

# ARKANSAS DEVELOPMENT FINANCE AUTHORITY HOME PROGRAM

## TENANT BASED RENTAL ASSISTANCE PROGRAM (TBRA)

### APPLICATION

APPLICANT/AGENCY NAME:

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>

---



INSTRUCTIONS  
FOR  
SUBMITTING PROGRAM APPLICATIONS

---

---

Follow these instructions when submitting your completed application:

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

Lori Brockway at [lori.brockway@arkansas.gov](mailto:lori.brockway@arkansas.gov) ; **and**  
Deanne Jennings at [deanne.jennings@arkansas.gov](mailto:deanne.jennings@arkansas.gov)

- A copy of the completed 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 West Seventh Street  
Room 412  
Little Rock, AR 72203-8031

- Please retain a copy of the full application for your files.
- Answer all questions. If not applicable to your program, mark "N.A."
- **Use and include checklist.**
- Use **only** forms provided; additional sheets may be used if necessary. Place additional sheets in back of application and label Exhibit I, II, etc. Failure to comply may result in disqualification.
- **Incomplete applications may result in disqualification.**

# HOME TENANT BASED RENTAL ASSISTANCE PROGRAM

## APPLICATION CHECKLIST

Completed applications must contain the following documentation:

Check boxes on the left below to ensure documentation is included; otherwise mark "NA"

Completed application signed by the Chairperson of the Board

Completed Form 424

HUD Agency Plan, Comprehensive Plan or Consolidated Assessment

Documented Collaborative Effort

Letter/s of support from highest elected official

Additional documentation supporting finding of need

Copy of most recent SEMAP/PHMAP Score

Copy of most recent audit

Copy of PHA or applicant tenant waiting list

Adopted Minority and Women Owned Business Enterprise Plan

Adopted Fair Housing Plan or Ordinance

Completed Affirmative Fair Housing Marketing Form

Adopted PHA Administrative Plan

Tenant Selection Plan *(if different from Adopted PHA Administrative Plan)*

Documentation of your calculation methods for estimating per family subsidy requirements

Map with designated geographic service area highlighted

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

**Maximum Grant Amount - \$225,000.00**  
**[Match dollars are not required.]**

Applicant Name:

Street Address:

Mailing Address (*if different from above*):

County:

---

Contact Name and Phone:

E-Mail Address:

Address (*if different from applicant*):

---

Type of Applicant:

| PHA                          | City | Non-profit | CHDO                     | County | Joint                   | Other |
|------------------------------|------|------------|--------------------------|--------|-------------------------|-------|
| U.S. Congressional District: |      |            | State Senate District/s: |        | State House District/s: |       |

---

**PROGRAM SUMMARY**

In the space below provide a brief summary of the proposed program. Describe the activities to be undertaken and who will benefit. Explain 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.

## I. APPLICANT EXPERIENCE AND CAPACITY

- Type of programs administered and/or utilized

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

---

---

---

Detail your experience in managing affordable housing similar to the types of activities you will be undertaking with HOME monies.

- Affordable housing resources used

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

---

---

---

- Will other programs be provided in conjunction with the TBRA Program? If so, please list \_\_\_\_\_

---

---

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

- Do you administer vouchers? Yes      No

If yes, what payment standard do you use?

Fair Market Rent

Fair Market Exceptional Rents

Other

If other, who authorized it and what method was used?

- 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:

- Do you purge your waiting list? Yes      No

If yes, how often and what date did you last purge the list?

- Have you closed applications? Yes      No      If yes, what date
- Do you currently have applicants with Section 8 vouchers or certificates who have been unable to find suitable housing? Yes      No      If yes, explain and list how many
  
- Have you been previously funded by HOME? Yes      No      If yes, FY(s)  
 Amount Awarded (latest fiscal year) \$      (activity)

List below the name and experience of the staff who will be involved in your TBRA program and their role in the project.

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

## II. APPLICANT DEMOGRAPHICS AND PROPOSED BUDGET

Complete chart below to show your targeted demographic.

| DESCRIPTION                                       | NUMBER OF UNITS | PERCENTAGE OF TOTAL |
|---|-----------------|---------------------|
| Elderly (62+)                                     |                 |                     |
| Large Families (5 or more persons)                |                 |                     |
| Persons with Disabilities<br>(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)**

### HAP ASSISTANCE BUDGET

| BDRM/Unit Size | # of Families per BDRM Size | Average Monthly Subsidy | Annual Subsidy | Security Deposits (if applicable) | Utility Deposit (if applicable) | Total Per Unit |
|----------------|-----------------------------|-------------------------|----------------|-----------------------------------|---------------------------------|----------------|
| 0              |                             |                         |                |                                   |                                 | \$             |
| 1              |                             |                         |                |                                   |                                 | \$             |
| 2              |                             |                         |                |                                   |                                 | \$             |
| 3              |                             |                         |                |                                   |                                 | \$             |
| 4              |                             |                         |                |                                   |                                 | \$             |
|                |                             |                         |                |                                   | Total                           | \$             |

### ADMINISTRATIVE FEES BUDGET

|   |    |
|---|----|
| Number of Units Funded                                |    |
| <i>(\$120.00 processing fee per unit/applicant)</i>   |    |
| \$120.00 x # units                                    | \$ |
|   |    |
| <i>\$20.00 per month per tenant/client for 1 year</i> |    |
| \$20.00 x 12 x # tenants                              | \$ |
|   |    |
| Total Administration Fees                             | \$ |

**Total Budget/Request: \$**

### III. COMMUNITY SUPPORT

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. (You may also add other letters of support if desired.)

### IV. MONITORING LONG TERM COMPLIANCE

All HOME funds used for Tenant Based Rental Assistance must be used by families with incomes that do not exceed 60% of the Area Median Income Adjusted Per Family Size and adjusted for certain deductions and income inclusions.

How do you propose to monitor the project files for compliance with HOME rules?

Who will be responsible for ensuring compliance?

Have you provided information/instruction to all owners, developers, landlords concerning the rules and regulations?    Yes                      No

Do owners and developers presently understand the Tenant Based Rental Assistance occupancy restrictions and property standard restrictions?    Yes                                      No

What enforcement methods will be used to ensure compliance with occupancy and housing quality standards?

### 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

Date



## BOARD 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 Name

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

*Chairperson of Board*