

# ARKANSAS DEVELOPMENT FINANCE AUTHORITY (ADFA) HOME PROGRAM

## HOME TENANT BASED RENTAL ASSISTANCE PROGRAM

### APPLICATION

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NAME OF AGENCY/APPLICANT

DATE

(NOTE: for additional information concerning the HOME Program: <http://www.hud.gov/cpd/home/homefront/index.html> for  
ADFA HOME Program information : <http://www.state.ar.us/adfa> )

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**INSTRUCTIONS  
FOR  
SUBMITTING PROGRAM APPLICATIONS**

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WHEN you submit your completed application, please follow these instructions:

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

HOME Application Committee  
Arkansas Development Finance Authority  
Post Office Box 8023  
Little Rock, Arkansas 72203
  
2. A copy of the application, along with a completed 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:  

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 "N.A."
  
5. **Use and include checklist.**
  
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. Place additional sheets in back of application and label Exhibit I, II, etc.
  
7. **Incomplete applications will be returned and may result in disqualification.**
  
8. Secure application with a binder clip -- do not insert application in any notebook, hardback cover or use acco fasteners or any other permanent means of fastening.

## **HOME TENANT BASED RENTAL ASSISTANCE PROGRAM APPLICATION CHECKLIST**

Completed applications should contain the following documentation. Check boxes on the left below to ensure enclosures, otherwise mark "NA":

1. Completed and signed application code sheet
2. Completed Form 424
3. Completed application signed by the Chairperson of the Board
4. Comprehensive Plan or Consolidated Assessment (Attachment I)
5. Documented Collaborative Effort (Attachment II)
6. Applicant's Experience and Capacity (Attachment III)
7. Additional documentation supporting finding of need (Attachment IV)
8. Copy of PHA's or applicant's tenant waiting list (Attachment V)
9. Letters of support from highest elected official (Attachment VI)
10. Adopted Minority and Women Owned Business Enterprise Plan (Attachment VII)
11. Adopted Fair Housing Plan or Ordinance (Attachment VIII)
12. Adopted Tenant Selection Plan (Attachment IX)
13. HOME Program Match Form (Attachment X)
14. Use map to designate area covered.

**HOME  
TENANT BASED RENTAL ASSISTANCE  
APPLICATION  
FISCAL YEAR \_\_\_\_\_**

1. Applicant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 County: \_\_\_\_\_

Internal Use Only:  
Computer # \_\_\_\_\_

2. Application Preparer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Project Summary: (Include owner/developer if different from 1 or 2 above)

4. Type of Applicant: (check one)  
 \_\_\_\_\_ PHA \_\_\_\_\_ City \_\_\_\_\_ Joint \_\_\_\_\_ CHDO \_\_\_\_\_ County \_\_\_\_\_ Non-Profit  
 \_\_\_\_\_ Other  
 List Minor Parties \_\_\_\_\_

5. State Senate District No. (s) \_\_\_\_\_ State Representative District  
 Congressional District \_\_\_\_\_ PDD \_\_\_\_\_

6. Total Project Budget: \_\_\_\_\_ %  
 a. HOME \$ \_\_\_\_\_  
 b. State \$ \_\_\_\_\_  
 c. Local \$ \_\_\_\_\_  
 d. Federal \$ \_\_\_\_\_  
 e. Private \$ \_\_\_\_\_  
 f. Total \$ \_\_\_\_\_ Administration \$ \_\_\_\_\_

7. Certification of Applicant  
 To the best of my knowledge and belief, all data contained in this application is true and correct and the governing body has duly authorized its submission. 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: \_\_\_\_\_

\* All joint applications must be accompanied by cooperative agreements between all the jurisdictions applying for funds in the application.

## I. PROGRAM SUMMARY

In the space below provide a brief summary of the proposed program. Describe the activities to be undertaken, who will benefit, the number of tenants/units to be assisted by HOME, and, other funds, and how the program will improve the housing conditions of low and very low income households in an affordable manner. How does this project relate or impact on the needs and strategies of the local economic development and homeless problem. Attach as **Attachment I** your local comprehensive plan describing your needs and strategies for meeting those needs. As **Attachment II** enclose evidence of your collaborative efforts (local news clippings, minutes of the meeting, etc.).

## II. APPLICANT EXPERIENCE AND CAPACITY

1. Detail your experience in managing affordable housing similar to the types of activities you will be undertaking with HOME monies. Include the following in **Attachment III**:

- Type of programs administered and/or utilized

- Rental Rehabilitation
- Owner-Occupied Rehabilitation
- Rental Assistance (to tenants)
- New Construction
- Home Ownership
- Other (explain) \_\_\_\_\_

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- Affordable housing resources used

- CDBG
- HUD Rental Rehabilitation Program
- State Weatherization Programs
- Section 8 Rental Assistance
- Other (explain) \_\_\_\_\_

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- Latest Phmap Score \_\_\_\_\_

- How many clients (tenants) are participating in a self-sufficiency program? \_\_\_\_\_

- List any efforts which have included private sector financing or donations \_\_\_\_\_

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- Discuss any major audit findings concerning housing programs within the last 3 years and how these have been resolved \_\_\_\_\_

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2. Are units available for rent in the HOME fair market rental ranges? Yes\_\_\_\_\_ No\_\_\_\_\_

Do the ranges exceed the published Fair Market Rent established for the area in which you plan to serve? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give specific examples \_\_\_\_\_

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3. Do you administer vouchers? Yes\_\_\_\_\_ No\_\_\_\_\_

a. If yes, what payment standard do you use? (check one)

Fair Market Rent     Fair Market Exceptional Rents     Other

b. If other, who authorized it and what method was used? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you purge your waiting list? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, how often and what date did you last purge the list? \_\_\_\_\_

5. Have you closed applications? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, when did you close it: Date: \_\_\_\_\_

6. Do you currently have applicants with Section 8 vouchers or certificates who can not find suitable housing? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, explain and list how many \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you attended a Tenant Based Assistance Workshop? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, when?\_\_\_\_\_ Sponsored by: \_\_\_\_\_

7. Have you been previously funded by HOME? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, FY(s)\_\_\_\_\_, Amount Awarded (latest fiscal year) \$\_\_\_\_\_ (activity) \_\_\_\_\_

8. Describe housing production and other housing services experience provided by the following persons and their role in the project. Please note if each position will be a staff person or services provided by an outside consultant.

A. Program Administrator

a. Name\_\_\_\_\_

b. Experience\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Role\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Inspector (Ensures Section 8 Standards)

a. Name\_\_\_\_\_

b. Experience\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c. Role\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

C. Financial Manager

- a. Name \_\_\_\_\_
- b. Experience \_\_\_\_\_  
\_\_\_\_\_
- c. Role \_\_\_\_\_  
\_\_\_\_\_

D. Other Staff Members

- a. Name \_\_\_\_\_
- b. Experience \_\_\_\_\_  
\_\_\_\_\_
- c. Role \_\_\_\_\_  
\_\_\_\_\_

- a. Name \_\_\_\_\_
- b. Experience \_\_\_\_\_  
\_\_\_\_\_
- c. Role \_\_\_\_\_  
\_\_\_\_\_

- a. Name \_\_\_\_\_
- b. Experience \_\_\_\_\_  
\_\_\_\_\_
- c. Role \_\_\_\_\_  
\_\_\_\_\_

- a. Name \_\_\_\_\_
- b. Experience \_\_\_\_\_  
\_\_\_\_\_
- c. Role \_\_\_\_\_  
\_\_\_\_\_



2. List the geographical areas to be served with tenant based rental assistance (e.g., city wide, county(ies), regional, etc.)

#### **IV. RELOCATION**

1. Describe the anticipated relocation activities associated with the proposed program. The discussion must describe whether the applicant anticipates permanent and/or temporary relocation of households.

## V. COMMUNITY INVOLVEMENT

1. Describe efforts made to involve the community, including those residing in the units and the local unit of government (if not the applicant), in the development of this application for funding. Attach letters of support from community organizations, if available. *Note: A letter of support from the highest local official of the affected unit of local government is required and must be submitted as part of the application. The letter must indicate that the proposed program is not inconsistent with local plans and ordinances and there are no foreseeable barriers to implementing the program. The letter should also include a commitment to adopt, implement, and enforce local building codes. If there are properties in more than one county or city, a letter from each of the respective officials must be included. Include as **Attachment VI**.*

## VI. SPECIAL NEEDS

1. Do you anticipate assisting any of the following special population groups? *NOTE: Assistance to any of these groups will result in a higher rating for scoring purposes.*

DESCRIPTION	NUMBER OF UNITS	PERCENTAGE OF TOTAL
Elderly (62+)		
Large Families (5 or more persons)		
Housing for Persons with Disabilities (physical or mental)		
Single Parent Households		
<b>TOTAL</b>		

**(Note: the numbers indicated should be only the numbers anticipated for this application - not the numbers from the PHA or applicant's waiting list)**

## **VII. MINORITY AND WOMAN OWNED BUSINESS ENTERPRISE**

1. Has the applicant adopted the sample plan provided in the application kit or some similar document. If so, indicate below and attach to the application. Include as **Attachment VII**.

## **VIII. FAIR HOUSING**

1. Describe your plan to affirmatively further fair housing in your area. Attach any locally adopted fair housing plans or ordinances to the application. Include as **Attachment VIII**.

## **IX. TENANT SELECTION PLAN**

1. Describe your procedure to select tenants in your area. Attach adopted tenant selection policies to the application. Include as **Attachment IX**.



# ATTACHMENT X HOME PROGRAM MATCH FORM

**Part I: Participant Information**

Organization Name:

Organization Address:

Person Completing Form:

Telephone Number:

Reporting Period:

Starting:

Ending:

Date Submitted:

**Part II: Match Contribution**

1. HOME Project No.	2. Date of Contribution	3. Cash (nonfederal ) (sources)	4. Foregone Taxes, Fees, Charges	5. Appraisal Land/ Real Property	6. Required Infrastructure	7. Site Preparation, Construction Materials, Donated Labor	8. Bond Financing	9. Total Match
<b>GRAND TOTAL MATCH :</b>								

## XII. 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 (ADFA) may promulgate to govern the Program.

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 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 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 sponsor may be subject to verification by ADFA.

The undersigned has caused this document to be duly executed in its name on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Organization

By: \_\_\_\_\_

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

Title \_\_\_\_\_