

ARKANSAS DEVELOPMENT FINANCE AUTHORITY



HOME Investment Partnerships Program

HOME BUYER – NEW CONSTRUCTION



2019-2020

**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 to Lori Brockway at lori.brockway@adfa.arkansas.gov. PDF application must be tabbed.
2. A copy of the application, along with a completed Federal Form 424, must also be submitted to the State Clearinghouse. Federal Form 424 is located at https://adfa.arkansas.gov/media/file/SF-424_Form_ROoyfAP.pdf . **The address of the State Clearinghouse is:**

**Arkansas Dept. of Finance & Administration
State Clearinghouse
1515 W. 7th Street, Room 412 Little
Rock, Arkansas 72203-8031**

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. Use only forms provided and additional sheets as necessary. Failure to comply may result in disqualification.
7. Incomplete applications will result in disqualification.
8. Nonprofit organizations without housing development experience must include a copy of the consultant's qualifications.
9. 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, nonprofit entity, etc.) submitting the application.

Completed applications must include the following documentation and attachments. Check applicable boxes below and leave blank if not applicable.

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
Completed HOME Match Form
Minority and Women's Owned Business Enterprise Plan (MBE/WBE)
Criminal Background and Disclosure Form
HOME Certification Form
Completed Federal Form 424
Copy of City's Fair Housing Ordinance
Copy of Section 3 Plan
Copy of Affirmative Fair Housing Marketing Plan (Homebuyer activities)
Copy of Financial Statement(s)
Copy of Most Recent Audit
Request for Taxpayer Identification Number (IRS Form W-9)
Contract and Grant Disclosure and Certification Form



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 #: _____

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 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: _____

APPLICANT EXPERIENCE AND CAPACITY:

Has the Applicant received technical assistance or training to complete the application or to carry out the activity requested in this application? No Yes

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):

PART II

**ARKANSAS DEVELOPMENT
FINANCE AUTHORITY**



HOME Investment Partnerships Program

HOMEBUYER APPLICATION

New Construction

NEW CONSTRUCTION APPLICATION CHECKLIST

Please attach the following information in sequential order

- Copy of commitment letters from each funding source
- Copy of Census Tract
- 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
- Flood Plain Map for subject property(ies)
- Area map with directions to the site
- Homebuyer application

HOME PROGRAM
HOMEBUYER HOUSING APPLICATION

SUMMARY INFORMATION

A. Project Type (Check all that Apply)

All units in same subdivision
Units located on scattered sites

B. Project Information:

Contact person: _____ Phone Number: _____

Organization: _____ Fax: _____

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

1. Project Addresses:

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

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

3. Overall Cost/square foot: \$ _____

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

5. Square foot of each unit _____

6. 2020 or 2010 Census Tract No. _____ (Attachment)

7. Site Area Size _____ Acres or Lot Size _____

8. Sales Price of Constructed Units \$ _____

9. 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)

10. Describe the marketing plan to qualified homeowners.

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

12. 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 HUD-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. 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
If yes, what is the relationship? _____
(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

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 the 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 Gas Phone

Sewer Other: _____

D. Development Amenities

Equipment/Appliances 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. OTHER

A. 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.

B. 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 attach a list the addresses of units constructed and a list of references)

C. 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.

D. 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.

V. 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 _____