

**OWNER/DEVELOPER PROPOSAL
for the
PROJECT BASED VOUCHER PROGRAM**

INSTRUCTIONS:

Please fill out the attached form completely. If you fail to give complete information or documentation in the format as required, this application will be returned to you and you will have to resubmit it at a later date. Since we will process applications on a first-come, first served basis, it is very important that you submit your proposal fully completed.

All information on each proposal will be kept confidential. Please submit one application for each property you wish to construct or rehabilitate. Each application should be submitted in a 3-ring binder with dividers for each required component.

If you have any questions, or need assistance in completing the application, please call the undersigned at (510) 747-4318

Please submit **three (3) copies** of the fully completed proposal at your earliest convenience to the following address:

Housing Authority of the City of Alameda
701 Atlantic Avenue
Alameda, CA 94501-2161
Attention: Eileen Duffy, Operations Manager
E-mail: eduffy@alamedahsg.org.

Feel free to use additional sheets of paper as needed.

A. IDENTITY OF APPLICANT

1. Name and Address of Applicant:

Name

City

State

Zip Code



Work Phone

Message Phone

2. Name and Address of owner of property, if different from above:

Name

Street Address

City

State

Zip Code

Work Phone

Message Phone

B. DESCRIPTION OF PROPERTY

1. Address of Property to be rehabilitated/constructed. Specify address for each building:

Address of Property	Total # of Units By BR Size – List all		Type of Bldg. (i.e. Low Rise, Walk Up, Single Family, Twnhse)
i.e. - 1234 Main Street, Big City, CA	3	Studios	Apartment
	4	1BR/1BA	



2. Complete the following for each building that you propose to construct/rehabilitate and designate the number of units by unit type to which you are proposing to attach assistance.

BEDROOM SIZE	Total # of Units	# of Units to be Assisted with PBV
SRO		
0 Bdrm		
1 Bdrm		
2 Bdrm		
3 Bdrm		
4 Bdrm		
5 Bdrm		

3. Are there any non-residential units (e.g., commercial office space) in this property that you propose to construct or rehabilitate? Yes No

If yes, describe (including square footage and use):

4. Has this property or any units at this property been assisted under any federally housing program at any time during the last 12 months - excluding the Section 8 Existing Program (e.g., CDBG, 202, 811, 221 (d) (3), HOME, 236 Programs?

Yes No

If Yes, please list the additional subsidy programs applicable to this property and if the subsidy is still active and the number of units it applies to and provide the project and operating subsidy contract number (if applicable):



5. Is there a housing affordability restriction in the deed or other document?
 Yes _____ No _____

If Yes, please indicate the name of the program and the jurisdiction requiring it as well as the expiration date of the restriction: _____

6. Please indicate what will be the tenant-paid utilities? (Check any which apply and estimate the monthly tenant utility allowance or actual monthly cost)

Utility Type	Gas	Electric	Estimate Monthly Cost
Cooking			
Heating			
Lights			
Other Electric			
Water			
Heating of Hot Water			
Sewer			
Garbage			

Are you using the AHA published tenant utility allowances? ___ Yes ___ No

7. Which utilities will be provided by the owner? (Check any that apply)

Utility Type	Gas	Electric
Cooking		
Heating		
Lights		
Other Electric		
Water		
Heating of Hot Water		
Sewer		
Garbage		

8. Approximately how old is the building you plan to rehabilitate or attach assistance to?



9. What units, if any, are currently receiving Section 8 assistance in the building you plan to rehabilitate or attach assistance to? (Please show the address of each Section 8 unit.)

a. _____ e. _____

b. _____ f. _____

c. _____ g. _____

d. _____ h. _____

10. List the distance (in blocks or miles) from this property to the nearest:

_____ Supermarket	_____
_____ Shopping District	_____
_____ Public Transportation	_____
_____ Hospital	_____
_____ Public Park	_____
_____ Public Library	_____
_____ Public Schools	_____
_____ Employment Centers	_____

11. Is the property currently handicapped accessible?

_____ Yes _____ Units
_____ Partly, _____ Units
_____ No

Are any modifications for handicapped accessibility planned as part of the improvements? _____ Yes _____ No

If so, describe:



C. REHABILITATION/NEW CONSTRUCTION EXPERIENCE

1. Has the applicant developed 100 or more low-income housing units as primary or co-sponsor in the past five years? _____ Yes _____ No

2. If not, has the applicant developed between 50 to 99 low-income housing units as primary or co-sponsor in the past five years? _____ Yes _____ No

3. List all residential rehabilitation or new construction projects completed by you within the past five years (use additional sheets as necessary):

Project Address: _____ # of Units: _____

Total Project cost: _____

Financing:

Source 1 _____

Amount 1 _____

Source 2 _____

Amount 2 _____

Date Financing Closed: _____

Contractor's Name _____

Date Construction Completed: _____

Were there assisted units attached to this project? Yes _____ No _____

4. How many years of experience does the Owner have in affordable rental housing?

5. How many years of experience does the Owner have in other types of rental housing?

D. FINANCIAL INFORMATION

1. Type of ownership of property or site control (Check one):



_____ Mortgage _____ Own free and clear
 _____ Option _____ Other (please explain):
 _____ Lease _____

2. Site Control.

Please attach evidence of ownership or site control (e.g., grant deed, option, deposit receipt, lease).

3. Indicate the monthly contract rent expected under the Project-Based Voucher Program.

<u>Size of Units</u>	<u>Number of Units</u>	<u>Unit Rent Expected</u>
Studio	_____	_____
1 Bedroom	_____	_____
2 Bedroom	_____	_____
3 Bedroom	_____	_____
4 Bedroom	_____	_____
5 Bedroom	_____	_____

NOTE: Proposed contract rents must not exceed 110% of the established Fair Market Rents as published by HUD, including any area wide exception Payment Standard if applicable.

4. How do you plan to finance the new construction or rehabilitation work?
(Check one or more. Attach Separate Sheet if Necessary)

	Amount
_____ Conventional Debt (Lending Institution)	\$ _____
_____ Owner Equity	\$ _____
_____ Low Income Housing Tax Credits	\$ _____
_____ Local/State Govt. Soft Debt (1)	\$ _____
_____ Local/State Govt. Soft Debt (2)	\$ _____
_____ Local/State Govt. Soft Debt (3)	\$ _____
_____ Other(Explain): _____	\$ _____
_____ Other(Explain): _____	\$ _____



12. If you have made capital improvements on the property (as defined by the Internal Revenue Service), what was the nature, cost, and financing for these improvements?*

Kinds of improvements: _____

Cost of improvements: _____

Date improvements were made: _____

How were these improvements paid for? _____

* Generally, this includes anything which contributes to the value of the property, exclusive of routine maintenance.

13. Estimate your annual insurance, real estate taxes, and other operating costs on the property after the proposed new construction/rehabilitation has been completed.

Real Estate Taxes	\$ _____	(Attach copies of last two(2) receipts)
Insurance	\$ _____	(Attach proof of current annual premium)
Maintenance	\$ _____	
Management	\$ _____	
Utilities	\$ _____	
Total Operating Cost	\$ _____	

E. NEW CONSTRUCTION OR REHABILITATION PROPOSED

1. Describe the work you propose to do in a short narrative. Show the total cost for all improvements you plan to make.

Description	Cost
a. Unit Construction _____	\$ _____
b. Site Improvements/Landscape _____	\$ _____
c. Offsite Improvements _____	\$ _____
d. General Conditions _____	\$ _____
e. Contractor Overhead & Profit _____	\$ _____
f. Insurance/Bond/City Tax _____	\$ _____



g. Other _____ \$ _____
 Total Cost of Improvements \$ _____

(If you have a contractor's bid or estimate, please attach it)

2. Estimate the length of time it will take to complete the proposed new construction/rehabilitation _____ Days.
3. Please indicate the Requested Contract Term _____

Note: HAP Contracts must be for a minimum of 1 year and a maximum of 15 years

4. Please indicate if the owner is willing to accept an extension of the HAP Contract and the number of years they would be willing to extend the HAP (15 year maximum extension).
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F. TENANTS (REHABILITATION ONLY)

1. Fill out the chart below, showing the number of units occupied by more than two persons per bedroom.

Unit Address	Number of Bedrooms	Number of Occupants Males- Females

2. Will any tenant, presently living in these units, be temporarily displaced, or relocated, because of the proposed rehabilitation?

Yes _____ No _____

If yes, how long? _____

How many tenants? _____



Please attach a Relocation Plan if available

3. To the best of your knowledge, _____ of the _____ tenants currently occupying the property have incomes at or below the following limits:

<u>Number of Persons in household</u>	<u>Annual Gross Income</u>
1	\$32,750.00
2	\$37,400.00
3	\$42,100.00
4	\$46,750.00
5	\$50,500.00
6	\$54,250.00
7	\$58,000.00

G. MANAGEMENT EXPERIENCE

Please indicate the number of years of experience you have managing affordable rental housing. _____

Please indicate the number of years of experience you have managing all rental housing types. _____

H. SUPPORT SERVICES

1. Describe the population to be served:

Single Person
 Elderly (62 Yrs. Or Older)
 Families Receiving Support Services
 Families
 Disabled

2. Describe the Support Services to be Provided

Type of Service	Service Provider	Term of Service Commitment	Financial Commitment For Services



I. PROPOSED SITE AMENITIES

Please indicate what amenities the owner plans to provide for the units and property and briefly describe how these amenities are appropriate to the tenant population:

J. IDENTITY OF INTEREST

Please complete the Form HUD 2530 for all owners, project principals, officers and principal members, shareholders, investors, and other parties having a substantial interest in the project.



All applications must include the following attachments:

- A. The owner's plan for managing and maintaining the units;
- B. Completed Owner Proposal that includes a description of the proposed housing, including the number of units by size, bedroom count, bathroom count, sketches of the proposed building, unit plans, listing of amenities and services, and estimated date of completion; Existing Housing Projects are excepted from provisions requiring constructions plans and drawings.
- C. Identification and description of the proposed site, site plan and neighborhood, and evidence of site control;
- D. Evidence that the proposed New Construction is permitted by current zoning ordinances or regulations or evidence to indicate that the needed re-zoning is likely and will not delay the project; Existing Housing Projects are not subject to this provision.
- E. A signed certification of the owner's intention to comply with Title VI of the Civil Rights Act of 1966, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban Development Act of 1968 and all applicable Federal requirements listed in 24 CFR 983.11 including, but not limited to, the payment of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction or rehabilitation of the project; Existing Housing Projects are not subject to Federal Labor Standards.
- F. A statement from the owner certifying the number of persons, businesses, non-profit corporations occupying the property on the date of submission of the application; the number of persons displaced, temporarily relocated or



moved permanently within the building complex; estimated cost of relocation payments and services; the funding source of relocation activities; and the name of the organization that will carry out the relocation activities.

Existing Housing Projects are not subject to the provisions of Relocation.

- G. The identity of the owner, developer, builder, architect, management agent (and other participants), the names of officers and principal members, shareholders, investors and other parties having a substantial interest; the previous participation of each in HUD Programs on the prescribed HUD Form No. 2530 and a disclosure of any possible conflict of interest by any of these parties that would be a violation of the Agreement or the Contract; and information on the qualifications and experience of the principle participants;
- H. Evidence of financing or lender interest and the proposed terms of financing;
- I. The proposed term of the Contract; and
- J. If applicable, copies of Code Enforcement Inspection Reports, and correspondence.
- K. Disclosure of Lobbying Activities.
- L. Certification of Participation in the Low Income Housing Tax Credit Program
- M. Letter of consistency of project with local government Consolidated Plan
- N. Design Architect's Certification (New Construction Only).
- O. Preliminary Construction Drawings
- P. Eligible Census Tract Certification
- Q. Certification of Payments to Influence Federal Transactions
- R. Certification Regarding Debarment and Suspension
- S. Additional Government Funding - Form 2880
- T. Disclosure of Lead-Based Paint/Hazards



ATTACHMENT A

**PLANS FOR MANAGING AND MAINTAINING UNITS AFTER
NEW CONSTRUCTION/REHABILITATION**

OWNER OR MANAGEMENT AGENT

NAME _____

ADDRESS _____

HOW LONG HAVE YOU MANAGED ASSISTED PROPERTIES? _____

PROPERTY MANAGEMENT STAFFING:

	No. of Staff	Working Hours
OFFICE STAFF:	_____	_____
MAINTENANCE:	_____	_____

MANAGEMENT PLAN

Do you have a written plan for management of the units?



Yes _____ No _____

If Yes, please include the management plan with this application. If No, please identify what personnel will manage the units, their location, hours of operation and any other duties and responsibilities.

MAINTENANCE AND REPAIR PLAN

Do you have a written plan for maintenance of the units?

Yes _____ No _____

If Yes, please include the maintenance plan with this application. If No, please prepare a description of how units will be maintained, both on an on-going and long-term basis, focusing on preventive and routine maintenance, emergency repairs, security, health and safety areas. Please identify what personnel will perform the maintenance of units and common areas, their location and hours of operation.

