

Nassau County Office of Housing & Intergovernmental Affairs 40 Main Street Hempstead, NY 11550 (516) 572-1915

HOME Investment Partnerships (HOME) Program Funding Application

EDWARD P. MANGANO COUNTY EXECUTIVE



Instructions and Requirements

To initiate an Agreement for HOME funds, the following information must be attached to the application as specified and provided to the Nassau County Office of Housing and Intergovernmental Affairs:

- 1 Evidence of financial commitments for all sources of non-HOME funds.
- 2 Evidence that project is in compliance with local zoning.
- 3 Completed HOME Project Application.
- 4 Map showing site (s) of HOME assisted units.
- 5 Paid Tax Bill.
- 6 Copy of deed (s) or other suitable form of site control. (e.g., contract of sale)
- 7 Resolution of applicant's governing body authorizing submission of application.
- 8 Certificate of Occupancy (if applicable).
- 9 Title Report/Insurance (submit upon request).
- 10 Appraisal (if applicable).

The utilization of HOME funds to acquire property or determine property value will require an appraisal. The following information is provided to guide the applicant regarding appraisal requirements. More detailed information can be obtained by contacting the Nassau County Office of Housing and Intergovernmental Affairs.

- a. All first time homebuyer projects require an appraisal at time of purchase.

 The appraised value of a HOME assisted property to be acquired by a first-time homebuyer must not exceed the 203 (b) mortgage limits for the area for the type of housing being purchased (single family, condominium, manufactured home, etc.). Nassau County will make these purchase value limits available to all participating jurisdictions each year.
- b. IF REHABILITATION IS REQUIRED, the appraised value of the property after rehabilitation cannot exceed the 203 (b) mortgage limits.
- c. For projects that utilize HOME funds for acquisition of property, the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (URA) will be enforced. Therefore, any applicant planning to acquire property for the implementation of a HOME assisted project must contact Nassau County prior to initiating the acquisition process to determine the applicant's responsibilities under the URA.
- 11 Environmental Reviews

12 Affordability Requirements

All units assisted with HOME funds must remain affordable for the periods listed below. A lien will be placed on each unit assisted to meet the affordability requirements established by HUD and Nassau County.

RENTAL HOUSING PROJECTS		MINIMUM PERIOD OF AFFORDABILITY						
Rehabilitation or acquisition of existing rental housing per unit amount of HOME Funds:								
Under \$15,000		5 YEARS						
\$15,000 to \$40,000		10 YEARS						
Over \$40,000		15 YEARS						
New Construction or acquisition of newly constructed housing		20 YEARS						

OWNER-OCCUPIED HOUSING	MINIMUM PERIOD OF AFFORDABILITY				
(Per Unit Amount of HOME Funds):					
Under \$15,000	5 YEARS				
\$15,000 to \$40,000		10 YEARS			
Over \$40,000		15 YEARS			

- 13 All applicants must enter into a HOME Agreement with the County in order to receive HOME funding.
- 14 For additional information and assistance, please contact:

Nassau County Office of Housing and Intergovernmental Affairs Raymond Thomas, Director 40 Main Street - 3rd Floor Hempstead, N Y 11550 (516) 572-1905

NASSAU COUNTY OFFICE OF HOUSING & INTERGOVERNMENTAL AFFAIRS (OHIA) HOME FUNDING APPLICATION

1. Applicant Name:					
2. Address:					
3. Contact Person:			Tel:	Fax:	
Title:			E-mail:		
4. Type of Applicat Acquii		apply): New Construction Rental Assistance	Homebuyer's A Pre-developme Other	ssistance ent Loan (CHDOs only)	
5. Applying for:		HOME CDBG			
6. Type of Applicar Non-p For-pr	rofit	cply):			
7. Project Name:					
Project Location	(address or othe	r description):			
8. Project Cost:		a. Total Cost of Project:			
·		b. Nassau County Grant/Loan	Funds Requested:		
10. Households/Pe	rsons Benefited:	Number benefited:		in H	ouseholds
			-		ersons
loan or grant under Na	that all information in	this application, and all information inanced affordable housing program e named herein. The Applicant agre	s and is true and complete to	the best of the Applicant	s knowledge and belief.
Authorized Applican	t Representative		Title		
Signature			Date		





12. <u>a. Development/implementation Team</u>: List all members of the development/implementation team (as applicable) in the table below. Do not include lenders.

Company/Organization	Contact Person	Telephone
	Company/Organization	Company/Organization Contact Person

b. Please provide an organizational chart for all partnerships formed or to be formed. If applicable and available, please provide an operating agreement.

Additional information on these organizations (including references) can be included as attachments.

14. <u>Project Market</u> : Briefly describe the households/individuals that will be targeted by the project, and how strong the market demand is for your project.								
If market information is included in another format, please include as attachment.								
15. Persons/Households Benefited: Number benefited by income group in the following table. The information in this table is in: Households: Persons: (check one)								
	Renters	Owners	Homeless					

Renters Owners			Hom	eless					
	Small				Low-in	come			
Elderly	Family (2	Large	All Other	Existing	Home	ouyers			
(1 & 2	to 4	Family (5	House-	Home-	With	All	Individu		Non-Home-less
Pers)	Pers)	or More)	holds	owners	Children	Others	als	Families	Special Needs
0	0	0	0	0	0	0	0	0	0
	(1 & 2	Elderly (1 & 2 to 4	Small Family (2 Large (1 & 2 to 4 Family (5	Small Large All Other (1 & 2 to 4 Family (5 House-	Elderly Family (2 Large All Other Existing (1 & 2 to 4 Family (5 House- Home-	Elderly Family (2 Large All Other Existing Homet 1 & 2 to 4 Family (5 House- Home- With	Small Low-income Homebuyers Company Company	Small Low-income Homebuyers Company Company	Elderly (1 & 2 to 4 Family (5 Pers) Pers) Pers) All Other holds Pers Low-income Homebuyers Home-owners Children Others Families Famil

^{*} AMI means Area Median Income. Please refer to www.HUD.gov for the most recent HUD Income guidelines.

16.	Describe how the participants (to policies, describe these policies.	 s, etc.) will be selected. If s	selection will be

Summary of selection of participants can be included as Attachment



17.	<u>Services Provided</u> : Describe services that will be provided to the participants/	esidents of this p	roject or program.
Sun	nmary of services can be included as Attachment:		
18.	<u>Coordination with Other Agencies</u> : Describe how your organization will coordinate to participants/residents. If applicable.	nate with other or	ganizations to provide needed
Add	itional information of coordination/collaboration can be included as attachment.		
19	Proposed Project Schedule: Please provide the schedule for completing actio	ns	
	a. Project Start-up	Completion Date	
	Purchase Contract/Option Signed	Completion Date	1
	Property Acquisition Completed		
	Zoning Approvals Obtained		
	Final Bid Specifications Completed		
	Detailed Program Design Completed		
	Environmental Reviews Completed		
	Building Permits Obtained		
	-	OI-ti D-t-	
	b. Financing Sources Obtained Construction Loan	Completion Date	1
	Bridge Loan		
	Private Lender Financing		
	Govt Grants/Loans:		
	Other Financing:		
	Other Financing:		
			I
	c. Construction/Implementation	Completion Date	1
	Construction Starts		
	Marketing of Units or Program Begins		
	Closing on First Sale (homebuyer projects)		
	Closing on Final Sale (homebuyer projects)		
	Complete Rehab Const. (for units currently occupied)		



20. Project Costs and Use of County HOME Funds: Sources and Uses Can be included as attachment.

a. New Construction and Rehabilitation	Total Cost	County Funding
Rehabilitation of existing units		
Renovation of non-residential structures into residential units		
New construction of residential units		
Other:		
Other:		
b. Acquisition	Total Cost	County Funding
Land		
Buildings		
Other expenses:		
c. Site/Off-site Improvements	Total Cost	County Funding
Clearance/demolition		
Drainage improvements		
Installation/renovation of sanitary sewers		
Remediation		
Transportation improvements (on-site)		
Transportation improvements (off-site)		
Other:		
Other:		
	T	
d. Soft Costs	Total Cost	County Funding
Market Analysis		
Architectural & Engineering		
Application fees for financing		
Permanent financing fees		
Appraisal and environmental assessment fees		
Tax credit syndication fees		
Attorneys fees		
Developer's fees		
Developer's overhead		
Construction management		
Other:		
e. Reserves and Contingencies	Total Cost	County Funding
Initial operating and Repair/Replacement Reserves		
Construction contingencies		
f. Relocation and Loss of Rental Income	Total Cost	County Funding
Relocation*		
Loss of Rental Income		
*Temporary Relocation Plan (if applicable): The Project must not result in the permanent displacement relocation of residents must be carried out in accordance with a temporary relocation plan that conforr that are temporarily relocated must be offered a decent, safe and sanitary dwelling unit in the Project o unit. In the event that the Project involves a broad geographic area, the unit to be offered must be locat proximity is determined in the sole opinion of OHIA.	ns to the requirement r another property co	s of the Regulations. Residents mparable to the tenant's affected
g. Tenant and Homebuyer Assistance	Total Cost	County Funding
Tenant-based rental assistance*		,
Security deposit payments for renters		
Downpayment assistance for homebuyers		
Mortgage financing for homebuyers		
*If Sections 8 vouchers are being used, please specify whether its project or tenant-based. Please also review the Davis Bacon practical guide attached. h. Other	Total Cost	County Funding
i. Total Cost and Total County Funding	Total Cost	County Funding
TOTAL	0	0

0



21. Sources of Funds: Sources and Uses Can be included as attachment.

_				_	
a. Permanent	Financing	(do not	include co	onstruction	financing)

Name of Lender or Source of Funds, Contact Persons and Telephone Number	Amount Funded	Annual Debt Service		Amortiz ation Period (yrs)	Loan Term (yrs)	Actual or Projected Commit-ment Date
Nassau County HOME						
Owner's Equity (describe)		N/A	N/A	N/A	N/A	
TOTAL						

Please att	tach comm	nitment lette	ers. if	secured.

HOME funds will not be awarded until all funding sources are committed.

b. Construction/Interim Financing

Sources of Funds	Amount	Name and Phone Number of Contact

Please attach commitment letters for construction financing, if secured. HOME funds will not be awarded until all funding sources are committed.

c. Please complete the attached cash drawdown schedule.



22.	Site Information: Applicable to acqu	isition, rehabilitat	ion, or new constru	ction proj	ects.				
	a. Do you have site control? Please attach evidence of site cont <u>rol.</u>	Ye	s: No: If y	es, what fo	orm:				
	Is there a lease? Yes: No: If yes, please attach a copy.								
	b. Owner's Name: c. Owner's Address:								
	d. Telephone:	Fax:							
	e. Seller's relationship to you?								
	f. Size of Site: Attach map and legal description. Attach sketch plan of site. Attach a minimum two (2) color photographs of the site to be built on. Attach evidence that the local jurisdiction contact, if available.								
	g. Is the site properly subdivided/zon	ned?	Yes:	No:	If no, ex	plain the schedule	below.		
	Attach evidence of proper subdivision a	and zoning							
h. Are all utilities presently available at the site? Yes:				No:	lf n	o, explain below.			
	i. Answer the following environment	al questions and p	provide information	as approp	oriate.				
	i. Answer the following environment	al questions and p	provide information	as approp	oriate.		Yes	No	
	Are there designated floodplain areas of	on the site?	provide information	as approp	oriate.		Yes	No	
	Are there designated floodplain areas of Are there designated wetland areas on	on the site? the site?					Yes	No	
	Are there designated floodplain areas of Are there designated wetland areas on Is the project/surrounding area listed or	on the site? the site? National/State/Lo	cal Registers of Histo	ric Places?			Yes	No	
	Are there designated floodplain areas of Are there designated wetland areas on Is the project/surrounding area listed or Is the project affected by a noise source Are you aware of any other environments.	on the site? the site? n National/State/Lo e (airport, railroad to tal hazards that ar	cal Registers of Histo racks, major street/hi e on or near the site?	ric Places?			Yes	No	
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						OFFORTUNITY		
Rehabilitation of Homes for Existing	Homeowners:	(to be fille	ed out for	this type	of project only).			
a. Appraised value per home.								
		A	verage	Maximu	ım			
Before rehabilitation								
After rehabilitation								
b. Assistance provided per home.								
		A	verage	Maximu	ım			
HOME funds per home								
Total rehabilitation cost per home								
c. Specific terms of the financial assi	stance provide	ed to hom	eowners.					
Attack many datailed information if you								
Attach more detailed information, if nece	essary.							
Acquisition, Rehabilitation, or New C	onstruction of	Homes for	or Sale: (to	be filled	d out for this type	of project only).		
a. Use of HOME Funds								
		T		., Maxi	imum HOME Cost			
Activity	ļ	Total Cost Per Unit		nit	Per Unit	Average HOME Cost Per Un		
Acquisition								
New Construction	-							
Homebuyers Assistance*								
Other:								
* If homebuyers assistance is part of your progra	m, complete questi	ion 26.						
b. How long will your organization ho	old title to the h	omes be	fore conve	eving the	m to qualified ho	me buvers?		
Silien long tim your organization no	na thio to tho i	1011100 20		Jynng tino	in to quantou no	e bayere :		
c. Describe the carrying costs that wi	III be included	in the pri	ce to the h	omebuye	er (e.g., insurance	e, maintenance, financing		
charges, etc.)								
d. Description of the homes to be sol	d (Complete	one row o	of table for	each tyn	ne of home)			
	Type of Hor		Averag	Δ				
Size of Home (in number of bedrooms	attached, SF	•	Square F	I An	ticipated Selling	Anticipated Appraised Value		
and baths)	TH, etc		of Hom		Price	/ inition parties / ippraises / ares		
	,	- ,						

24

25



26 <u>Direct Homebuyer Assistance Programs</u>: (to be filled out for projects including mortgage financing, down payment assistance, or other assistance going directly to low income homebuyers) a. Describe how an average homebuyer in your program will finance the purchase of the home. (Also include the value of donated services such as appraisals and loan servicing) Amortiza Interest Name of Lender or Source of Funds, contact Persons tion Amount Financed Form of Assistance* Rate Loan Term (yrs) and Telephone Number Period (pct) (yrs) Nassau County HOME Funds Homebuyer's Equity (describe) TOTAL 0 * Describe whether a grant or loan and the intended use of funds (e.g., second mortgage, closing costs, etc.) b. If any portion of HOME dollars will be a grant, describe the methods that will be used to recapture the funds if the homebuyer fails to comply with applicable regulations. c. Describe the methods used, and entities responsible, for underwriting analysis.

Detailed information can be included as Attachment.



	d. Who will be responsible for preparation of closing documents?				
	Detailed information can be included in Attachment:				
27	<u>Additional Program Information for Existing or New Homeowner Programs</u> : (to be filled out for all types of homeowner programs)				
	a. Describe how the program will be marketed to potential clients.				
	Please attach affirmative marketing plan, if available.				
	b. Describe the qualifying criteria for the program, and how clients will be qualified/screened.				
	Additional information can be included as Attachment.				
	c. Describe how contractors will be qualified and selected.				

Nassau County OHIA HOME Funding Application February 2010

Attach bid package or public advertisement.