



**CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)  
CDBG / HOME APPLICATION FORM  
PART II.C - AFFORDABLE HOUSING PROGRAM**



**PROJECT NAME:** \_\_\_\_\_

**Please complete Sections A through S.**

**A. PROJECT FUNDING REQUEST**

Indicate the amount of CDBG/HOME funds your agency is requesting for the affordable housing project and indicate if you are applying for a loan or grant. In addition to these funds, indicate the amount of other funding sources that will be used for this project.

Total CDBG Funds:	_____	<input type="checkbox"/> Amortized Loan	<input type="checkbox"/> Grant*
Total HOME Funds:	_____	<input type="checkbox"/> Amortized Loan	<input type="checkbox"/> Grant*
Applicant's funds:	_____		
Other committed funds:	_____		
CDBG Program Income:	_____		
HOME Program Income:	_____		
<b>Total Project Costs:</b>	_____		

HOME Match (25%) of HOME Grant Amount: \_\_\_\_\_  
Indicate Matching Resources and Amounts:

Source: _____	Amount: _____
Source: _____	Amount: _____
Source: _____	Amount: _____

\*Non-Profit Organizations or Municipalities Only

**B. PROJECT INFORMATION**

Project Activity Type (Check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Acquisition          | <input type="checkbox"/> Rental                 | <input type="checkbox"/> Home Ownership |
| <input type="checkbox"/> New Construction     | <input type="checkbox"/> Rehabilitation         | <input type="checkbox"/> Reconstruction |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Conversion             | <input type="checkbox"/> CHDO Operating |
| <input type="checkbox"/> Administration       | <input type="checkbox"/> Other (specify: _____) |   |

NOTE: All homeownership construction/rehab projects must be sold and occupied within 6 months from completion of construction.

Provide a brief narrative of the proposed project: Include project objectives, target population, major project characteristics, number and type of units, surrounding neighborhood, proximity to services, public or other transportation, etc. Explain how the use of CDBG and/or HOME funds makes this project feasible. Provide attachments if necessary.

\_\_\_\_\_

Document need for the project. How were the housing priorities determined? Cite reference to the need as identified in CCCD's 5 Year Consolidated Plan 2015 to 2020.

\_\_\_\_\_

Describe services that will be provided to the participants/residents of this project or program.

\_\_\_\_\_

Coordination with Other Agencies: Describe how your organization will coordinate with other organizations to provide needed services to participants/residents. Please include documentation if this is a formal Continuum of Care collaboration project.

\_\_\_\_\_

Current Status of Project. Is project underway?  Yes  No

If this project is already underway, describe what has been done so far, including the sources and amounts of financial assistance already received.

\_\_\_\_\_

If you are requesting additional funds for a project currently receiving funding from the County, indicate the anticipated date of project completion and estimate any additional financial assistance that must still be secured, including the amount requested by this application, to complete the project.

\_\_\_\_\_

**For development projects, respond to the following items.**

Attach a copy of preliminary site plan, elevation renderings, and floor plans for each unit type in the project. Plans must be to scale. Preliminary plans do not have to be done by architects or engineers.

**Indicate in the table below, the housing type, number of units, and square footage for each housing type.**

Housing Type	Total # of Units	Total # of Units Designated for Households with Income within 80% of the area median income	Total Square Footage of all Units	Total Square Footage of Units Designated for Households with Income within 80% of the area median income	Ownership Or Rental	Activity Type

If you indicated "other" under Housing Type, please provide the housing type, number of units, square footage, activity type and if it will be ownership and/or rental: \_\_\_\_\_

Total Number of Buildings: Residential \_\_\_\_\_ Commercial \_\_\_\_\_

Total commercial space square footage (if applicable): \_\_\_\_\_

Total common area square footage (if applicable): \_\_\_\_\_

Total square footage of all project structures (residential, commercial, common areas and parking): \_\_\_\_\_

Describe the structural system: \_\_\_\_\_

Describe the floor system: \_\_\_\_\_

Describe the exterior finish: \_\_\_\_\_

Garages:  Yes  No If yes, number of garages: \_\_\_\_\_

If no, number of parking spaces: \_\_\_\_\_

Covered parking spaces:  Yes  No If yes, number of parking spaces: \_\_\_\_\_

Parking pads:  Yes  No If yes, number of parking spaces: \_\_\_\_\_

Recreational facilities planned: \_\_\_\_\_

Commercial space planned (include square footage): \_\_\_\_\_

Accessory buildings planned (include square footage): \_\_\_\_\_

Security procedures planned: \_\_\_\_\_

Cost for use of any of the above, if not part of the unit rent: \_\_\_\_\_

### Energy and Equipment Information

Heating system:

- Central forced air       Electric       Gas       Propane       Heat Pump  
 Other: \_\_\_\_\_

Air Conditioning System:

- Central forced air       Other: \_\_\_\_\_

Domestic Hot Water:

- Shared supply       Electric       Gas       Propane

### Interior Features & Specifications Included with Income Restricted Units

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Microwave        | <input type="checkbox"/> Refrigerator  | <input type="checkbox"/> Kitchen Exhaust Duct   | <input type="checkbox"/> Fireplace      |
| <input type="checkbox"/> Range & Oven     | <input type="checkbox"/> Ceiling Fans  | <input type="checkbox"/> Common On-site Laundry | <input type="checkbox"/> Balcony        |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Carpet        | <input type="checkbox"/> Laundry Hook-ups       | <input type="checkbox"/> Security Alarm |
| <input type="checkbox"/> Dishwasher       | <input type="checkbox"/> Blinds/Drapes | <input type="checkbox"/> Laundry Equip. in unit | <input type="checkbox"/> Other: _____   |

### Interior Features & Specifications Included with Other Units

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Microwave        | <input type="checkbox"/> Refrigerator  | <input type="checkbox"/> Kitchen Exhaust Duct   | <input type="checkbox"/> Fireplace      |
| <input type="checkbox"/> Range & Oven     | <input type="checkbox"/> Ceiling Fans  | <input type="checkbox"/> Common On-site Laundry | <input type="checkbox"/> Balcony        |
| <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Carpet        | <input type="checkbox"/> Laundry Hook-ups       | <input type="checkbox"/> Security Alarm |
| <input type="checkbox"/> Dishwasher       | <input type="checkbox"/> Blinds/Drapes | <input type="checkbox"/> Laundry Equip. in unit | <input type="checkbox"/> Other: _____   |

### On-Site Amenities – Rental Developments Only

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Community Room | <input type="checkbox"/> Recreation Room     | <input type="checkbox"/> Common Dining | <input type="checkbox"/> Crafts Room |
| <input type="checkbox"/> Tennis Court   | <input type="checkbox"/> Residential Kitchen | <input type="checkbox"/> Other: _____  |                                      |

Will any of the units follow Energy Star standards?  Yes  No

## C. PROPERTY SITE DESCRIPTION

Please provide property site information by answering the following items:

Parcel Identification Number: \_\_\_\_\_

### Property Owner Information

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

If not an individual -- indicate Agency, Agent or Management Firm

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

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Property size: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

List Deed Restrictions, Liens, Covenants (if applicable): \_\_\_\_\_

List Existing debt (if applicable) \$ \_\_\_\_\_

Lien Holder Name and Address: \_\_\_\_\_

Landmark designation (if applicable): \_\_\_\_\_

Does applicant currently has site control?  Yes  No

If YES, provide evidence of site control (i.e. Include copy of grant deed, purchase option agreement, etc.).

If site is not under applicant's control, provide timeline and schedule for establishing site control.

\_\_\_\_\_

Provide a layout of the site showing details of the site, including the locations of any existing Buildings or other structures.

Are there any special or unusual features which should be known about this site?

\_\_\_\_\_

Are all utilities presently available to the site?

\_\_\_\_\_

Is the location of the proposed project currently occupied by residents?  Yes  No

Will there be a need for residents to temporarily or permanently relocate for any reason?

\_\_\_\_\_

#### D. PROPERTY VALUATION

Required if funds are used for the acquisition of single family lots. List for each property under consideration. If appraisal is complete, please attach.

##### APPRAISED VALUE

Address: \_\_\_\_\_

Land Only: \$\_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Existing Building (as is): \$\_\_\_\_\_ Date of Valuation: \_\_\_\_\_

Proposed Building (as completed): \$\_\_\_\_\_

Date of Valuation: \_\_\_\_\_

Age of Existing Building (if applicable): \_\_\_\_\_

Appraiser: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

##### ASSESSED VALUE

Land: \$\_\_\_\_\_ Assessment for the Year of: \_\_\_\_\_

Building: \$\_\_\_\_\_ Valuation by: \_\_\_\_\_

Total Assessed Value: \$\_\_\_\_\_

**E. ENVIRONMENTAL REVIEW**

On the date the Affordable Housing application is submitted, the entire project is subject to the federal environmental review (ER) requirements of the National Environmental Policy Act (NEPA). Costs associated with NEPA review are the responsibility of the applicant, even if the NEPA review results in a determination that the project is not eligible for CDBG/HOME funding. Environmental review costs are eligible CDBG/HOME expenditures.

Applicants should note that projects with certain characteristics such as, but not limited to, the following may require a consultant study as part of the environmental review procedures and should budget for them accordingly and allow additional time in the project milestones for completion:

1. Are within a Federal Emergency Management Agency (FEMA) 100-year floodplain;
2. Are (or are eligible for) local, state, or federal historic or landmark registers;
3. Are located within 3,000 feet of a toxic site or solid waste landfill;
4. Have exposure to significant airport or highway noise;
5. Affect species that are listed or proposed for listing under the Endangered Species Act (ESA);
6. Involve digging in, or otherwise impacting, soil that has not been previously disturbed.

You are encouraged to consult CCCD staff prior to submitting an application to determine whether your project will require a consultant study. A portion of the funds awarded will be used to procure any required studies. Consideration for this expense should be given in the preparation of the project budget.

Environmental review of projects must be completed by CCCD staff prior to a contract being executed and prior to any work being undertaken at the site.

**\*\*Note on Choice-Limiting Activities:** From your application submittal date until the ER completion date, no "choice limiting" activities (such as property acquisition, leasing, demolition, rehabilitation, construction, and site improvements, clearing, grading, etc.) may occur. Undertaking such activities after application submittal could void the project's eligibility.

**Please thoroughly answer the following questions:**

What is the current use of the site?

\_\_\_\_\_

What are the current site natural conditions (trees, ground surface, etc.)? How developed (buildings, roads, etc.) is the site? Describe the surrounding area (commercial, residential, wooded, etc.).

\_\_\_\_\_

Identify the nearest natural water body (stream, lake, etc.). How far, and in which direction, is it from the project site?

\_\_\_\_\_

How much of a net increase in impervious surface (ex: concrete/asphalt) will occur (if applicable)?

\_\_\_\_\_

Does a current storm water system exist at the project site? Please explain.

\_\_\_\_\_

Will the project excavate or otherwise disturb soil? If so, to what depth and horizontal dimensions? Will any

previously-undisturbed soil be impacted? Please explain.

\_\_\_\_\_

Is the project located in or within: *(check and respond to all that apply)*

- A FEMA-designated floodplain? If so, does your agency have flood insurance (please provide covered items, dollar amount and duration)? *(CDBG/HOME funds may not be used for any projects located in a FEMA-designated floodway).*
- A wetland?
- An ecologically-sensitive area?
- A designated Historic area?
- Railroad tracks (within 300 feet)?
- Airport (within 5 miles)
- High noise levels?
- Industrial sites?
- Commercial sites?
- 300 feet of a recreational park?

Other unusual site conditions (please describe): \_\_\_\_\_

Toxics:

Has a *Phase I Environmental Site Assessment* (or equivalent toxics review) been completed? (These are normally completed upon property purchase.) If so, on what date?

\_\_\_\_\_

Do any underground storage tanks (used to store oil/fuel) exist on, or adjacent to, the property? Did any exist in the past? If yes, please explain, include size of the tank(s).

\_\_\_\_\_

What was the previous use of the property?

\_\_\_\_\_

Identify any other environmental reviews or studies completed for this site.

Studies: [ Title: \_\_\_\_\_ ] Date Completed: \_\_\_\_\_

Other: [ Title: \_\_\_\_\_ ] Date Completed: \_\_\_\_\_

-Provide any pictures you have of the project site and its surrounding area to CCCD.

-Attach any site plans you have available.

**If you need assistance with the Environmental Review Details section, please contact Dee Taylor at (910) 323-6112 or dtaylor@co.cumberland.nc.us**



Source of utility allowance data:  Utility Provider Name: \_\_\_\_\_  
 Local PHA Name: \_\_\_\_\_  
 Other Name: \_\_\_\_\_

How many units will be accessible to persons with disabilities in compliance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973?

**G. MARKETING AND OUTREACH**

How will the CDBG/HOME assisted units be marketed to the target population? How will this marketing approach promote equal opportunities and ensure compliance with Federal Fair Housing regulations? Describe your marketing plan for qualified homeowner or renters. Please attach a copy of your Affirmative Marketing Plan or applicable HUD form 935.2.

\_\_\_\_\_

Do you have a waiting list of pre-approved applicants? Yes No

If YES, indicate the number of eligible households currently on the wait list. \_\_\_\_\_

If NO, please describe how you will find approved applicants.

\_\_\_\_\_

**Persons/Households Benefited:** Estimate the number benefited by income group in the following table  
The information in this table is in (check one):  Households  Persons

Targeted Income Level	Renters				Existing Home-owners	Low Income Homebuyers		Homeless		Non-Homeless Needs
	Elderly (1 & 2 Pers)	Small Family (2 - 4 Pers)	Large Family (5+)	All Other House-holds		With Children	All Others	Individuals	Families	
31 to 50% MFI*										
51 to 60% MFI*										
61 to 80% MFI*										
81%+ of MFI*										
<b>TOTAL</b>										

\*MFI=Median Family Income

**H. PERFORMANCE MEASURES**

The program performance categories listed below are required under the three Federal grant programs by the U.S. Department of Housing and Urban Development (HUD). Please check one of the boxes under the following program performance categories that apply to your proposed project.

**Which one of the following objectives will the proposed activity address? (TIP: What is the purpose of the activity?)**

Create a Suitable Living Environment

Relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income persons, from physical problems with their environments, such as poor quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services.

- Provide Decent Housing  
Covers the wide range of housing activities that are generally undertaken with HOME and CDBG funds. This objective focuses on housing activities whose purpose is to meet individual family or community housing needs.
- Create Economic Opportunities Activities related to economic development, commercial revitalization, or job creation.

**Which one of the following outcomes will the proposed activity meet? (TIP: What type of change or result am I seeking?)**

- Improve Availability or Accessibility  
Applies to activities that make infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. Accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low- and moderate-income people where they live.
- Improve Affordability  
Applies to activities that provide affordability by lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household. Activities can include affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- Improve Sustainability  
Sustainability is specifically tied to activities that are designed for the purpose of ensuring that a particular geographic area as a whole (such as a neighborhood) becomes or remains viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

Describe how these indicators in the table above were determined.

\_\_\_\_\_

## I. NATIONAL OBJECTIVE

If you are applying for CDBG funds, the project must meet one of three national objectives:

1. Benefit low- and moderate-income (LMI) persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Please indicate which national objective your project/program will meet by selecting one of the three categories listed. Under the selected category, provide the information needed for that category.

**Category 1: Benefit low- and moderate-income persons [570.208(a)]**

Indicate how this project/program would benefit LMI persons by selecting the appropriate subcategories (LMI Limited Clientele, LMI Housing, Job Creation, or LMI Area).

**a. LMI Limited Clientele**

Check  the one box below that supports the method of qualification that demonstrates how your proposed activity meets the Limited Clientele national objective (presumed benefit or family size and income).

- Presumed Benefit - To qualify under this subcategory, a limited clientele activity must meet one of the following tests:

Exclusively benefit a clientele who are generally *presumed by HUD to be principally L/M income persons*. The following groups are currently presumed by HUD to be made up principally of L/M income persons:

- abused children,
- elderly persons, (defined as 62 years of age and older)
- battered spouses,
- homeless persons,
- severely disabled persons
- persons living with AIDS, and
- Immigrant farm workers.

- Require *information on family size and income* so that it is evident that *at least 51%* of the clientele are persons whose family income does not exceed the L/M income limit. (This includes the case where the activity is restricted *exclusively to L/M income persons*). *Reference: §570.208(a)(2)(i)(B) and (C)*

An example of the current HUD Income Guidelines are found in the application guidelines.

**b. LMI Housing:**

- Single Family (household must be 100% LMI)
- Multi-Unit (at least 51% of the units must be available to LMI tenants)

**c. Job Creation**

- at least 51% of the jobs created must be for LMI residents

**d. Low/Moderate Income Area (LMA) Benefit**

There are two ways to qualify for Area Benefit. Check  the box and provide the information which supports the method of qualification that demonstrates how your proposed activity meets this national objective:

**Area Benefit / Census Tract(s) \ and Block Group(s) and number of residents in Service Delivery Area.** (Consult with CCCD Staff to obtain HUD formula census data.)

**Census Tract / Block Group Project Information**

Census Tract(s)	Block Group(s)	Total Population	Low/Mod Population	% Low Mod
<b>Area Total</b>				

**Area Benefit / Survey of Residents in Defined Service Delivery Area**

If a grantee has reason to believe that the available census data does not reflect current relative income levels in an area, or where the area does not coincide sufficiently well with census boundaries, HUD will accept information obtained by the grantee from use of a special survey of the residents of the area. The grantee must obtain HUD's approval of the survey instrument and other methodological aspects of the survey for this purpose. HUD will approve the survey where it determines that it meets standards of statistical reliability that are comparable to that of the Decennial Census data for areas of similar size.

HUD requires documenting the following Survey Results in the Low and Moderate Income Worksheet to determine level of eligibility: Complete this table if the National Objective is determined via the Survey Instrument methodology.

	Action	Required (Assuming 95% Confidence Level)	Expected
1	Number of Families in Project Service Benefit Area		
2	Number of families interviewed (surveyed)		
3	Number of persons in the families interviewed		*
4	Number of persons in the families interviewed who are low and moderate-income persons		
5	Divide Line 4 by Line 3		
6	Multiply Line 5 by 100. This is % of LMI persons in service area	%	%

\* Assuming 2.59 persons per household

**Category 2: Prevention or Elimination of Slums or Blight [570.208(b)]**

**Slums or blight on an area basis**

The designated area in which the activity occurs must meet the definition of a slum, blighted, deteriorated or deteriorating area under state or local law. Documentation must be provided (along with this application) indicating how the area meets either one of the two conditions specified below:

- Public improvements throughout the area are in a general state of deterioration; or
- At least 25 percent of the properties throughout the area exhibit one or more of the following:
  - Physical deterioration of buildings/improvements;
  - Abandonment of properties;
  - Chronic high occupancy turnover rates or chronic high vacancy rates in commercial or industrial buildings;
  - Significant declines in property values or abnormally low property values relative to other areas in the community; or
  - Known or suspected environmental contamination.

*Examples of eligible activities include: assistance to commercial or industrial businesses, public facilities or improvements, and code enforcement in a blighted neighborhood.*

**Slums or blight on a spot basis**

These are activities that eliminate specific conditions of blight or physical decay on a spot basis and are not located in a slum or blighted area.

*Examples of activities under this category are acquisition, clearance, relocation, historic preservation, remediation of environmentally contaminated properties, and building rehabilitation activities.*

*Rehabilitation is limited to the extent necessary to eliminate a specific condition detrimental to public health and safety.*

**Category 3. Meets an Urgent Need [570.208(c)]**

**Urgent Need**

An activity designed to alleviate existing conditions that have a particular urgency. Examples include reconstruction of water and sewer lines destroyed by major catastrophes or emergencies such as floods or tornadoes.

**J. PROPOSED PROJECT BUDGET**

Complete the line item budget for the proposed project.

Item	CDBG Funds	HOME Funds	Other Funds	Total Funds
Environmental Review / Phase I EA	\$	\$	\$	\$
Acquisition (specify building, vacant land, etc) :	\$	\$	\$	\$
Rehabilitation	\$	\$	\$	\$
New Construction*	\$	\$	\$	\$
Disposition	\$	\$	\$	\$
Clearance and Demolition	\$	\$	\$	\$
Relocation	\$	\$	\$	\$
Site Improvement**	\$	\$	\$	\$
Energy Efficiency Improvements	\$	\$	\$	\$
Handicap Accessibility Improvements	\$	\$	\$	\$
Lead-Based Paint Inspection, testing, and abatement	\$	\$	\$	\$
Utility Connections	\$	\$		
Other:				
Appraisal(s) Fees	\$	\$	\$	\$
Architect/Engineer Fees	\$	\$	\$	\$
Builder and Developer Fees	\$	\$	\$	\$
Security Document and Title Report Fees	\$	\$	\$	\$
Construction Materials & Labor	\$	\$	\$	\$
Project Management _____%	\$	\$	\$	\$
Real Estate Tax	\$	\$	\$	\$
Legal	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Sub-Total	\$	\$	\$	\$
<b>Total Project Budget:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\*Only a designated Community Based Development Organization (CDBO) is allowed to use CDBG funds for new construction.

\*\*Improvements to publicly-owned land to enable the property to be used for the new construction of housing provided the improvements are undertaken while the property is *still in public ownership*.

**K. CONSTRUCTION BUDGET/COSTS**

For projects involving physical activities (rehabilitation, new construction, etc.), please attach a construction budget.

**L. FUNDING SOURCES**

Complete the following table providing information on all funding sources you anticipate using for the proposed project.

Type	Source	Status*	Date of Anticipated Award Announcement	Amount
CDBG				
HOME				
State				
Other Federal				
Local				
Other				
Program Income (CDBG)				
Total				\$

\*Indicate the status of the funding commitment using the following choices: 1) funding secured, 2) awaiting final approval, 3) awaiting response, 4) status unknown. Attach additional sheets if necessary.

**Other Sources of Funds:**

If additional space is necessary, attach information directly behind this page.

**Source I:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TYPE OF LOAN*	PRINCIPAL AMOUNT	INTEREST RATE	AMORTIZATION	TERM	MONTHLY PAYMENT	PRIORITY OF LIEN	COMMITMENT DATE

**Source II:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TYPE OF LOAN*	PRINCIPAL AMOUNT	INTEREST RATE	AMORTIZATION	TERM	MONTHLY PAYMENT	PRIORITY OF LIEN	COMMITMENT DATE

**Source III:** \_\_\_\_\_ Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TYPE OF LOAN*	PRINCIPAL AMOUNT	INTEREST RATE	AMORTIZATION	TERM	MONTHLY PAYMENT	PRIORITY OF LIEN	COMMITMENT DATE

Reduction Options -- Can your project or program be funded at a reduced level if necessary?

Yes       No      Minimum amount needed to make project viable: \$\_\_\_\_\_

Explain what element of your project/program would be modified to address this reduction?

\_\_\_\_\_

Is the project for which funds are being requested a multi-phased activity requiring funds from future years?

Yes       No

If Yes, describe how the project will be completed should additional HOME/CDBG funds not be available or awarded?

\_\_\_\_\_

### **M. INCOME AND EXPENSE PROJECTIONS**

At a minimum, provide a 15-year income and expense pro forma on a separate sheet, similar to the format below for long-term projects (e.g. rental housing projects or large owner occupied housing projects). The Pro Forma must include all income and expenses (for each year and in total) projected for the development to determine cash flow. Assumptions should be clearly stated such as rent levels (including utility allowances), vacancy/collection loss rates, projected annual income and expense percentages increases, etc.).

#### **Income and Expense Pro Forma Format:**

1. Gross Income
2. Vacancy and loss %
3. Effective Gross Income
4. Operating Expenses:
  - a. Taxes and Insurance
  - b. Repair and Maintenance
  - c. Management/Administration
  - d. Replacement Reserves
  - e. Operating Reserves
5. Total Operating Expenses
6. Net Operating Income
7. Debt Service
8. Cash Flow

### **N. Wage Requirements: Prevailing Wages/Davis-Bacon**

Federal prevailing wage rates are the minimum requirement whenever CDBG/HOME funds are used for construction. Projects receiving federal funds are required to follow Davis Bacon wage rate requirements.

Describe how federal wage requirements are reflected in the project budget. Identify by name the member of the development team who will work with CCCD staff to ensure compliance with wage requirements.

\_\_\_\_\_

**O. PROJECT/PROGRAM IMPLEMENTATION SCHEDULE**

Work funded with CDBG/HOME funds should not start until the environmental review has been completed; funds are released by the U.S. Department of Housing and Urban Development; and the agency is under contract with Cumberland County Community Development.

<b>a. Project Start-up</b>	<b>Completion Date</b>
Purchase Contract/Option Signed	
Property Acquisition Completed	
Zoning Approvals Obtained	
Final Bid Specifications Completed	
Detailed Program Design Completed	
Environmental Reviews Completed	
Building Permits Obtained	

<b>b. Financing Sources Obtained</b>	<b>Completion Date</b>
Construction Loan	
Bridge Loan	
Private Lender Financing	
Tax Credit Application Submitted	
Tax Credit Allocation Approval	
Govt Grants/Loans:	
Other Financing:	
Other Financing:	

<b>c. Construction/Implementation</b>	<b>Completion Date</b>
Construction Starts	
Marketing of Units or Program Begins	
Occupancy/Rent-up Begins (rental projects)	
Full Occupancy (rental projects)	
Closing on First Sale (homebuyer projects)	
Closing on Final Sale (homebuyer projects)	
Complete Rehab Const. (for units currently occupied)	

**P. AGENCY CAPACITY AND PROGRAM EXPERIENCE**

Summarize your organization’s experience in affordable housing development, housing management, and/or other areas relevant to the proposed project. Also describe how your organization will implement this project. Once completed, who will manage the project?

\_\_\_\_\_

Describe your organization’s experience in operating Federal programs/projects of a similar nature. If none, please indicate.

\_\_\_\_\_

List previous affordable housing projects developed by your organization (most recent projects). Provide below or as an attachment:

Project Name	Location	Project Type	Number of Units	Year Completed

Has the applicant been in arrears and/or delinquent with any loan in the past five (5) years?

Yes  No

**Agency Financial Information**

Attach a complete copy of the most recent Single Audit or if an audit is not available, the most current applicant audited Financial Statement.

**Q. PROJECT TEAM**

Provide the name of the consultant or staff person who will perform the following tasks. Please note that consultants paid for with CDBG/HOME funds must be selected through a competitive process and in accordance with 24 CFR Part 84 (nonprofit organizations) and 24 CFR Part 85 (local governments).

**1. Application Phase**

Prepare and submit Application:

Consultant or Agency: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**2. Prime Contractor:**

Consultant or Agency: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Indicate most recent project(s) completed: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**3. Architect:**

Consultant or Agency: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Indicate most recent project(s) completed: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**4. Engineer:**

Solicit and review construction bids:

Consultant or Agency: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**5. Labor Standards / Davis-Bacon Requirements**

Obtain Davis-Bacon payroll reports from contractors/subcontractors and submit to CCCD:

Consultant or Agency: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contact: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**6. Section 3 Requirements**

Obtain forms from contractors/subcontractors and submit to CCCD:

Consultant or Agency: \_\_\_\_\_  
Email: \_\_\_\_\_

Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Does the developer or owner hold a direct financial interest in any development team member listed above?**

Yes     No

If yes, provide details of the relationship: \_\_\_\_\_

Is the Developer, Sponsor, or any other Development Team Member listed on the previous page, including any of their owner or partners, ever been debarred from Federal contracting opportunities by any agency of the Federal Government? If yes, please provide details.

Yes     No

\_\_\_\_\_

**R. CONFLICT OF INTEREST DISCLOSURE**

§ 92.356

(f) *Owners and Developers.* (1) No owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent, elected or appointed official or consultant of the owner, developer or Sponsor) whether private, for-profit or non-profit (including a community housing development organization (CHDO) when acting as an owner, developer or sponsor) may occupy a HOME-assisted affordable housing unit in a project. This provision does not apply to an individual who receives HOME funds to acquire or rehabilitate his or her principal residence or to an employee or agent of the owner or developer of a rental housing project who occupies a housing unit as the project manager or maintenance worker.

Is there a conflict between the Property Owner and the County?  Yes     No  
If yes, please describe the relationship in the space provided below:

\_\_\_\_\_

Is there a conflict between the Developer and the County?  Yes     No  
If yes, please describe the relationship in the space provided below:

\_\_\_\_\_

Is there a conflict between the Purchaser and the Developer?  Yes     No  
If yes, please describe the relationship in the space provided below:

\_\_\_\_\_

Is there a conflict between the Purchaser and the County?  Yes     No  
If yes, please describe the relationship in the space provided below:

\_\_\_\_\_

Is the prospective seller or buyer an elected or appointed member of the Non-Profit Board of Directors or staff, County Commission, City Council or some other governmental entity (State, Local or Federal)?  Yes     No  
If yes, please indicate the entity and the relationship:

\_\_\_\_\_

Is prospective seller a member of the board of the applicant organization?  Yes     No  
If yes, please explain the board relationship in the space provided below.

\_\_\_\_\_

Does any Board Member or employee of the applicant entity have a financial interest of any kind; ownership, partnership, contract or funding resource with the applicant organization?  Yes     No  
If yes, please explain the board relationship in the space provided below or attach explanation to application if the space below is not adequate.

\_\_\_\_\_

**S. CERTIFICATIONS AND ACKNOWLEDGEMENTS**

The undersigned hereby makes application to Cumberland County Community Development through its CDBG/HOME programs for funding in the total amount of \$\_\_\_\_\_ for the purpose of (Describe purpose of request.) \_\_\_\_\_.

It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that Cumberland County Community Development will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Cumberland County Community Development and a matter of public record.

The applicant believes the project can be completed within the development plan and budget set forth and certifies that the information in the exhibits and attachments is true, correct and complete to the best of the applicant's knowledge and belief. The applicant understands that any false statement in this application may disqualify the agency/provider/firm from participation in the program.

By execution of the Application, the applicant understands and agrees that Cumberland County and Community Development will conduct its own independent review and analysis of the information provided in the application, that any such review or analysis will be made for the sole and exclusive benefit and protection of Cumberland County Community Development.

It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the County may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision making process.

\_\_\_\_\_  
Attest (signature)

\_\_\_\_\_  
Authorized Official (signature)

\_\_\_\_\_  
Typed Name/Title

\_\_\_\_\_  
Typed Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date