

ARKANSAS DEVELOPMENT FINANCE AUTHORITY



HOME Investment Partnerships Program

HOME BUYER – NEW CONSTRUCTION



2011 - 2012

**INSTRUCTIONS
FOR
SUBMITTING PROGRAM APPLICATIONS**

All single-family applications for HOME Funds must use the following instructions for submitting an Application. All applications must be submitted in the required format.

1. Submit one (1) signed original application, together with supporting documents. Submit application to:

**Arkansas Development Finance Authority
HOME Investment Partnerships Program
Post Office Box 8023
Little Rock, Arkansas 72203**

2. A copy of the application, along with a completed Federal Form 424, must also be submitted to the State Clearinghouse. If the applicant is not a state agency, a copy of this same information must also be submitted to the appropriate Area-wide Clearinghouse. **The address of the State Clearinghouse is:**

**Arkansas Dept. of Finance & Administration
State Clearinghouse
1515 Building, Room 417
Little Rock, Arkansas 72201**

3. Please retain a copy of the full application for your files.
4. Answer all questions. If not applicable to your program, mark "NA."
5. Use and include application checklist and only mark items included in the application.
6. **ONLY MATERIALS** submitted on the enclosed forms (or copies of the forms) will be accepted for review. Others will be returned. Use only forms provided and additional sheets as necessary. Failure to comply may result in disqualification.
7. Incomplete applications will be returned and may result in disqualification.
8. Nonprofit organizations without housing development experience must include a copy of the consultant's qualifications.

9. Secure application with a binder clip -- do not insert application in any notebook, hardback cover, use Acco fasteners or any other permanent means of fastening.
10. Please do not submit a handwritten application (Please type)

PART I - APPLICATION CHECKLIST

Part I of the application provides information about the entity (i.e., local jurisdiction or nonprofit entity) submitting the application.

Completed applications must include the following documentation and attachments. Check applicable boxes below or mark "NA".

PLEASE NUMBER AND INCLUDE ATTACHMENTS IN THE ORDER LISTED BELOW:

- Application for HOME Assistance
- Applicant Experience and Capacity
- Project Development Team Members
- Conflict of Interest Acknowledgement
- Copy of HOME Certification of applicable team members
- HOME Program – Match Guidance
- Completed HOME Match Form
- Minority and Women’s Owned Business Enterprise Plan (MBE/WBE)
- Criminal Background and Disclosure Form
<http://www.state.ar.us/adfa/LIHTC/Criminal%20Background%20Check%20Final%20Rules.pdf>
- HOME Certification Form
- Copy of Funding Commitment Letters
- Completed Federal Form 424 (See ADFA website www.arkansas.gov/adfa)
- Copy of City’s Fair Housing Ordinance
- Copy of Section 3 Plan
- Copy of Affirmative Fair Housing Marketing Plan (Homebuyer activities)
(See ADFA website www.arkansas.gov/adfa)
- Cooperative Agreement, if applicable (joint applications only)
- Copy of Financial Statement(s)
- Copy of Most Recent Audit
- Community Support Letters (i.e., community organizations)
- Letter of Support from the Mayor or County Judge

Request for Taxpayer Identification Number (IRS Form W-9)

(See ADFA website www.arkansas.gov/adfa)

Contract and Grant Disclosure and Certification Form

(See ADFA website www.arkansas.gov/adfa)



HOME PROGRAM APPLICATION FOR ASSISTANCE

APPLICANT INFORMATION

Name of Entity: _____

Contact Person: _____ Email Address _____

Mailing Address: _____

City: _____ County: _____

Zip Code: _____ Telephone: _____ Fax: _____

If Applicant's "physical address is different from the "mailing address", complete below:

Applicant's Physical Address: _____

City, State, Zip: _____

Email Address: _____

Federal Tax Identification #: _____ - _____

State Senate District #: _____ Congressional District #: _____

Development Type: Rehabilitation New Construction Rehabilitation and Reconstruction

Number of HOME-assisted Units: _____

Amount of HOME Funds Requested: _____

Legal Form of Applicant: (check only one):

City County Non-Profit CHDO Joint application

Applicant's Fiscal Year Ends: Month _____ Day _____ (e.g., June 30th or December 31st)

CONSULTANT/ADMINISTERING AGENT INFORMATION (if applicable)

Name: _____

Mailing Address: _____

City: _____ County: _____

Zip Code: _____ Telephone: _____ Fax: _____

Taxpayer ID # (TIN): _____

E-mail Address: _____

Certification of Chief Elected Official or Chairman of the Board (Nonprofits and PHAs)

To the best of my knowledge and belief, all data contained in this application is true and correct and its submission has been duly authorized by the governing body. I understand that if the application is found

to contain significant misinformation or deviates significantly from the integrity of the HOME application process, this application will be returned and could result in disqualification.

Signature: _____ Title: _____

Name: _____ Date: _____

(ADFA HOME FORM 4000-98)

APPLICANT EXPERIENCE AND CAPACITY:

Has the Applicant received technical assistance or training to complete the application or to carryout the activity requested in this application? No Yes ICF Consulting

USDA-RD Other (Sponsor Name): _____

1. ADFA-sponsored Workshops Attended (List Name and Date of Workshop):

Name: _____ Date: _____

Name of Workshop: _____ Date: _____ HOME Certification []

Name: _____ Date: _____

Name of Workshop: _____ Date: _____ HOME Certification []

2. Provide details of your experience in developing, rehabilitating or managing affordable housing similar to the types of activities you will be undertaking with HOME funds

Housing Activities (Check all that apply):

- Rental Rehabilitation
- Owner-Occupied Rehabilitation
- Rental New Construction
- Single-family New Construction
- Homebuyer
- Other (explain)

Housing Resources Utilized (Check all that apply):

- CDBG
- HOME
- LIHTC
- USDA-Rural Development
- State Weatherization Programs
- Section 8 Rental Assistance
- Other

3. Copy of Financial Statements/Audit for last three (3) years

- a. Has your organization been cited for any audit findings/concerns within the last three (3) years? Yes No
- b. If yes, have the findings/concerns been resolved? Yes No

4. List ADFA housing projects completed in last five (5) years (Use separate page, if necessary):

PROJECT DEVELOPMENT TEAM MEMBERS/RESPONSIBILITIES:

PROJECT ADMINISTRATOR and COMPLIANCE STAFF

Name: _____

Experience (# Years): _____

Inspection Trainings/Seminars (List below):

PROJECT INSPECTOR (Note: Please do not list the ADFA Inspector)

Name: _____

Experience (# Years): _____

Inspection Trainings/Seminars (List below):

FINANCIAL MANAGER

Name: _____

Experience (# Years): _____

Role: _____

ARCHITECT/ENGINEER (if applicable)

Name: _____

Experience (# Years): _____

Has the architect or engineer been suspended from any ADFA programs? Yes No

Is the architect or engineer currently debarred from participating in federal programs? Yes No

CONTRACTOR

Name: _____

Experience (# Years): _____

Has the contractor been suspended from any ADFA programs? Yes No

Is the contractor currently debarred from participating in federal programs? Yes No

CRIMINAL BACKGROUND and DISCLOSURE FORM – HOUSING. Please complete a form for each person that will be working with the HOME funds. Download website link.

<http://www.state.ar.us/adfa/LIHTC/Criminal%20Background%20Check%20Final%20Rules.pdf>

CONFLICT OF INTEREST ACKNOWLEDGMENT AND DISCLOSURE

Arkansas Development Finance Authority has adopted the following conflict of interest policy:

1. No person who is an employee, agent or officer of ADFA, during their tenure or for one (1) year thereafter, may engage in the following:

Self-dealings to get a development funded and completed.

Gaining a financial interest or benefit from the participant development.

Gaining a financial interest in a contract, subcontract or agreement.

2. No officer or employee of ADFA may occupy a participating development unit.

3. It is the policy of ADFA to prohibit the lending of ADFA allocated funds as well as the participation in the Single Family HomeToOwn program to ADFA employees or appointed officials.

4. Further, if any conflict of interest or potential conflict of interest exists as of the date of application, or a conflict of interest arises thereafter, immediate disclosure by the applicant, owner, developer, sponsor, to ADFA's President, in the application, is required. All ADFA employees, agents, officers, elected/appointed officials, must disclose any and all conflicts of interest to ADFA's President.

As the applicant, owner/developer of a participant development applying for any programs administered by ADFA, I have no knowledge of an actual or potential conflict of interest and if a conflict of interest, or potential conflict of interest, becomes known to me, I will disclose it immediately to ADFA's President.

Name:

Title:

Date:

STATE OF
COUNTY OF

Before me, _____, a Notary Public of the state and county stated above, personally appeared _____, with whom I have personal knowledge, and who, upon oath, acknowledged that _____ executed the forgoing instrument for the purposes stated therein.

Witness my hand and seal this day of , 20 .

Notary Public

My commission expires:

HOME Program – Match Guidance

INELIGIBLE SOURCES OF MATCH

The following do not meet the requirements for eligible sources of match and do not count toward meeting the applicant’s match obligation:

- Contributions made with or derived from federal resources or funds (including CDBG), regardless of when the funds were received or expended.
- The interest rate subsidy attributable to the federal tax exemption on financing (such as bonds issued by the state) or the value attributable to federal tax credits (such as the Housing Tax Credit Program);
- Owner equity or investment in a project;
- Cash or other forms of contributions from owners for or recipients of HOME assistance or contracts, or investors who own, are working on, or are proposing to apply for assistance for a HOME-assisted project;
- Contributions counted as match toward any other federally-funded program. Match counted for other federal programs such as Medicare, Medicaid, and Head Start cannot be counted as HOME match.
- Other forms of contributions not meeting the HOME requirements at 92.220 are also ineligible.

ELIGIBLE SOURCES OF MATCH

- Cash or cash equivalents from a non-federal source
- Value of waived taxes, fees, or charges associated with HOME projects
- Value of donated land or real property
- Donated infrastructure improvements associated with HOME projects
- Value of donated materials, equipment, labor, and professional services
- Direct costs of supportive services to residents of HOME projects
- Direct costs of homebuyer counseling to families purchasing homes with HOME assistance.

NOTE: In all cases, proper documentation is required for eligibility. Also, to be eligible, donations must originate from a source other than the project owner, developer, consultant, or building contractor. **(Source: HUD CPD Notice 97-3)**

Procedures and initiatives that you should consider are as follows: (We are not suggesting that this form be followed verbatim because you may already have a system in place which accomplished the same thing. However, it is required that you implement these procedures and document initiatives to interact with MBE and WBE businesses.)

Projected Date Procedures or Initiatives are to be Implemented	Actual Date Implemented	
_____	_____	(1) Utilize Office of State Purchasing of the Department of Finance and Administration and Minority Business Development/AIDC, MBE & WBE Directories and develop a local list of MBEs/WBEs to use in specific communities.
_____	_____	(2) Attend and/or participate in local Economic Development Meetings At least once annually during the fiscal year in which HOME funds are used to seek minority vendors.
_____	_____	(3) Provide names and addresses of local minority business to Minority Office of State Business Development Division/AIDC and the Purchasing, which are not on their lists.
_____	_____	(4) Work with local organizations to seek MBE and WBE to purchase products, services, i.e., churches, NAACP, Business and Professional related organizations, Women's Association, Chamber of Commerce, etc.
_____	_____	(5) Hold monthly meetings with appropriate staff to discuss accomplishments and promote increased efforts to utilize MBE and WBE.
_____	_____	(6) Develop list of common goods and services that known MBE and WBE can provide, i.e., contractors, lenders, realtors, legal roofers, consultants, specialty contractors such as plumbers, electricians, landscapers, etc., and discuss with staff regularly.
_____	_____	(7) Have available for MBEs and WBEs a list of products and services normally let to bid.
_____	_____	(8) Publish statement of public policy and commitment to affirmative marketing to MBEs/WBEs in the print media of widest local circulation. Retain copy in file.
_____	_____	(9) Place ads or announcements in local print and/or electronic media to market and promote contract and business opportunities for MBEs/WBEs. Clip and retain copy in file.

The undersigned hereby makes application to ADFA for HOME Program funds. The undersigned agrees that ADFA will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever their nature or kind (including, but not limited to attorney's fees, liquidation and court costs, amounts paid in settlement, and amounts paid to discharge judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such funding request.

To the greatest extent feasible, opportunities for training and employment arising in connection with the planning and implementation of any project under any program of ADFA shall be given to minority individuals and women. To the greatest extent feasible, and consistent with Arkansas and Federal Law, contracts for work to be performed in connection with any project under any program of the HOME Program shall be made available and awarded to businesses, including but not limited to those in the fields of finance, planning, consulting, design, architecture, marketing, building construction, property management and/or maintenance, which are owned, in whole or in part, by minority individuals and/or women, and low income residents of the area.

Any project under any program of ADFA shall be affirmatively marketed and available for occupancy by all persons regardless of race, national origin, religion, creed, sex, age, handicap, or family status. The undersigned will document the actions taken to affirmatively further fair housing.

The implementation of any project under any program of ADFA shall minimize the involuntary displacement of low-income households. Your signature on this pre-application indicates your receipt of this statement and your agreement to comply with ADFA's non-displacement in housing policy. You further agree to conform to the policy in every phase of the planning, implementation and operation.

Your signature below will indicate your receipt of this statement and agreement to comply with ADFA's equal employment opportunity and non-discrimination policies. Your signature will also indicate your understanding that ADFA's willingness to issue a commitment to you for HOME Program funds is conditioned upon your agreement to comply with these policies.

The undersigned, as the authorized representative certifies that upon receiving HOME funds for the construction, acquisition, preservation or management of a HOME assisted project that first preference for the occupancy of said project will be given to victims of federal or state designated disaster areas.

The undersigned, as an essential part of the application for allocation of HOME Program funds hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this application may disqualify the project for HOME Program funds. The information given by the sponsor may be subject to verification by ADFA.

The sponsor has caused this document to be duly executed in its name on this _____ day of _____, 20____.

_____ By:

_____ Organization Name

_____ Authorized Name/Title

Signature

PART III

ARKANSAS DEVELOPMENT FINANCE AUTHORITY



HOME Investment Partnerships Program

HOMEBUYER APPLICATION

New Construction or Acquisition/Rehabilitation

NEW CONSTRUCTION APPLICATION CHECKLIST

Please attach the following information in sequential order

Project Narrative

Applicant Experience and Capacity

- a) Project Development Team Members (ALL persons working with the HOME Funds)
- b) Copy of the HOME Certification Certificate for each team member
- c) Criminal Background and Disclosure Form (ALL persons working with the HOME Funds)

Letter from highest governmental official stating that the Project is needed and accepted in the community

Copy of commitment letters from each funding source

Copy of Census Tract, 2000

Site Control (Copy of Option/Sales Contract or Warranty Deed)

Appraisal(s) for subject property (ies)

Verification of Arm's Length Transaction

Verification of Site Zoning

Plans and Specifications (ADFA Work write-up template if acquisition/rehabilitation)

Copy of "NOTICE TO BID" advertisement and Proof of Publication, as applicable

Copy of bid proposals or the results of bid proposals

Copy of Contractor Agreement

Copy of Contractors License with State

Pre-qualification procedures established (list of approved applicants)

Provide comparable sales in the area and listings

Market Study or Copies of Contracts with Pre-approved buyers for pre-sold units

Copy of the Affirmative Market Plan

Copy of City's Adopted Fair Housing Ordinance

Completed and signed Minority and Women Business Plan

Financial Statements of Project Owner(s)

New Applicant-Balance Sheet, Profit & Loss Statement for past two years

Prior or Current Applicant-Balance Sheet, Profit & Loss Statement for past year

Flood Plain Map for subject property(ies)

Area map with directions to the site

Plan for Section 3

List of specific affordable housing projects (federally funded or subsidized), completed in last five (5) years. Single-family rental projects completed within one (1) year may be listed as one project.

Cooperative Agreement, if joint application.

Contract and Grant Disclosure and Certification Form

Form W-9 Request for Taxpayer Identification

Environmental Statutory Checklist

HOME PROGRAM
HOMEBUYER HOUSING APPLICATION

SUMMARY INFORMATION

A. Project Type (Check all that Apply)

Acquisition/Rehabilitation
All units in same subdivision
Units located on scattered sites

B. Project Information:

1. Contact Person: _____ Phone # _____
Organization: _____ Fax# _____

This person will be the responsible point of contact and only that person will be contacted in regards to this project.

2. Project Addresses:

1. _____
2. _____
3. _____
4. _____
5. _____

3. Total Development Cost: \$ _____ Overall Cost/unit: \$ _____

4. Overall Cost/square foot: \$ _____

5. HOME Program Request: \$ _____ HOME \$'s/unit: \$ _____
(Maximum \$90,000.00 per unit)

6. Square foot of each unit _____

7. 2000 Census Tract No. _____ **(Attachment)**

8. Site Area Size _____ Acres or Lot Size _____

9. Sales Price of Constructed Units \$ _____

10. If the application proposed to utilize a portion of the HOME funds as a subsidy to the homeowner, describe in detail how this transaction will occur at closing

and detail the portion of HOME funds that will remain as a subsidy and the amount that will be returned to ADFA. (Describe this transaction per unit)

11. Describe the marketing plan to qualified homeowners.

12. Do you have a waiting list of pre-approved applicants? (If yes, attach list)

13. Does the application provide homebuyer counseling to the homeowners? If applicable, please describe the counseling plan that will be provided or required and the name of the ADFA-approved homebuyer counselor.

II. PROJECT READINESS

A. Ownership Information

1. Does applicant own the property? **(Attach Warranty Deed)** Yes No
2. If no, does applicant have site control? Yes No
 - (a) If yes, form of control: Purchase Contract Option to Purchase
 - (b) Expiration Date of Contract/Option _____
3. If no, describe the plan for attaining site control:

B. Appraisal

1. Has an appraisal been completed on the property? Yes No
(Attach Copy of Appraisal)
2. Appraised Value of the Land and Improvements: \$ _____
3. Purchase Price:
\$ _____
4. (Prospective) Seller's Name: _____
Address: _____
City, State, Zip Code: _____
Phone: (____)-____-_____
5. Is the (prospective) seller related to the applicant or owner? Yes No
(Including Board Members and employees)
(Attach Statement of Verification of Arm's Length Transaction)
Board members must obtain Governor's Waiver to sell property to applicant

If yes, what is the relationship?

C. Zoning and Utilities

1. Is site properly zoned for your development? Yes No
(If yes, attach verification)

(Attach Verification of Site Zoning from local jurisdiction)

2. If no, what are zoning issues and when is the zoning issue to be resolved?
Explain:

3. Are all utilities presently available to the site? Yes No

If no, which utilities need to be brought to site?

Electric Water Phone Gas
Sewer Other: _____

D. Development Amenities

Equipment/Applicances to be included in each unit *(mark all that apply)*

Range Refrigerator Disposal
Dishwasher Central Heat/Air Garage/Carport
Outside storage Other: _____

E. Plans and Specs

1. Attach Plans and Specifications for all planned units:
(Complete Set of Plans & Specifications on at least 11"x17" paper)
2. Attach any available bid proposals or the results of the bid proposals.

III. FINANCING PLAN

A. Development Costs Budget (Submit one budget per unit)

Total Cost	HOME Funds	Other Funds
Acquisition		
Purchase of Land	_____	_____
Other Expenses	_____	_____
Hard Costs		
Site Work	_____	_____
Demolition	_____	_____
Construction	_____	_____
Appliances	_____	_____
Accessory Buildings	_____	_____
General Requirements	_____	_____
Contractor Overhead	_____	_____
Contractor Profit	_____	_____
Construction Contingency	_____	_____
Other (list on separate sheet)	_____	_____
Soft Costs		
Architect Fee - Design	_____	_____
Architect Fee - Supervision	_____	_____
Legal Fees	_____	_____
Engineering Fees	_____	_____
Other Professional Fees (list)	_____	_____

Appraisal	_____	_____
Market Study	_____	_____
Environmental Report	_____	_____
Title and Recording Expense	_____	_____
Relocation Expense	_____	_____
Consultants	_____	_____
Other Soft Costs	_____	_____
Interim Costs		
Construction Insurance	_____	_____
Construction Interest	_____	_____
Construction Loan Origination	_____	_____
Credit Enhancement	_____	_____
Real Estate Taxes	_____	_____
Financing Costs		
Bond Premium	_____	_____
Permanent Loan Origination	_____	_____
Permanent Loan Credit Enhance	_____	_____
Other Financing Costs	_____	_____
Developer Fee	_____	_____
TOTAL DEVELOPMENT COST	_____	_____

Submit the following to support and verify the all items of the above proposed financial plan: copies of general contracts, estimates or sworn statements. **(Attach Copy(ies) of all Contracts applicable to this project)**

B. Funding Sources

Attach copies of financing firm commitment letters from each funding source.
(Attach Copies of all Commitment Letters from other funding sources)

DEVELOPMENT TIMELINE

Fill in completion or anticipated completion dates for all development tasks listed. Make sure the dates are realistic.

A. Timeline*

Task	Completion Date
Project Start Up	
Site Acquisition	
Zoning	
Plans and bid specs	
Initial Closing	
Construction/Implementation	
Construction contract awarded	
Pre-construction conference	
Construction starts	
Construction completed	

*Another form may be used; however, it **must** contain all the elements of this form.

IV. DEVELOPMENT EXPERIENCE

A. Development Team Experience

Identify the following team members as applicable and attach resumes or a summary of experience of each team member which illustrate experience in similar projects. Owner financial statements, including income statements and balance sheets, must be provided. (NOTE: If the project contains a small number of units to be rehabilitated/constructed, several of the following team members may not be applicable.)

1. Owner:
Address:
City, State, Zip Code:
Phone/Fax:
2. Project Manager/Developer:

Address:
City, State, Zip Code:
Phone/Fax:

3. General Contractor:
Address:
City, State, Zip Code:
Phone/Fax:

Development Team Experience (*continued*)

4. Architect:
Address:
City, State, Zip Code:
Phone/Fax:

5. Attorney:
Address:
City, State, Zip Code:
Phone/Fax:

6. Property Management Agent:
Address:
City, State, Zip Code:
Phone/Fax:

7. Consultant (if applicable):
Address:
City, State, Zip Code:
Phone/Fax:

B. Federal Labor Standards (Davis-Bacon)

If the project to be constructed/rehabilitated contains 12 or more HOME-assisted units, the federal labor standards provisions regarding the payment of prevailing wage rates as determined by the Department of Labor apply.

C. Contractor Licensing

Must have contractor licensed by Arkansas State Contractors Licensing Board for all projects (**Attach Copy of Contractor's License**).

Does the general contractor have experience? Yes No
(Please the addresses of units constructed and a list of references)

V. OTHER

A. Special Needs Populations

Identify any project features designed to serve populations with special housing needs, including persons with disabilities, the elderly, or large families (units with three (3) or more bedrooms). This could include design features, occupancy preferences, etc.

B. Building and Energy Standards

Describe the construction and energy standards that will be used for the project. Upon completion, all units must meet State and local building codes. New construction projects must meet all local codes, building standards, zoning ordinances, and the Model Energy Code and the State Energy Code.

VI. CERTIFICATION

The undersigned is responsible for ensuring that the project complies with Title II of the National Affordable Housing Act of 1990, and the HOME Investment Partnerships Program regulations at 24 CFR Part 92. The undersigned is also responsible for ensuring that the project or program complies with administrative rules that the Arkansas Development Finance Authority (the "Authority") may promulgate to govern the Program.

The undersigned hereby agrees that, to the greatest extent feasible, opportunities for training and employment arising in connection with the planning and implementation of any project under any program of the Authority shall be given to minority individuals and women.

The undersigned hereby agrees that, to the greatest extent feasible, and consistent with Arkansas and Federal Law, contracts for work to be performed in connection with any development funded by the Authority shall be made available and awarded to businesses, including but not limited to those in the fields of finance, consulting, design, architecture, marketing, construction, property management or maintenance, which are owned, in whole or in part, by minority individuals and/or women.

The undersigned hereby agrees that any project under any program of the Authority shall be affirmatively marketed and available for occupancy by all persons regardless of race, national origin, religion, creed, sex, age, handicap, or family status. The undersigned will document the actions taken to affirmatively further fair housing.

The undersigned hereby agrees that the implementation of any project under any program of the Authority shall minimize the involuntary displacement of low-income households. Your signature on this application indicates your receipt of this statement and your agreement to comply with the Authority's non-displacement in housing policy. The undersigned further agrees to conform to the policy in every phase of the planning, implementation and operation.

Your signature will indicate your receipt of this statement and agreement to comply with the Authority's equal employment opportunity and non-discrimination policies.

Your signature will also indicate your understanding that the Authority's willingness to issue a commitment to you for HOME Program funds is conditioned upon your agreement to comply with these policies.

The undersigned, as an essential part of the application for allocation for HOME Program funds hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this application may disqualify the project for HOME Program funds. The information given by the undersigned may be subject to verification by the Authority.

The undersigned hereby agrees that the undersigned is legally able to operate in the State of Arkansas and that the undersigned is in good standing with the Arkansas Secretary of State.

The undersigned has caused this document to be duly executed in its name on this _____ day of _____, 20__.

By: _____
(Applicant)

Name _____ Date _____
(Signature)

Title _____