

ONE-STOP APPLICATION FOR FINANCING AFFORDABLE HOUSING

		MAIL APPLICATION TO:
$\sim$		Real Estate Finance Branch
Z		Fairfax County Department of Housing and Community Development
0		3700 Pender Drive, Suite 300
CT		Fairfax, Virginia 22030-6039
INSTRUCTIONS		If you have questions, please contact the Real Estate Finance branch at 703-246-5170 or TTY 703-385-3578 or send a fax to 703-246-5115.  Fairfax County is committed to nondiscrimination on the basis of disability in all County programs, services and activities. Special accommodations will be provided upon request. For information call 703-246-5101 or TTY 703-385-3578.
ESS		All applications will be subject to preliminary screening by the Department of Housing and Community Development for completeness
OCE		<ul> <li>Applicants will be contacted within 15 business days of receipt of the application package with the status of initial review</li> </ul>
PR		<ul> <li>All applications deemed complete will be reviewed and underwritten by DHCD</li> </ul>
PROJECTS PROCESS		<ul> <li>Applications that meet the minimum requirements and the minimum threshold score (for Affordable Housing Partnership Fund) and are deemed feasible based on DHCD underwriting will be recommended to the Fairfax County Redevelopment and Housing Authority and/or the Board of Supervisors for consideration and approval</li> </ul>
PRC		<ul> <li>Applications for both Tier One and Tier Two Predevelopment Funds may be considered jointly</li> </ul>
		IMPORTANT NOTE: The information in this application is subject to an open records request. The Real Estate Finance Branch will protect confidentiality of this information to the extent allowed by law.
		Company or Organization:
	ED	Signature: Date:
	IIRE	(Authorized Representative)
	nd)	Printed Name: Title:
	*REQUIRED	I attest that all information provided in this application (and related exhibits and attachments) is true and accurate to the best of my knowledge and that I am duly authorized to sign this application.
		Further, by my signature, I acknowledge that any materially false, fraudulent or misleading statement in this application or the concealment of any material fact related to this application may subject me to criminal penalties under federal or state law.



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#### **APPLICATION**

Check the boxes below to indicate attachments submitted with this application. Use the corresponding attachment letter (as in Attachment A) to label each item submitted. Refer to the Minimum Requirements in the Guidelines to help determine which attachments are required for your application. **All attachments are required for Tier Three AHPF.** 

#### Attachments A through E are required with all applications.

- **A.** Letter of Support From Area Supervisor
- **B.** Project Location Map
- C. Project Purpose
- **D**. Project Summary
- **E**. Evidence of Site Control

#### **Attachment F is required for Tier Two and Tier Three AHPF applications**

- **F.** Description of Significant Litigation
- **G.** Zoning

# The following attachments are required for Tier Three AHPF applications. Tier One and Tier Two applications should include any other available documentation.

- **H.** Architectural Plans and Site Plans (May be schematic or preliminary for Tier One and Tier Two)
- **I.** Engineering Study
- **J.** Appraisal
- **K.** Environmental Reports
- L. Current and Proposed Unit Types/Rents (as required on pages five and six)
- M. Relocation Plan (for Rental Projects)
- N. Proforma (for Rental Projects)
- **O.** Management Plan (for Rental Projects)
- **P.** Development Costs, Financing Sources and Funds Requested (if page seven is not filled out)
- Q. Evidence of Financing Commitments and Status of Uncommitted Financing
- **R.** Sources and Uses Statement
- S. Marketing Study and Marketing Plan
- T. Development Schedule
- U. Applicant Experience and Qualifications
- V. Description of Innovation (To Qualify for Bonus Points)
- W. Detailed Estimate of Development Costs\*\*
- X. Detailed Estimate of Annual Operating Costs\*\*

**★**REQUIRED

<sup>\*</sup> E-mail REFinance@fairfaxcounty.gov for Excel versions of Attachments W and X



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		Project Name: Borrower's Name:	
PROJECT BASICS		Tier One Predevelopment Funds Requested: \$	
	ED	(Maximum \$1,000/unit up to \$50,000)  Tier Two Funds Requested: \$	
BA	REQUIRED	Tier Two Funds Requested: \$	
3CT	SEQ.	Tier Three Affordable Housing Partnership Funds Requested: \$	
OJE	<b>★</b>	Date Notified Area Supervisor:(Attachment A: Enclose letter of support)	
PR		(Attachment B: Enclose map indicating location) Project Location:	
	101	Tax Map Number: Magisterial District:	
Z		Organization Name:	
[] []0]	RED	Contact: Title:	
TA(	ZUIF	Address:	
CONTACT FORMATIC	*REQUIRED	ZIP Code: Phone Number: FAX Number:	
CONTACT INFORMATION		E-Mail Address:	
PROJECT DESCRIPTION	★REQUIRED	Project Purpose (Attachment C: Briefly describe the following):  Proposed use of Tier One, Tier Two and/or Tier Three AHPF funds  Proposed beneficiaries  Impact on the affordable housing stock of Fairfax County and describe if the project addresses the preservation of affordable housing  How the project addresses needs identified in the County's Consolidated Plan  How the project addresses needs identified in the AHPP Guidelines County Priorities section (if a Tier Two or Tier Three AHPF applicant)  Relationship to County Priorities: Proposed project addresses the needs identified in the county's Consolidated Plan (Refer to Guidelines Section X for descriptions of each)  High Priority Middle Priority Low Priority  Number of Units by Tenure: Rental Owner  Number of Units: Existing Proposed  Type of Project: New Construction Acquisition Rehabilitation Acquisition/Reha Construction Type: Multifamily Townhouse Single Family Detached	
		Single Family Detached	



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		Population Served			Commitment to Lease/Sell to:				
		Elderly			Persons aged 55 or older				
		Congregate			Physically disabled				
Z		Families			Special needs (Please describe)				
\\		Singles			Other (Please describe)				
RESIDENT INFORMATION	<b>→</b> REQUIRED	Provision Number  Project  In the project of the pr	on of Tof uni Summa Describ Providenclude	Three-Bedroom  Its with three or m  mary (Attachme  the form of own  e a brief description  a brief description	es on FCRHA Waiting Lists: Units or Larger: ore bedrooms:Percentage of Tot ent D: Briefly describe the following ership on of development of the site; if it is a re on of the scope of work to be performe or support services	): ehabilitation p			
	<b>⇒</b> *REQUIRED	Select one of the appropriate buttons for each question.							
		Yes	No		1. Do you have site control?				
					(Submit evidence as Attachment l	E)			
$\sim$		Yes	No	Not Required	2. Is there any litigation pending aga	inst your org	anization		
MENTS					or project? (If yes, describe in Atta	achment F)			
EME		Yes	No	Not Required	3. Does the property require rezoni	ing/special u	se permit		
] IRI					to accommodate proposed use?				
REQUIRE		Yes	No	Not Required	4. If yes, has approval been received	ed?			
					If anticipated, list the date:				
					(Submit evidence of zoning as A	ttachment (	$\mathbf{G}$ )		
		Yes	No	Not Required	5. Are adequate utilities available a	at the site?			
		Yes	No	Not Required	6. Do you have architectural plans	and a site pla	an for the		
					project? (Submit one copy as At	tachment H	(]		

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-	Yes No Not Required 6. Do you have engineering reports detailing propert	ij
VTS ED	conditions? (Submit one copy as <b>Attachment I</b> )	
REQUIREMENTS  REQUIRED	Yes No Not Required 7. Has an appraisal been completed on the pro	oject?
IRE)	(Submit one copy as <b>Attachment J</b> )	
M ★	\$ 8. If yes, what is the appraised value of the property	?
	Yes No Not Required 9. Has an environmental study of the site been underta	aken?
טי ו	(Submit one copy as <b>Attachment K</b> )	
OCCUPANCY AND RENT	In Attachment L include a spreadsheet that details:  The proposed distribution of unit types  The number of unit types that are market rate and low income and the rents each unit type (with and without tenant paid utilities)  Indicate which standard is being used to define low-income households – 50 of MSA median or 60% of MSA median  Indicate total number and percentage of low-income units  Attachment M	for
IU	<ul> <li>The number of unit types that are market rate and low income a each unit type (with and without tenant paid utilities)</li> <li>Indicate which standard is being used to define low-income hou of MSA median or 60% of MSA median</li> <li>Indicate total number and percentage of low-income units</li> </ul>	



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#### **APPLICATION**

VIR	GINLO			1	<b>1</b> 1111	CALIO	•	
PROFORMA AND MANAGEMENT	FOR RENTAL PROJECTS ONLY	Attachme Provide p	e <b>nt N</b> rojected 1:	5-year cash-	flow analy	ental Project ysis (proform d financing ass	a) from the first	full year of
PROF	<b>0</b>	Attachme Describe y		ement plan f	or the proj	ect		
OCCUPANCY AND RENT	ONLY	Rental to 2 Provide as The core Inc.	Homeown Attachme the current of the current of the clude the me the clude rents the clude rents	ership (Tier ent L a sprea eccupancy of f an existing p umber of low (with and wi an if applical es	Two and I dsheet that the project property income au thout tenan	Fier Three AH details: t if you are pro and market rate at paid utilities		sition and
		Number of Units	Square Footage	Number of Bedrooms/ Baths	Structure Type	Type of Construction	Construction or Rehabilitation Cost/Unit	Sales Price/Unit
	FOR SALE PROJECTS ONLY						\$	\$
	EPRO						\$	\$
	OR SAI						\$	\$
	Ĭ.						\$	\$
							\$	\$
		12 80 60	0% of med % of medi % of medi	age of above lian & below an & below an and belov an and belov	,	serve low and # # #	moderate income _ % _ % _ % _ %	e households

Total number and percentage serving low- and moderate-income households

\_\_\_\_\_# \_\_\_\_\_%



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		A spreadsheet that includes information on develor substituted as <b>Attachment P</b> and is required for Tier'development budget.	_	
Ð		Development Costs  Acquisition Rehabilitation/Construction Other (Financing, insurance, legal fees) Total Development Cost		\$ \$
D FINANCIN	★REQUIRED	Project Financing  Tier One Predevelopment Funds  Tier Two Predevelopment Funds  Affordable Housing Funds		\$ \$ \$
PROJECT COSTS AND FINANCING		Equity         Amount \$ _           Source:         Amount \$ _           Source:         Amount \$ _           Loans         Amount \$ _	Commit	tted Yes No
PROJEC		Source: Amount \$ _ Source: Amount \$ _ Source: Amount \$ _	Committe	ed Yes No
		<ul> <li>Total Financing Sources</li> <li>Provide evidence of financing commitment in</li> <li>Describe the status of the uncommitted financin</li> <li>Provide a sources and uses statement as Att</li> <li>Do you expect to use FCRHA-issued tax-financing? Describe.</li> <li>Do you plan to sell tax credits to raise equ</li> <li>Status of allocation:</li> </ul>	ng described above in A achment R exempt bonds for an	Attachment Q  my part of the mount: \$
MARKETING	FOR TIER THREE AHPF	<ul> <li>Attachment S should include:</li> <li>A market justification or market study for this</li> <li>A marketing plan for this project</li> </ul>	s project	
DEVELOPMENT SCHEDULE	* REQUIRED	Attachment T Provide an implementation schedule		



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		Number of years in operation:
S		Total Number of Units Produced: Rehabilitated: Owned: Managed: Number of Employees Total: Full time: Part time: Volunteers:
TCATION		Type of Organization Is the applicant actively involved in the development of housing for low-income households?  Yes No
APPLICANT EXPERIENCE AND QUALIFICATIONS	* REQUIRED	<ul> <li>If YES, Attachment U should include:         <ul> <li>A narrative and supporting documentation of the organizations' housing development efforts, (i.e., attach a copy of its state incorporation letter or certificate, bylaws, articles of incorporation, or charter that states among its purposes the provision of decent affordable housing)</li> <li>The organization's tax exemption ruling (if applicable) under Section 501(c)(3) of the Internal Revenue Code</li> <li>The organization's history of serving the Fairfax County community, involvement in the community where the project is located</li> <li>A description of housing and project-related experience</li> </ul> </li> <li>If NO, Attachment U should include:         <ul> <li>A narrative and documentation on how it intends to undertake development activities, and with what resources</li> <li>A copy of the most recent audit report or financial statement for the organization and any other information the applicant wishes to submit to demonstrate its capacity to undertake the proposed project.</li> <li>A list of project team members (i.e. architects, engineers, developer, contractor, management agent)</li> <li>Provide names and experience of senior management, board members, and project partners</li> </ul> </li> </ul>
INNOVATION		Attachment V Projects can qualify for bonus points for innovation. In the attachment, describe how your project might qualify. Examples are: Projects that exhibit an innovative financing option, inventive design, cost/timesaving construction method or acquisition option which results, not only in the production of the proposed project, but can be replicated by others to expand the affordable housing stock



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		If applicable, please fill out this relocation attachment.
		Name of Project:
		Is project in an area of low income or minority concentration? Yes No If yes, describe further:
		Describe any federal subsidies/assistance that the project or tenants currently receive or will receive:
ATTACHMENT M	DISPLACEMENT ASSISTANCE SUMMARY	Range of current rents:
		Total number of families anticipated to be temporarily displaced:  Total number of families anticipated to be permanently displaced:
		<ol> <li>This form must be accompanied by a Relocation Plan that addresses the following:         <ol> <li>Name address and phone number of contact person in charge of the relocation activity</li> <li>Scope of work, phasing plan and project timetables</li> <li>How the relocation assistance plan will be implemented and by whom</li> <li>Information on relocation payments, advisory services and eligibility requirements for payments and services and follow-up relocation services</li> <li>Description of any families with special needs (elderly, disabled clients)</li> <li>Information on availability of comparable housing in area</li> <li>Anticipated new rents after rehabilitation, if applicable</li> </ol> </li> <li>Description of efforts made to minimize displacement and reasons for permanent displacement (overcrowding, reduction of units during rehabilitation etc.)</li> </ol>