PART I
The Applicant

Homeowner Rehabilitation/Reconstruction
2012
INSTRUCTIONS FOR
SUBMITTING PROGRAM APPLICATIONS

All owner-occupied applications for ADFA HOME Investment Partnership Funds must use the following instructions for submission in the required format. Your application submission and acceptance for full review will be evaluated using both Part I and Part II application checklists. Answer all questions. If not applicable to your project or activity, mark "NA". Please do not submit a handwritten application. Applications Incomplete applications will be returned and may result in disqualification.

ONLY MATERIALS submitted on the enclosed ADFA forms in addition to relevant and requested support documents will be accepted as part of the application.

All A minimal of three complete applications are required.

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

   Arkansas Development Finance Authority
   HOME Investment Partnerships Program
   900 West Capitol Ave.
   Little Rock, Arkansas  72201

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.
PART I - APPLICATION CHECKLIST

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

Complete applications must include the following documentation and attachments. Placing a check in the applicable checklist boxes below certifies that you have submitted

PLEASE NUMBER AND INCLUDE ATTACHMENTS IN THE ORDER LISTED BELOW:

1. □ HOME Certification Form
2. □ Part I – Application Checklist (this page)
3. □ Part I – HOME Program Application for Assistance
4. □ 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)
5. □ Consultant Contract (Agreement between administering entity and consultant, if applicable)
6. □ HOME Program – Match Guidance
7. □ Completed HOME Match Form
8. □ Minority and Women’s Owned Business Enterprise Plan (MBE/WBE)
9. □ Copy of Funding Commitment Letters
10. □ Completed Federal Form 424
11. □ Copy of City’s Fair Housing Ordinance
12. □ Copy of Section 3 Plan
13. □ Copy of Affirmative Fair Housing Marketing Plan (Homebuyer activities)
    (See ADFA website www.arkansas.gov/adfa)
14. □ Cooperative Agreement, if applicable (joint applications only)
15. □ Copy of most recent Financial Statement(s)
16. □ Copy of most recent Audit (include responses to findings)
17. □ Community Support Letters (New Construction)(i.e., community organizations)
18. □ Letter and or resolution of support from the Mayor or County Judge
19. □ Request for Taxpayer Identification Number (IRS Form W-9)
20. □ Contract and Grant Disclosure and Certification Form
Part I – OWNER OCCUPIED HOME PROGRAM APPLICATION

Amount of HOME Funds Requested: $ _______________________.

How many activities of each category are in with this application?

__ Rehabilitation   __ Reconstruction   __ Manufactured/Mobile

APPLICANT INFORMATION

Legal Form of Applicant(s): (check only one):

☐ City   ☐ County   ☐ Non-Profit   ☐ CHDO   ☐ Joint application

Applicant: ________________________________________________________

Contact Person: __________________________________ Title/Position _______________________

Telephone: ____________________  Fax: _________________________

Email Address: __________________________________________________________

Address______________________ City: ___________________  Zip ______ County: __________

Mailing Address if different than that above:

Address______________________ City: ___________________  Zip ______ County: __________

Federal Tax Identification #: _____-______________ State Senate District #: ___

Please indicate the following district number for this project:

Congressional District #:_____ State Senate District #:_____  State House District #:____

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.
APPLICANT EXPERIENCE AND CAPACITY:

Please identify any technical assistance or training toward the HOME Program or owner-occupied activities requested.

☐ HUD  ☐ ADFA HOME Certification  ☐ ADFA HOME Regional Workshops  ☐ USDA-RD

1. ADFA-sponsored Workshops Attended (List Name and Date of Workshop):
   Name: ____________________________________________ Date: _____________
   Name of Workshop: ___________________________ HOME Certification Date: _____________
   Name: ____________________________________________ Date: _____________
   Name of Workshop: ___________________________ HOME Certification Date: _____________

2. Provide details of your experience in developing, rehabilitating or managing affordable housing similar types of activities you will be undertaking with HOME funds
   a. Housing Activities (Check all that apply):
      ☐ Rental Rehabilitation
      ☐ Owner-Occupied Rehabilitation
      ☐ Rental New Construction
      ☐ Single-family New Construction
      ☐ Homebuyer
      ☐ Other (explain)

   b. Housing Resources Utilized (Check all that applies):
      ☐ 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:**

*Please provide an update to ADFA upon any change to your team membership or organizational structure that relates to person(s) working with this application.*

<table>
<thead>
<tr>
<th><strong>PROJECT ADMINISTRATOR and COMPLIANCE STAFF</strong></th>
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<tbody>
<tr>
<td>Name: __________________________________________ Years of experience with HOME funds ____</td>
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<tr>
<td>Experience (# Years): _______ Have a current HOME Certified Certificate □ Yes (attached) □ No</td>
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<tr>
<td>Inspection Trainings/Seminars (List below):</td>
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<tr>
<th><strong>PROJECT MANAGER (management oversight of the rehabilitation work)</strong></th>
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<tr>
<td>Name: __________________________________________ Years of experience with HOME funds ____</td>
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<tr>
<td>Experience (# Years): _______ Inspection Trainings/Seminars/ Certifications (List below):</td>
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<tr>
<th><strong>FINANCIAL MANAGER</strong></th>
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<tr>
<td>Name: __________________________________________ Years of experience with HOME funds ____</td>
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<tr>
<td>Experience (# Years): _______ Years Experience with Federal Funds and Reporting:____</td>
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<td>Role: __________________________________________________________________________________</td>
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<tr>
<th><strong>CONSULTANT (if applicable)</strong></th>
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<td>Name: __________________________________________ Years of experience with HOME funds ____</td>
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<tr>
<td>Experience (# Years): ____________________________</td>
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<tr>
<td>Has the architect or engineer been suspended from any ADFA programs? □ Yes □ No</td>
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<tr>
<td>Is the architect or engineer currently debarred from participating in federal programs? □ Yes □ No</td>
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<tr>
<th><strong>CONTRACTOR[S]</strong></th>
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<tr>
<td>Name: ________________________________ Years of experience with HOME funds ____</td>
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<tr>
<td>Experience (# Years): _______ Has/ever been suspended from any ADFA programs? □ Yes □ No</td>
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<tr>
<td>Is/has the contractor ever been debarred from participating in federal programs? □ Yes □ No</td>
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<td>Name: __________________________________________</td>
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</table>
Experience (# Years): ____  Has/ever been suspended from any ADFA programs? □ Yes □ No
Is/has the contractor ever been debarred from participating in federal programs? □ Yes □ No

**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 a 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)**
# HOME PROGRAM MATCH FORM

## Part I: Participant Information

<table>
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<tr>
<th>Organization Name:</th>
<th>Organization Address:</th>
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<th>Person Completing Form:</th>
<th>Telephone Number:</th>
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<th>Reporting Period:</th>
<th>Starting:</th>
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## Part II: Match Contribution

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**GRAND TOTAL MATCH:**
MINORITY & WOMEN BUSINESS ENTERPRISES PLAN

Name of Agency or Organization: _______________________________________________________________________

Mailing Address: __________________________________ Street address: ________________________________

_____________________________________________________________________________________________

City    ST    Zip
Telephone:___________________________________________ FAX:_____________________________________

Policy Statement: The above agency (organization) is committed to fully support all possible participation of firms
owned and operated by Arkansas Minority Business and Women Business Enterprises by establishing a goal to procure
contracted goods and services from Arkansas Minority Business and Women Business Enterprises when expending
HOME funds each fiscal year.

______________________________________________________________ is the Procurement Officer

Name (please print)

to be responsible for administering this compliance plan.

Name of highest elected official (mayor, county judge, or chairman of the board of a non-profit)

Name                  Title

______________________________________________________________

Signature               Date

Supervisor of Procurement Officer Name - (person with oversight responsibility)

Telephone: ________________________________ Fax:___________________________________

E-mail: ___________________________________________________________________________________________________
Strategies and Procedures to Comply with MBE & WBE

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.)

<table>
<thead>
<tr>
<th>Projected Date Procedures or Initiatives are to be Implemented</th>
<th>Actual Date Implemented</th>
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<tbody>
<tr>
<td>(1) Utilize Office of State Purchasing of the Department of Finance and Administration and Minority Business Development/AIDC, MBE &amp; WBE Directories and develop a local list of MBEs/WBEs to use in specific communities.</td>
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<td>(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.</td>
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<td>(3) Provide names and addresses of local minority business to Minority Business Development Division/AIDC and the Office of State Purchasing, which are not on their lists.</td>
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<td>(4) Work with local organizations to seek MBE and WBE to purchase products, services, i.e., churches, NAACP, Business and Professional Women's Association, Chamber of Commerce, related organizations, etc.</td>
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<td>(5) Hold monthly meetings with appropriate staff to discuss accomplishments and promote increased efforts to utilize MBE and WBE.</td>
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<td>(6) Develop list of common goods and services that known MBE and WBE can provide, i.e., contractors, lenders, realtors, legal consultants, specialty contractors such as plumbers, electricians, roofers, landscapers, etc., and discuss with staff regularly.</td>
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<tr>
<td>(7) Have available for MBEs and WBEs a list of products and services normally let to bid.</td>
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<td>(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.</td>
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<td>(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.</td>
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<tr>
<td>(10) Notify MBEs/WBEs by direct mail of all awards or agreements for projects involving five or more units. Describe activity and number of units to be developed giving name, address of owner, manager or sponsor.</td>
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<tr>
<td>(11) Include any other procedures that the agency deems necessary to comply with the goals and objectives of the compliance plan.</td>
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MBE/WBE Purchasing Goals in Dollars

Projected Total HOME Funds to be Expended: $____________________

Projected Percent _____% and Dollar Amount $____________________ for MBE/WBE services and products.

Actual Total HOME Funds Expended: $__________________________

Percent _____% and Dollar Amount $____________________ awarded for MBE/WBE services and products.

Comments, Notes or Problems Meeting MBE/WBE Goals:
____________________________________________________________________________________
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2012 ADFA HOME Owner Occupied Rehabilitation
In connection with HOME Investment Partnerships Program (HOME) applications submitted to
the Arkansas Development Finance Authority by _________________________________
requesting HOME Funds for the development of _____________________________,
(Name of Development/Project)
I, ______________________________________, on behalf of _______________________
(Name)                                                                                   (Name of Development Team Member)
being duly sworn , hereby certify that I or any principal\(^1\) of _________________________:
(Name of Development Team Member)
1. □ have not been convicted by any state or federal jurisdiction of any felony.
   or
   □ have been convicted by a state or federal jurisdiction of a felony and the following details are provided:

<table>
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<tr>
<th>Jurisdiction</th>
<th>Date</th>
<th>Offense</th>
<th>Punishment</th>
<th>Details</th>
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2. □ have not been fined, suspended, or debarred as a result of any financial, performance or housing activity by any state or federal agency.
   or
   □ have been fined, suspended, or debarred as a result of any financial, performance or housing activity by a state or federal agency and the following details are provided:

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<th>Agency</th>
<th>Date</th>
<th>Details</th>
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\(^1\) If the development team member is a partnership, association, limited liability company, or corporation, “principal” shall include: it’s general partner(s), managing member(s), or any person who has at least a ten percent (10%) ownership interest in any ownership entity of such partnership, association, limited liability company or corporation.
3. □ have not filed for bankruptcy or reorganization.
   or □ have filed for bankruptcy or reorganization and the following details are provided:
   
<table>
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<tr>
<th>Jurisdiction</th>
<th>Date</th>
<th>Details</th>
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4. □ do not have any outstanding, uncorrected noncompliance issues with any state or federal housing program or agency.
   or □ do have outstanding, uncorrected noncompliance issues with a state or federal housing program or agency and the following details are provided:
   
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<tr>
<th>Agency</th>
<th>Date</th>
<th>Details</th>
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5. □ do not have any existing contracts or indebtednesses with the Arkansas Development Finance Authority.
   or □ do have the following existing contracts or indebtednesses with the Arkansas Development Finance Authority:
   
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<tr>
<th>Date</th>
<th>Borrower</th>
<th>Details</th>
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6. □ do not have any prior delinquent, defaulted or foreclosed upon contract, loan or indebtedness with the Arkansas Development Finance Authority.
   or □ do have the following existing contracts or indebtednesses with the Arkansas Development Finance Authority:
   
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<tr>
<th>Date</th>
<th>Borrower</th>
<th>Details</th>
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I, ________________________________, in my capacity as ________________________________
(Name) (Title/Position with Development Team Member)

further certify that I have the authority and knowledge to make the representations contained herein.

Date: ______________________   _______________________________________
(Signature) ____________________________
(Printed/Typed Name) ____________________________
(Title/Position with Development Team Member)
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 he executed the forgoing instrument for the purposes stated therein.

Witness my hand and seal this ______________ day of __________________________, 20____.

My Commission Expires:    ______________________________________
____________________ Notary Public
PART II

ARKANSAS DEVELOPMENT FINANCE AUTHORITY

HOME Investment Partnerships Program

HOMEOWNER OCCUPIED REHABILITATION
INDIVIDUAL APPLICATION
HOME 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 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
ADFA HOMEOWNER OCCUPIED CHECKLIST
(REQUIRED FORMS FOR COMPLETE APPLICATION SUBMISSION)

There are four parts to this application. Please check items that are complete and included in this application package. Information that is incomplete, missing or misrepresented will result in an application deficiency for this homeowner applicant.

A. HOMEOWNER’S QUALIFYING INFORMATION

1. ☐ Homeowner’s Loan Application
2. ☐ Most recent Verification Of Income (VOI) at the time of application submission to ADFA
   ☐ Most recent two paycheck stubs ☐ SS ☐ SSI ☐ Verification of Employment Form ☐ Other
4. ☐ Homeowner Qualification Worksheet (debt to income calculations and loan requirements)
5. ☐ Project Setup & Completion Form (visit www.arkansas.gov/adfa to view this document)
6. ☐ Owner Occupied Rehabilitation Agreement (Agreement between administering entity and homeowner)
7. ☐ Homeowner’s Hazard Policy
   a. ☐ Proof of homeowner’s insurance showing amount of coverage (Declaration page with owner’s name)
   b. ☐ Quote for hazard policy for the proposed house (reconstruction /mobile home replacement)

B. PROPERTY QUALIFYING INFORMATION

8. Clear color full view photos of the: Exterior ☐ Front ☐ Rear ☐ Left Side ☐ Right Side
   Interior ☐ Water Heater ☐ Inside Breaker Panel ☐ Plumbing inside base cabinets ☐ HVAC
9. ☐ Copy of the recorded Warranty Deed showing (3 year recorded ownership required)
10. ☐ Mortgage History Letter from current lien holder ☐ mortgage payoff letter if refinancing
11. ☐ Title Commitment (name on deed and application are consistent, clear & free of lien issues)
    ☐ Death Certificate if joint owner on deed is now deceased
12. ☐ Real Estate Tax Assessors Card (name matches application and owner on the title commitment)
13. ☐ Proof of paid real estate taxes – non delinquent
14. ☐ HQS/ Section 8 Inspection Form - Completed, signed and dated
15. Answer only one
    ☐ This house was built after 1978 or will be a reconstruction or a mobile home replacement
    ☐ Lead Base Paint Inspection report with results by a State licensed certified inspector
    ☐ Lead presence is presumed and lead safe work practice to be used by a certified contractor**

C. HOMEOWNER ACTIVITY REQUESTED (Scope of Work)

Please select only 1 homeowner activity and complete its checklist requirements.

☐ REHABILITATION (“**” Requires Lead Clearance Letter after completion of work)
16. ☐ A clear legible ad and Proof of Publication from the AR Democrat Gazette (signed & notarized)
17. ☐ Bid tabulation sheet listing all bidders (dated and signed)
18. ☐ All bidding contractors’ itemized bid quote signed and dated (3 separate contractor bids are required)
19. Copy of:
   a. ☐ Signed and executed Owner/Contractor Agreement
   b. ☐ ADFA Rehabilitation Standards Work Write-up Template (Completed, signed and dated)
      (visit www.arkansas.gov/adfa to view this document)
20. ☐ Copy of most current Contractors Arkansas State License for awarded contractor
ADFA HOMEOWNER OCCUPIED CHECKLIST- continued

☐ RECONSTRUCTION (site built house)
22. ☐ A clear legible ad and Proof of Publication from the AR Democrat Gazette (signed & notarized)
23. ☐ Bid tabulation sheet– (showing date opened, locations, signed by persons present and bid amounts)
24. ☐ All bidding contractors’ itemized bid quote signed and dated (3 separate contractor bids are required)
25. Copy of:
   a. ☐ Signed and executed Owner/Contractor Agreement
   b. ☐ Complete set of ADFA house plans and specifications (each page signed by homeowner) / ☐ Other Plan
   c. ☐ Description of Materials - signed by ☐ homeowner and ☐ selected contractor
26. ☐ Survey showing both existing and proposed dwelling
   (Survey to show proposed and existing house including setbacks, driveway and sidewalk, flood plain and elevation certificate requirements if required by FEMA)
27. ☐ Elevation Certificate (if house is in a FEMA Qualified Flood Zoned Area) ☐ Does not apply
28. ☐ Copy of most current Arkansas state license for the awarded contractor for this activity
29. Copies of general contractor’s insurances
   a. ☐ auto b. ☐ general liability and c. ☐ workers comp.

☐ MANUFACTURED (MOBILE) HOME REPLACEMENT
Meeting 24CFR 3820 HUD Requirements – See links below
http://search.usa.gov/search?utf8=%E2%9C%93&sc=0&query=24+CFR+3280&locale=en&m=&embedd=&affiliate=housingandurbandevelopment&filter=moderate&commit=Search
30. ☐ A clear legible ad and Proof of Publication from the AR Democrat Gazette (signed & notarized)
31. ☐ Itemized bid quotes from dealers/contractor(s) (must obtain 3 separate bids), signed and dated All
   bidding contractors’ itemized bid quote signed and dated (3 separate contractor bids are required)
   Copy of:
   a. ☐ Signed and executed Owner/Contractor Agreement
   b. ☐ Complete set of house plans showing elevations and specifications (each page signed by homeowner)
   c. ☐ Description of Materials (include: installation tie down method to be used, planned sewer
c   connection, and underpinning material)- signed by homeowner and selected contractor
   d. ☐ Energy Star Qualified Manufactured/Modular Home Documentation
32. ☐ Survey showing both existing and proposed dwelling
   (request surveyor to show proposed and existing including setbacks, flood plain and required
elevation certificate if required by FEMA)
33. ☐ Verification that company is in good standing and licensed to fully operate in Arkansas
34. Copies of general contractor’s insurances
   a. ☐ auto b. ☐ general liability and c. ☐ workers comp.

D. ENVIROMENTAL REVIEW FORMS AND SUPPORT DOCUMENTS
36. ☐ Color photos showing a clear view of the entire front, back and both right and left side views.
37. ☐ Area map identifying the location of the property
38. ☐ Flood Insurance Map (FIRM) showing property location, panel number and notation of flood plain
39. ☐ Environmental Statutory Checklist, completed, and signed with four (4) supporting photos
40. Project approval letters from ☐ US Fish & Wild Life ☐ State Historic Preservation Office (SHPO)
ADFA HOME INVESTMENT PARTNERSHIPS PROGRAM
HOMEOWNER LOAN APPLICATION

The information collected below will be used to determine whether you qualify as a borrower under The State HOME Loan Program. It will not be disclosed outside the HOME Program Agencies without your consent except to your employer for verification of information, obtaining credit information from a national credit-reporting agency, and as required and permitted by law. You do not have to provide the information, but if you do not your application for a loan may be delayed or rejected.

APPLICANT INFORMATION:

Primary Homeowner's Name: ________________________________________________
Physical Property Address: _______________________________ Mailing Address if Different____________________
City: ___________________________ Zip: _________ Phone: ______ - _________
How long have you owned your home? _____
How many Dependents live at the above address? ______
Marital Status:  [ ] Married  [ ] Unmarried  [ ] Separated (provide legal separation papers)

Employment Information:

Name of Employer: __________________________________________________________________
Address: _________________________________City: __________________ State: _______Zip:__________
Applicants Position/Title: __________________________________ Length of employment: ___________
Supervisor’s Name: ____________________________Telephone: _________________________

CO-OWNER INFORMATION:

Co-homeowner’s Name: ________________________________________________
Marital Status:  [ ] Married  [ ] Unmarried  [ ] Separated (provide legal Separation Papers)

Employment Information:

Name of Employer: __________________________________________________________________
Address: _________________________________City: _________ State: _______Zip:__________
Position/Title: ____________________________ Employment Date: ________________
Supervisor’s Name: ____________________________Telephone: _________________________

If “Yes” to any of the following questions you must attach an explanation on a separate sheet.

1. Do you have any outstanding unpaid judgments? ___      [ ] No  [ ] Yes
2. Is the applicant(s) under bankruptcy? ______
   If yes please provide a Post-Petition-to-Incur-Debt from Bankruptcy Court as an attachment.
   [ ] No  [ ] Yes
3. Are you currently a party in a lawsuit?                     [ ] Yes  [ ] No
4. Are you or anyone living in the household related to any staff member or people involved with putting together this application or Arkansas Development Finance Authority (ADFA)?
   [ ] No  [ ] Yes
### ANNUAL HOUSEHOLD INCOME PROJECTED FOR THE NEXT 12 MONTHS

<table>
<thead>
<tr>
<th>Source</th>
<th>Applicant</th>
<th>Co-Applicant</th>
<th>Other Household Member 18 or Older</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Salary</td>
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<tr>
<td>Overtime Pay</td>
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<td>Commissions</td>
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<td>Fees</td>
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<td>Tips</td>
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<td>Bonuses</td>
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<tr>
<td>Interest and/or Dividends</td>
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<tr>
<td>Net Income from Business</td>
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<tr>
<td>Net Rental Income</td>
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<tr>
<td>Social Security, Pensions, Retirement Funds, Etc., Received Periodically</td>
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<tr>
<td>Unemployment Benefits</td>
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<tr>
<td>Worker Compensation, etc.</td>
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<tr>
<td>Alimony, Child Support</td>
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<tr>
<td>Welfare Payments</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

**TOTAL ANNUAL HOUSEHOLD INCOME**

**TOTAL MONTHLY HOUSEHOLD INCOME**

- [ ] *HUD Part 5 Annual Income worksheet* attached  [https://webapps1.hud.gov/hfc/calculator](https://webapps1.hud.gov/hfc/calculator)

### LIABILITIES:

List outstanding debts including auto loans, credit cards, charge accounts, credit union loans, personal loans and non-main residential real estate loans

<table>
<thead>
<tr>
<th>Type</th>
<th>Creditor’s Name</th>
<th>Monthly Payment</th>
<th>Unpaid Balance</th>
<th>Payment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
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</tbody>
</table>

**TOTAL**

2012 ADFA HOME Owner Occupied Rehabilitation
**MONTHLY HOUSING EXPENSE:**

<table>
<thead>
<tr>
<th>Monthly Payment</th>
<th>Principal Balance</th>
<th>Mortgage Holder: _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Mortgage Payment</td>
<td>$</td>
<td>Address: ___________________________________________</td>
</tr>
<tr>
<td>Hazard insurance</td>
<td>$</td>
<td>Describe any special circumstances relative to your housing or its financing:</td>
</tr>
<tr>
<td>Flood Insurance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Real Estate Taxes (paid receipt)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Monthly average utility bills (water, electric and gas)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Housing Ratio** (provide your worksheet)

Front End ______ Cannot exceed 33%  Back End Cannot exceed 43%

**HOUSEHOLD COMPOSITION:**

(List the head of your household and all members who live in your home. Give the relationship of each family member to the head)

<table>
<thead>
<tr>
<th></th>
<th>Full Name (Legal name)</th>
<th>Relationship</th>
<th>Age</th>
<th>Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Applicant</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<td></td>
</tr>
</tbody>
</table>

1. Does anyone live with you now that is not listed above? □ Yes □ No
2. Does anyone plan to live with you in the future who is not listed above? □ Yes □ No
3. Are any members of the household related to or have business ties with any elected or appointed official, employee, or consultant of the administering entity? □ Yes □ No

Please explain if you answer "Yes" to either question above.

---

2012 ADFA HOME Owner Occupied Rehabilitation
PROPERTY INFORMATION

1. List the year your house was built: _______

2. Years of estimated remaining life on the:
   Roof _____  Plumbing _____  Heating System _____  Cooling System _____  Structure _____

3. How long have you owned and occupied your home? _____

4. Have you received Government or Federal Assistance with this home?  □ No  □ Yes
   If so what type: _______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

Please explain if you answered "Yes" to either question above.
   ______________________________________________________________
   ______________________________________________________________
   ______________________________________________________________

Remainder of the page is blank
HOMEOWNER CERTIFICATION

I certify that I am the owner and have given my permission to allow work on the property listed above in accordance with the following provisions:

1. Rehabilitation of my home to code standards established by the State of Arkansas, ADFA HOME Program and my local jurisdiction codes. The amount of HOME funds and description of the work completed has been verified and accepted by the execution of the Owner/Contract Agreement.

2. Such other particulars as may be attached to this agreement.

I also release [State Recipient Name] and ADFA of all liability during rehabilitation of my home, and grant permission for photographs and information to be used to document housing improvement success stories via the news media. This includes permission to inspect utility billing records before and subsequent to housing improvement work performed for the sole purpose of obtaining data to evaluate the energy conserving effectiveness of the work done, and directs the pertinent utility and fuel companies to make records available to the above mentioned HOME recipient/subrecipient.

By my signature below, I certify that I have read and/or been informed of the above agreements and fully understand all provisions. I certify that I will not sell or transfer the title to my home per the terms of the executed Note and Mortgage after construction is completed, unless I/we shall repay all or a portion of the funds provided pursuant to any associated loan agreements. I/we understand that the residence being rehabilitated is our primary residence and must remain our primary residence through the affordability period outlined in the note and mortgage. I/we were instructed and fully understand the terms of the note and mortgage. I/we were informed of our right to cancel the rehabilitation of our residence prior to any construction being initiated.

I certify that I will participate in a homeowner-training program, if required.

In addition, I certify that the information provided above is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for purposes of income and verification related to my/our application for financial assistance. I/We understand that any willful misstatement of material fact will be grounds for disqualification.

Applicant Signature: ________________________________ Date: __________

Co-Applicant Signature: ________________________________ Date: __________
How to complete the
HUD Part 5 Annual Income
Online

https://webapps1.hud.gov/hfc/calculator/

Submit this page if website is still down.
Exterior Pictures  
Please show complete elevated shot

Color Photos of the House – Front, Back, Side Views

Interior pictures to include:  
☐ Water Heater  
☐ Inside Breaker Panel  
☐ Plumbing  
☐ inside base cabinets  
☐ HVAC

2012 ADFA HOME Owner Occupied Rehabilitation
ATTACHMENTS
(Submit all attachments in order according to the Application Part II Checklist!)
Please verify through the website for updates and/or document changes
Visit ADFA’s Website at www.arkansas.gov/adfa

☐ PCSC SECTION 8 INSPECTION FORM
   Required for All Rehabilitation Activities!
   Housing Quality Standard Checklist (HQS) (pdf fillable)

☐ SPECIFICATIONS/ WORK WRITE-UP
   Submit with Owner Occupied Rehabilitation Activities Only
   ADFA Rehabilitation Work Write-up Template (The Scope of Work)
   www.arkansas.gov/adfa
   Please submit only the items of repair/ replacement/ installation that are contained in the actual bid package. Including items not required or related in the scope of work may lead to a deficient application.

☐ LEAD-BASED PAINT PAMPHLET (for Region 6)
   http://www.epa.gov/lead/pubs/leadpdfe.pdf

☐ COMPLETE SET OF PLANS
   Note: All ADFA single-family projects must meet at least Level 1 in accordance with the Arkansas Usability Standards in Housing: Guidance Manual for Constructing Inclusive Functional Dwelling (AUSH). New construction and reconstructed units must meet Universal Design standards.

☐ DESCRIPTION OF MATERIALS OMB NO. 0575-0042
   Owner Occupied Reconstruction
COPY/PROOF OF HOMEOWNER’S HAZARD INSURANCE

- **BINDER** – Existing Coverage with a minimum mortgage coverage
- **QUOTE** (Reconstruction or policy increase to cover as built/ after construction value)

**Note:** All rehabilitation homeowners must provide proof of insurance prior to commitment of funds and reconstruction applicants must provide proof of insurance prior at retainage request.

HUD PROJECT SET-UP FORM

Please visit [www.arkansas.gov/adfa](http://www.arkansas.gov/adfa) to view this form.

CONTRACTOR INFORMATION

Please provide the following information in this section of the application.

- **Current Copies of:**
  - [ ] Contractor’s Arkansas State License
  - [ ] General Liability Insurance License
  - [ ] Builder’s Risk Insurance
  - [ ] Lead Certification

  - Please note that Payment and Performance Bond or Irrevocable Letter of Credit required prior to notice to proceed

OWNER-OCCUPIED REHABILITATION AGREEMENT

Visit ADFA’s website at [www.arkansas.gov/adfa](http://www.arkansas.gov/adfa) to view this document

SAMPLE CONSULTANT CONTRACT (if applicable)

Visit [www.arkansas.gov/adfa](http://www.arkansas.gov/adfa) to view a sample contract
OWNER/CONTRACTOR AGREEMENT

OWNER:  

PROPERTY ADDRESS:  

CONTRACTOR:  

AGENCY:  Arkansas Development Finance Authority  

CONTRACT PRICE:  $  

EFFECTIVE DATE:  

EXECUTION DATE  

(NLT):  

This Contract is between "Owner" and "Contractor", warranting itself to be licensed and qualified to perform the work specified herein. This Contract is for the rehabilitation of property located as indicated above (referred to in this contract as the "property").

IN CONSIDERATION OF THEIR MUTUAL PROMISES, THE PARTIES AGREE AS FOLLOWS

Part I - Specific Terms

(1) EFFECTIVE DATE: This document shall have no force or effect unless and until executed by the Owner and Contractor, approved by the "Agency", and properly executed and approved copy is mailed to the contractor at the address shown above. The date on which the copy is mailed shall be referred to as the "Effective Date." If a properly executed and approved copy of this contract is not mailed on or before the execution date, the contractor is not bound by the terms of this contract. If, however, a properly executed and approved copy of this contract is mailed after that date, the contractor subsequently performs work on or delivers materials to the property, the contractor shall be bound by this contract. The contractor shall not be compensated under this contract for work commenced or materials delivered to the property before the Effective Date.

(2) THE CONTRACT. This Contract consists only of this Part I (Specific Terms). Part II (Standard Terms), and the following attachments:

A. Schedule of work (work write-up dated:

B. Specifications contained in General Specifications.

C. Payment Schedule.
(3) TIME FOR COMMENCEMENT AND COMPLETION. The contractor agrees to commence, or cause to be commenced, the actual work described in the schedule of work within thirty (30) days after Effective Date. The contractor agrees to complete, free of liens or rights of liens of contractors, mechanics, materialmen or laborers, all work listed above within ninety (90) days after the Notice to Proceed is given, subject to extensions approved by the Owner and the Agency for the period of excusable delays (including strikes, acts of God or other reasons beyond the control of the Owner or Contractor). The contractor agrees that time is of the essence of this contract. If work has not been completed by the date herein, the contractor shall be assessed liquidated damages in favor of the Owner and the Agency in the amount of ______________________________ DOLLARS ($ ____________ .00) per day for each calendar day in excess of the number of days, as provided herein, unless the act from a source, as determined by the Owner or the Agency, is found to be beyond the contractor's control caused such delay in completing the project.

(4) CONTRACT PRICE. The Contractor agrees to accomplish work as described in the Schedule of Work in accordance with each and every term and condition of this Contract, for a total contract price. The price of specific items of work is stated in the Schedule of Work.

(5) PROGRESS PAYMENTS. The Contractor agrees that the total contract price shall be paid in one or more progress payments, based upon the value of the work completed at the time the progress payment is made. Such progress payments shall be disbursed at the item and in the amounts specified in the Payment Schedule (Attachment C, after inspection and approval of the work by Owner and the Agency, less a holdback of 10% of the price of the work completed. The holdback shall be retained until final payment in order to protect the Owner from any default by the Contractor. In the event the Contractor defaults, the holdback shall be disbursed in accordance with Part 11, paragraph 10 of this Contract. Final payment shall be due upon satisfactory completion and acceptance of the work as in compliance with this Contract by the Owner and Agency, permit signoff, submission of satisfactory waiver(s) of liens or a bond satisfactory to the Owner and Agency indemnifying the Owner against any lien, and submission of all warranties and guarantees. The Owner shall not withhold payment to the Contractor except for noncompliance with the terms of this Contract, and shall not request the Contractor to perform work outside the scope of this Contract as a condition of receiving payment.

The Contractor acknowledges that it is a material breach of this Contract to request or accept a progress or final payment which is in excess of the price of the work completed at the time such payment is requested, less the required holdback.

(6) WARRANTY. The Contractor warrants that all improvements, hardware and fixtures of whatever kind or nature to be installed or constructed on the property by the Contractor or the Contractor's subcontractors will be of good quality, suitable for their purpose and free from defects in workmanship or materials, or other deficiencies. This is a full warranty extending to the Owner and subsequent owners of the property; provided, however, that the warranty set forth in this paragraph shall apply only to deficiencies and defects about which the owner or subsequent owner(s) shall have notified the Contractor at the address above within one year, except for a longer warranty period(s) specified below:
(a) _____ years for ________________________________
(b) _____ years for ________________________________

(7) PARTIES TO CONTRACT. The Owner and Contractor agree that they are the sole parties to this Contract and are solely responsible for its performance. The parties agree that neither the Agency nor the Arkansas Development Finance Authority nor the United States Department of Housing and Urban Development assumes any liability or responsibility whatsoever for the performance of any term of this Contract.

__________________________________  DATE
OWNER

__________________________________  DATE
CONTRACTOR/TITLE

This business operates as a ☐ corporation ☐ partnership ☐ sole proprietorship approved by the Agency.
PART II - Standard Terms

(1) INSURANCE. During the continuance of the work under this Contract, the Contractor and all subcontractors shall:

A. Maintain worker's compensation and employers' liability insurance in amounts sufficient to protect themselves and the Owner from any liability or damage for injury (including death) to any of their employees, including any liability or damage which may arise by virtue of any statute or law in force or which may hereafter be enacted, and

B. Maintain public liability insurance in amounts sufficient to protect themselves and the Owner against all risks of damage or injury (including death) to property or persons wherever located, resulting from any action or operation under this Contract or in connection with the work.

C. The Contractor agrees to provide evidence to the Owner and Agency of such insurance prior to commencement of work. Failure to provide adequate evidence of insurance or failure to maintain the insurance as required by this paragraph shall be grounds for terminating this Contract at the option of the Owner.

(2) ASSIGNMENT. The Contractor agrees not to assign this Contract without written consent by the Owner and written concurrence by the Agency.

(3) CHANGE ORDER. The Contractor agrees not to make any changes in the Schedule of Work or the specifications without written authorization by the Owner and written concurrence by the Agency.

(4) PERMITS AND CODES. The Contractor agrees to secure and pay for all necessary permits and licenses required for the Contractor's performance of this Contract in compliance with applicable local requirements, including local building and housing codes, where applicable, whether or not specified in the Schedule of Work or Specifications.

(5) HOLD HARMLESS. The Contractor agrees to defend, indemnify, and hold the Owner and the Agency harmless from any liability or claim for damages because of bodily injury, death, property damage, sickness, disease or loss and expense arising from the Contractor's performance of this Contract. Each contractor and subcontractor is acting in the capacity of an independent contractor with respect to the Owner. The Contractor further agrees to protect, defend and indemnify the Owner from any claims by laborers, subcontractors and materialmen for unpaid work or labor performed or materials supplied in connection with this Contract.

(6) ELIGIBILITY. The Contractor represents that he or she is not listed on the Disbarred and Suspended Contractor's List of the U.S. Department of Housing and Urban Development or the Agency, and further agrees not to hire or utilize as a subcontractor or supplier any person or firm that is so listed.
(7) FEDERAL LABOR STANDARDS. If this Contract (i) concerns the rehabilitation of residential properties containing 12 or more units or (ii) calls for a price of $2,000 or more for the rehabilitation, in whole or in part, of nonresidential property or the non-residential portion of a mixed-use property, the Contractor agrees to abide by the Federal Labor Standards provisions contained in Form HUD4010A.

(8) CONDITION OF PREMISES. The Contractor agrees to keep the premises broom clean and orderly and remove all debris as needed during the course of the work, in order to maintain work conditions that do not cause health or safety hazards.

(9) LEAD BASED PAINT. The Contractor agrees to use no lead-based paint in the Contractor's performance of this Contract, including the performance of any subcontractor. "Lead-based paint" means any paint containing more than six one-hundredths of 1 percent lead by weight (calculated as lead metal) in the total nonvolatile content of the paint or the equivalent measure of lead in the dried film of paint already applied.

(10) TERMINATION. The Contractor agrees that the Owner shall have the right to declare the Contractor in default if the Contractor fails to furnish materials or perform work in accordance with the provisions of this Contract. In such event, the Owner shall be responsible for providing written notice to the Contractor by registered mail of such default. If the Contractor fails to remedy such default within fifteen (15) days of such notice, the Owner shall have the right to select one or more substitute contractors acceptable to the Agency. If the expense of finishing the work exceeds the balance not yet paid to the Contractor on this Contract, the Contractor shall pay the difference to the Owner. The Owner may use any holdback amount to compensate substitute contractors selected pursuant to this paragraph, and the Contractor shall have no further right to interest in the holdback amount.

(11) INSPECTION. The U.S. Government, the Agency, the Arkansas Development Finance Authority (ADFA), and their designees shall have the right to inspect all work performed under this Contract. The Contractor and Owner will take all steps necessary to assure that the Government, the Agency, the ADFA and or their designees are permitted to examine and inspect the property, and all contracts, materials, equipment, payrolls and conditions of employment pertaining to the work, including all relevant data and records. By such inspection, the U.S. Government, ADFA, and the Agency assume no responsibility to the Owner for defective material or work under this Contract or to either party for any breach of this Contract by the other.
(12) INTEREST OF FEDERAL, STATE, OR CITY PERSONNEL. The Contractor agrees that none of the following shall have any interest or benefit, direct or indirect, in this Contract:

A. Any officer or employee of the Agency or State who exercises any function or responsibility in connection with administration of the HOME Program or any member of the governing body of the Agency or State.

B. Any member of or delegate to the Congress of the United States.

C. Any Resident Commissioner.
D. Any person employed by HUD at a grade level of GS-9 or above.

(13) EQUAL OPPORTUNITY. The Contractor agrees to abide by all Federal, State or local regulations relative to equal opportunity to all persons, without discrimination as to race, color, creed, religion, national origin, sex, marital status, age, and status with regard to public assistance or disability,
1. □ Color Photos of the House – Front, Back, Side Views
2. □ Area map identifying the location of the property
3. □ Flood Insurance Map showing property location, panel number and notation of flood plain
4. □ Environmental Statutory Checklist, completed, and signed with four (4) supporting photos
   a. Project approval letters from □US Fish & Wild Life □State Historic Preservation Office (SHPO)
Checklist Item number 44 (see sample shots below)

- Looking away from the front of the subject dwelling
- Looking away from the right side of the subject dwelling
- Looking away from the rear of the subject dwelling
- Looking away from the left side of the subject dwelling
ENVIRONMENTAL CHECKLIST and ENVIRONMENTAL ASSESSMENT CHECKLIST

Statutory Checklist

Federal Laws and Authorities listed at Sec. 58.5

PLEASE COMPLETE TO THE BEST OF YOUR KNOWLEDGE

Development Name:

Development Type:

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Prepared by:

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Printed Name | Title |

Comments:

Approved by:

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Printed Name | Title
Environmental Assessment Checklist

**Development Name:**

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**Land Development**

- Conformance with Comprehensive Plans and Zoning
  - [ ] [ ] [ ] [ ] [ ] [ ] [ ]
- Compatibility and Urban Impact
  - [ ] [ ] [ ] [ ] [ ] [ ]
- Slope
  - [ ] [ ] [ ] [ ] [ ] [ ]
- Erosion
  - [ ] [ ] [ ] [ ] [ ] [ ]
- Soil Suitability
  - [ ] [ ] [ ] [ ] [ ] [ ]
- Hazards and Nuisances, including Site Safety
  - [ ] [ ] [ ] [ ] [ ] [ ]
- Energy Consumption
  - [ ] [ ] [ ] [ ] [ ] [ ]

**Noise**

- Effect of Ambient Noise on Project and Contribution to Community Noise Level
  - [ ] [ ] [ ] [ ] [ ] [ ]

**Air Quality**

- Effects of Ambient Air Quality on Project and Contribution to Community Pollution Levels
  - [ ] [ ] [ ] [ ] [ ] [ ]

**Environmental Design and Historic Values**

- Visual Quality—Coherence, Diversity, Compatible Use, and Scale
  - [ ] [ ] [ ] [ ] [ ] [ ]
- Historic, Cultural, and Archeological Resources
  - [ ] [ ] [ ] [ ] [ ] [ ]
Environmental Assessment Checklist

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Environmental Assessment Checklist

Development Name:

_________________________________________________________________

Summary of Findings and Conclusions:

Summary of Environmental Conditions:

Development Modifications and Alternatives Considered:

Additional Studies Performed:

Mitigation Measures Needed:

Conclusions:

1. Is development in compliance with applicable laws and regulations?

2. Is an Environmental Impact Statement required?

3. Can a Finding of No Significant Impact (FONSI) be made?

This Environmental Assessment was prepared by:

_________________________________________________
Signature
Date: