dd/yyyy) |
|--|---------------------------------|

Name (type or print)

Title & Name of Company

|  |                      |
|--|----------------------|
| <b>For OFFICIAL use Only:</b><br><br><input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval | Signature & date     |
|  | Name (Print) & Title |

---

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information.

The Affirmative Fair Housing Marketing (AFHM) Plan is needed to ensure that insured and subsidized developers are taking necessary steps to eliminate discriminatory practices involving federally insured and subsidized housing. No application for any housing project or subdivision insured or subsidized under the Department of Housing and Urban Development's (HUD) housing programs can be funded without an approved AFHM Plan (See the "Applicability" section in the instructions below.) The responses are required to obtain or retain a benefit under the Fair Housing Act, Section 808(e)(5) & (6) and 24 CFR Part 200, Subpart M. The form contains no questions of a confidential nature.

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**Applicability:** This form is to be completed by all sponsors with five or more rental units and make records available to CITY OF SALEM and/or HUD upon request

Each applicant is required to carry out an affirmative program to attract prospective buyers or tenants of all minority and non-minority groups in the housing market area regardless of their race, color, religion, sex, national origin, disability, or familial status. Racial groups include White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander. Other groups in the housing market area who may be subject to housing discrimination include, but are not limited to, Hispanic or Latino, persons with disabilities, or families with children. The applicant shall describe in the AFHM Plan the proposed activities to be carried out during advance marketing, where applicable, and the initial sales and rent-up period. The Affirmative marketing program also should ensure that any group(s) of persons ordinarily **not** likely to apply for this housing without special outreach (See Part 3), know about the housing, feel welcome to apply and have the opportunity to buy or rent.

## INSTRUCTIONS

**Part 1-Applicant and Project Identification.** Blocks 1a through 1f-Self-Explanatory. Block 1g-the applicant should specify the approximate date for starting marketing activities to the groups targeted for special outreach and the anticipated date of initial occupancy (if unoccupied). Block 1h-the applicant should indicate the housing market area, in which the housing will be (is) located. Block 1i-the applicant may obtain census tract location information from local planning agencies, public libraries and other sources of census data. Block 1j-the applicant should complete only if a Managing/Sales Agent (the agent cannot be the applicant) is implementing the AFHM Plan.

**Part 2-Type of Affirmative Marketing Plan.** Applicants should indicate the status of the AFHM Plan, e.g. new or update.

All Plans should indicate the racial composition of the housing market area in which the housing will be (is) located by checking one of the three choices.

**Part 3-Direction of Marketing Activity.** Indicate which group(s) the applicant believes are least likely to apply for this housing without special outreach. Consider factors such as price or rental of housing, sponsorship of housing, racial/ethnic characteristics of housing market area in which housing will be (is) located, disability or familial status of eligible population, public transportation routes, etc.

**Part 4-Marketing Program.** The applicant shall describe the marketing program to be used to attract all segments of the eligible population, especially those groups designated in Part 3 of this AFHM Plan as least likely to apply. The applicant shall state: the type of media to be used, the names of newspaper/call letters of radio or TV stations; the identity of the circulation or audience of the media identified in the AFHM Plan (e.g., White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Hispanic or Latino, persons with disabilities, and families with children) and the size or duration of newspaper advertising or length and frequency of broadcast advertising. Community contacts include individuals or organizations that are well known in the housing market area or the locality, that can influence persons within groups considered least likely to apply. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, grass root faith-based or other community-based organizations, labor unions, employers, public and private agencies, disability advocates, schools and individuals who are connected with these organizations and/or are well known in the community. All written advertising shall display the Equal Housing Opportunity logo or the phrase "Equal Housing Opportunity." **Applicants should notify CITY OF SALEM** of any changes to the list in Part 4c of this AFHM Plan.

**Part 5-Future Marketing Activities.** Self-Explanatory.

**Part 6-Experience and Staff Instructions.**

- 6a. The applicant should indicate whether the sales/rental staffs have had previous experience in marketing housing to group(s) identified as least likely to apply for the housing.
- 6b. Describe the instructions and training provided or to be provided to sales/rental staff. This guidance to staff must include information regarding Federal, State and local fair housing laws and this AFHM Plan.

Copies of any written materials should be submitted with the AFHM Plan, if such materials are available. All records must be maintained for at least five years after a tenant has vacated.

**Part 7-Additional Considerations.** In this section describe other groups to which the housing may be marketed and efforts not previously mentioned which are planned to attract persons least likely to apply for the housing. Such efforts may include outreach activities to grass root faith-based or community-based organizations, and other ethnic groups with limited English proficiency (LEP).

**Part 8-Review and Update.** By signing, the applicant assumes full responsibility for the AFHM Plans implementation and required reviews and updates. With respect to the treatment of applicants, this company and staff will not discriminate against any individual or family because of race, color, national origin, religion, gender, disability, familial status or presence of children in a household. The attached Non Discrimination Employee certification form must be completed for each staff member and filed in an Affirmative Action folder.

Reasonable accommodations will be offered to all disabled persons who request accommodations due to disability at any time during the application, resident selection and renting process. Management will always attempt to reasonably accommodate the request of someone with a disability. CITY OF SALEM will monitor the implementation of this AFHM Plan at any time and request modification in its format or content, where deemed necessary.