

HOUSING AUTHORITY OF THE CITY OF ALAMEDA APPLICATION FOR PROJECT-BASED VOUCHER ASSISTANCE

Owners or Project Sponsors should fill out **one application for each complex** in which Section 8 PBV assistance is sought. **Three copies** of the application should be submitted. Please use additional pages to provide any other information that may be necessary to describe the units better. You may attach photographs of the property at your option. Please submit each application in a 3-ring binder designed for 8.5" x 11" pages, with a separate section for each of the application's required components. Applications not submitted in this format and difficult to review will be returned and not reviewed until submitted as requested. **Definitions of Key Terms** are provided at the end of the application.

Date: _____

Applicant Name: _____

I am requesting Section 8 Project-based assistance for a total of units.

1. Information on Units:

a. Project Address(es) - specify address(s) for **each building**:

<u>Building:</u>	<u>Address(es):</u>	<u>No. of Units</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____

b. Census Tract Number: _____ Percent of Poverty* In Tract: _____

* See "Definition of Key Terms" at end of Application for information on how to determine tract for property.

Briefly describe the need for project-based assistance in this community. Address factors such as vacancy rates and rent affordability for very-low income households. Use additional pages as necessary:

c. Do any other units have another form of assistance? Yes No

Other forms of assistance would include:

- Section 236 Rental Housing Program
- 221d FHA Insurance Program for Multi-family or Cooperative Housing
- Section 202 Supportive Housing for the Elderly
- Section 811 Supportive Housing for Disabled Persons
- HOME Investment Partnership Program
- Housing Stabilization Funds (*list continues on next page*)

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- Community Development Block Grant funds
- Low-Income Housing Tax Credits
- HUD-insured or co-insured mortgages
- Federal Home Loan Bank housing program funds
- Tenant-based Section 8 Housing Choice Vouchers
- Other federal, state or local subsidized housing program

If "Yes," describe the type(s) of assistance and number of units covered on a separate sheet of paper.

d. Affordability Restrictions

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

If "Yes," name the housing program(s) and jurisdiction requiring the restriction below:

When (date) does the restriction expire? _____

e. How many units of the total requested for PBV assistance are handicapped accessible - describe number and type of accessible features?

<u>Number</u>	<u>Accessible Features</u>
_____	_____
_____	_____
_____	_____
_____	_____

f. Intended Resident Population (Check all that apply):

- Single Persons
 Elderly (62 yrs. and over)
 Persons receiving supportive services
 Families
 Disabled

g. Tenant Selection Criteria and Plan

Please attach your written tenant selection criteria and plan to fill the PBV assisted units. At a minimum, the plan must state that all vacancies will be filled by Section 8 eligible applicants referred from the AHA waiting list and must describe, with specificity, your tenant screening criteria. If a credit check is one of the screening tools, the plan must include the criteria used to determine acceptability. Please note that criteria for screening both assisted and unassisted tenants must be consistent. See Attachment

h. Rent and Occupancy Status of Proposed Units

Complete the chart on the following page using the legend below.

[This legend is for the chart on the following page.](#)

Utilities:	GH = Gas Heat	OH = Oil Heat	EH = Electric Heat
	GW = Gas Water Heater	OW = Oil Water Heater	EW = Electric Water Heater
	GC = Gas Cooking	C = Electric Cooking	O = Other Electric (lights, etc.)
Building Type:	S = Single Family	R = Town House	O= Other - specify below:
	D = Duplex	L = 3 or 4 Stories	_____

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i. Please check who will be responsible for providing the following appliances:

Cooking Stove: Owner: Tenant:
Refrigerator: Owner: Tenant:

j. In order to be considered for the Section 8 PBV assistance program, units must achieve a score of A or B as described in Exhibit A. A copy of Exhibit B must be fully completed and submitted for each Building with the Application.

Do all units meet the AHA inspection grade of A or B? (See unit grading definition attached to this application, Exh. A). Yes No

2. Scoring Criteria:

1. Requested Contract Term: _____ years (if request varies per bldg., attach explanation)

- a. Owner/Project Sponsor must request a minimum term of 5 years up to a maximum term of 15 years.
- b. Would you be willing to accept an extension of the contract if it were approved by the AHA?
 Yes No
- c. If "Yes," the owner should attach a letter indicating willingness to enter into a contract agreeing to accept a contract extension beyond the initial term if offered by AHA. The letter should specify the length of the additional term the owner/sponsor would accept.

2. Community Amenities:

Distance to:	Less than a 1/4 Mile	Between 1/4 and 3 miles	More than 3 Miles
Shopping (i.e., groceries, pharmacy, other everyday type of needs)			
Employment opportunities (i.e., organizations with 25 or more employees)			
Public transportation			
Significant Medical facilities (hospital)			
Public schools			
Parks, civic features			

3. Unit/Apt. Complex Amenities (if inconsistent from building to building, attach explanation):

Check all that apply:

- Features adapted/adaptable for persons with disabilities
- Off street parking
- Laundry facilities
- Porches/decks/personal back yards
- Children's play areas
- Recreational facility for adults and children
- Common area function room(s)
- Other, please specify:

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4. Experience Owning Rental Housing:

- a. 20 years or more experience owning affordable rental housing
 - 10 to 19 years experience owning affordable rental housing
 - 20 years or more experience owning other rental housing
 - 10 to 19 years experience owning other rental housing
- b. On a separate page(s), describe your experience, including the exact number of years of experience in owning rental housing, the amount of that time devoted to affordable rental housing, if applicable; the number of units (specify separately number of affordable and other rental units); if you own the subsidized properties, the address(es) and funding source(s), and if you have ever had assistance terminated. If you have assistance terminated, please identify the program(s) and state why. Attach as many separate page(s) as necessary. See Attachment

5. Experience Managing and Maintaining Rental Housing:

- a. 20 years or more experience managing and maintaining affordable rental housing
 - 10 to 19 years experience managing and maintaining affordable rental housing
 - 20 years or more experience managing and maintaining other rental housing
 - 10 to 19 years experience managing and maintaining other rental housing
- b. On a separate page(s), describe your experience or the experience of your property manager or as property manager, including the exact number of years of experience in managing and maintaining rental housing, the amount of that time devoted to affordable rental housing. Attach as many separate page(s) as necessary. See Attachment

6. Public Purpose (repeat for each building if there is a variation):

- 75% or more units in building would be restricted to low- or very-low income occupancy
- 50% to 74% of units in building would be restricted to low- or very-low income occupancy
- Units meet other City-identified priority needs.

Specify on a separate page(s) what City-identified priority would be met through the project-basing of units. See Attachment

2. Other Criteria

Applicant's Plans for Management and Maintenance of Units

- a. Do you have a written plan for the 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 maintenance, routine maintenance, emergency repairs, security, and health and safety-related areas. Be sure to identify what personnel will perform the maintenance of units and common areas, note where they are located and hours of operation. See Attachment

- b. Do you have a written plan for the management of the units?
 Yes No

If "Yes," include the plan with this application. If "No," identify what personnel manages the units, note where they are located, hours of operation and any other descriptive information about their functions. See Attachment

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c. If applicable, list any service that will be provided to tenants; identify service providers

Use the format below to identify the population(s) to be served; services to be provided; and to identify the service provider. Attach letter(s) of intent to provide service from the provider agency(s).

POPULATION	TYPE OF SERVICE	SERVICE PROVIDER

References:

Please provide three references who will attest to the quality of your rental property management and maintenance experience.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Please note that the numbering on the "Scoring Criteria" above is associated with Existing Housing units. The scoring criteria for New Construction units is somewhat different; please refer to the RFP for additional information.

Refer to "Additional Review for New Construction Projects" starting on page 6 for additional information that must be submitted for any proposed new construction project.

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Identity of Interest

Provide the required information on a separate sheet of paper and attach to this application. The identity of the owner and other project principals and the names of officers and principal members, shareholders, investors, and other parties having a substantial interest; certification showing that the above-mentioned parties are not on the U.S. General Services Administration list of parties excluded from Federal procurement and nonprocurement programs; a disclosure of any possible conflict of interest by any of these parties that would be a violation of the PBV Housing Assistance Payments (HAP) contract; and information on the qualifications and experience of the principal participants. Information concerning any participant who is not known at the time of the owner's submission must be provided to AHA as soon as the principal is known.

I, _____, attest and certify that all of the information herein contained is true and accurate to the best of my knowledge. I understand that by submitting this Section 8 project-based voucher assistance application, there is no promise or guarantee from the Housing Authority of the City of Alameda (AHA) that my proposal will be accepted. I understand that in-place existing tenants must be certified as eligible to receive project-based assistance, and if they are not eligible, I will not displace them in order to qualify the unit for PBV assistance. I understand and agree to abide by the PBV assistance requirements to select tenants for vacant units from referrals made to me by the AHA.

Signature of Owner

Owner's Phone Number

Date

Email address of Owner

Owner's Address

Name of Contact

Email address of Contact

Contact Phone Number

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EXHIBIT A

UNIT OWNER'S DESCRIPTION

In order to be considered for the Section 8 PBV assistance program, units must achieve a score of A or B as described below.

UNIT GRADE A

- Unit/Building interior, exterior, and common areas are in excellent condition, newly or recently constructed or rehabbed with good quality materials and workmanship and provide an excellent thermal environment with direct heat sources in living/sleeping rooms.
- Appliances and fixtures are owner supplied and are new or of good quality. Tenant-supplied appliances will not affect grade if owner supplied were offered and declined in favor of the tenant's own.
- Flooring is in excellent condition at move in.
- Unit has sufficient cabinets and closets or common area storage.
- There are no existing asbestos or lead-based paint hazards and there is pro-active maintenance if either material is present.
- Electrical system and number of outlets allows for use of electrical items without the use of extension cords.
- Fire exits meet current standards (full door and stairway) and are properly maintained. Smoke detectors are present in all units and common areas.
- Good gutters, window caulking, and drainage to provide for good indoor air quality (no moisture/mold issues).
- There are no structural issues within the building, porches, and stairs; walkways, driveways, and parking areas are free of trip hazards.
- There are no existing asbestos or lead-based paint hazards and there is pro-active maintenance if either material is present.
- Building/Unit has at least three extra amenities, such as 1) off-street parking; 2) additional bathrooms; 3) large or additional rooms; 4) washer/dryer hook up or laundry facilities; 5) enclosed porch/deck/personal back yard; 6) on-site recreational amenities, such as a pool or children's play area; 7) security personnel or devices; or 8) accessibility features.
- Obvious on-going maintenance of the unit and building as well as good tenant selection practices by the owner or management.

UNIT GRADE B

- Unit/Building is in good condition. Appliances, fixtures and other features are modern and fully functional.
- Recent renovation, including interior, exterior, and common area spaces with average materials does not substantially increase the overall value of the unit or building.
- Overall condition of the unit/building is above average and provides a better than average thermal environment (windows, direct heat sources in each living room/sleeping room). If indirect heat sources are utilized, the owner is receptive to utilizing options such as louvered doors or ceiling fans, if needed.
- Electrical system and number of outlets may pre-exist current standards but are adequate to discourage the use of extension cords.
- Fire exits and smoke detectors may pre-exist current standards but are well maintained and are functional to meet the needs of the occupants considerate of the family composition.
- Any asbestos or lead-based paint is proactively maintained.
- Unit/building is free of evidence of excess moisture, mold or interior air quality issues.
- Has at least one extra feature that adds to desirability (see list under Unit Grade A).
- Could otherwise be an A unit except for the quality of renovation work or the need for more aggressive preventive maintenance by the owner. Perhaps would be an A unit if the appliances or utilities were owner supplied.
- Site conditions are adequate but some neighborhood conditions may exist but do not pose an imminent risk to the tenant/family.
- Owner may or may not occupy the property but posts emergency contact and is responsive. Services such as trash pick up is adequate.

B units are of above-average quality and are generally well-maintained.

B+ Grade: May be used when a reasonable combination of B factors and A Grade extra amenities are present.

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**EXHIBIT B
APPLICANT'S UNIT DESCRIPTION STATEMENT**

This statement must be signed and submitted with the PBV Application for "Existing" Units

This page is for (number) of identical buildings. If buildings are different, complete this form for each building

1. When was the building(s) constructed?

1978 or Later Pre-1978

2. Check the box that best describes the smoke detectors in the unit/building:

Hard-wired smoke detection system in all units and common areas, with battery back-up.
 Hard-wired smoke detection system in all units and common areas, without battery back-up.
 Smoke detectors in common areas on each floor (per HQS) and units are battery operated.

3. Multi-story buildings have fire alarm testing and fire drills:

Testing and drill takes place annually
 Testing takes place annually
 No testing or drills.

4. There are sufficient outlets in each room to discourage the use of extension cords:

Yes No

5. Rate the efficiency of the heating system:

Excellent Good Fair

6. Rate the efficiency of the building windows and insulation:

Excellent Good Fair

7. Check the following boxes if these appliances are Owner supplied:

Stove Refrigerator

8. Check the following boxes for building features that exist:

Elevator Off-Street parking Other (Please Specify)

9. List any recent (last three years) improvements/upgrades that you believe add to the desirability of the unit or building (e.g., new roof, siding, windows, flooring, cabinets, etc.):

10. Provide any additional information that you believe might be relevant to the Housing Authority's decision to grant your application. Use additional sheets as necessary.

All information provided is true and accurate:

Property Owner's Signature

Date

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EXHIBIT C

DEFINITION OF KEY TERMS

ADA = Americans with Disabilities Act

AHA = Housing Authority of the City of Alameda

Affordable Housing Deed Restriction = A legal document, generally referenced in and recorded with the deed for the affected units, which requires that the units be rented or sold to households at or below a particular income level, for a specific period of time.

Excepted Units = Units in a multifamily building not counted against the 25% per building cap.

Existing Housing = Rental units that are occupied or ready for occupancy on the proposal selection date and require no more than \$1,000 per unit of investment to comply with HQS.

HAP Contract = The Housing Assistance Payments contract is an agreement between the owner and the AHA that sets forth both parties responsibilities and obligations to each other and commits AHA to provide project-based voucher assistance for the approved units.

Homeless = A household that has no permanent residence, including those living in a temporary shelter for the homeless, leaving a transitional housing program, leaving an institution where they have been a resident for more than 30 days with no home to go to, living on the street or in a car. **At Risk of Being Homeless** = extremely low income (income 30% or less than area median income) and unable to locate affordable housing; under a court ordered eviction for reasons beyond the control of the tenant (includes non-payment of rent where gross rent is 50% or more of monthly income) or currently paying more than 50% or more of monthly income for rent and utilities.

HQS = HUD and AHA's housing standards for the tenant-based Section 8 Housing Choice Voucher Program and the Project-Based Voucher (PBV) assistance program. All HQS requirements for both programs can be found in the AHA's Administrative Plan, Chapter 8, which can be found on AHA's website at www.alamedahsg.org/admin_plan.htm.

PBV/Project-based assistance = Section 8 Housing Choice Vouchers that are committed to a building under a Housing Assistance Payments (HAP) contract for a specific term.

Multifamily Building = A building with five or more dwelling units.

Newly constructed housing = Housing units that do not exist on the proposal selection date and are developed after the date of selection pursuant to an agreement between the AHA and owner for use under the PBV assistance program.

Qualified families = elderly or disabled families; families receiving supportive services as defined by AHA in its Administrative Plan, Chapter 16.

Rehabilitated housing = Housing units that exist on the proposal selection date that do not substantially comply with HQS and are developed pursuant to an agreement between the AHA and owner for use under the PBV assistance program.

Single-family Building = A building with no more than four dwelling units.

Subsidy Layering Review (SLR) = A financial review that ensures that a project does not receive excessive public funds. HUD requires that prospective "existing" PBV assistance projects that have two or more forms of federal housing assistance have a layering review performed by HUD prior to the execution of the HAP contract. (Owners will be told if and when they must submit a layering review package after their application has been reviewed and conditionally approved by AHA.)