

Portage Metropolitan Housing Authority
Section 8 Moving To Work Project-Based Voucher Program

REQUEST FOR PROPOSALS

August 21, 2023



Proposals Due by September 20, 2023, 6:00 p.m.

Submit original and two copies to:

Trevena Kaminski, Section 8 Manager
Portage Metropolitan Housing Authority
2832 State Route 59, Ravenna, OH 44266
Phone: (330) 297-1489 | Fax: (330) 297-6295 | Email: tkaminski@portagehousing.org

The information contained in this Request for Proposals (RFP) is a summary overview of the Project Based Voucher (PBV) Program. PMHA does not warrant that it is exhaustive and bears no responsibility for its accuracy or completeness.

PART 1: INTRODUCTION

The Portage Metropolitan Housing Authority (“PMHA”) is seeking proposals from property owners who are interested in participating in the Moving To Work Project-Based Voucher program (“PBV”). All units covered by this RFP. PMHA is seeking proposals from developers and/or owners who are experienced in the rental housing business.

Under this RFP, PMHA is offering Project-Based Vouchers in support of rental housing that will be reserved for low-income Portage County families, specifically families with special needs and those in need of supportive services.

Types of Projects

PMHA will be accepting applications for two types of projects– Existing Housing and New Construction/Rehabilitation Projects.

Existing Housing consists of units that exist as of the date that they are selected for the PBV Program and that substantially comply with Housing Quality Standards (HQS) as of that date. Historically, “substantially comply with” HQS meant that \$1,000 or less per unit on average was needed for full compliance. While the definition is no longer as precise, PMHA will continue to use the \$1,000 standard for the purposes of this RFP in order set a clear division between the two types of projects.

Existing Housing must fully comply with HQS as of the date of the Housing Assistance Payments Contract (HAP Contract), which allows PBV payments to be made, and must remain in compliance throughout the term of the HAP Contract. Selected existing projects must enter into a HAP contract with PMHA before PMHA can provide rental assistance. The initial term can be for up to 5 years with potential extension(s). An AHAP is not required.

New Construction/Rehab Projects are all other housing projects. Selected projects may not begin rehabilitation/new construction until all post-selection requirements are met and PMHA and the owner have executed an AHAP. HUD regulations do not allow any exception to this “no-start” rule.

Upon satisfactory compliance with all post-selection requirements, satisfactory compliance with provisions of the AHAP, completion of rehabilitation/new construction and a successful HQS inspection, the HAP contract will be executed, and agreed upon, between PMHA and the owner for specified units, for an initial term of up to 10 years (maximum), with potential extension(s).

Schedule

The RFP is available to interested parties in hardcopy or electronic format. An electronic version of the RFP is available at www.portagehousing.org or you may contact Trevena Kaminski using the contact information listed on the cover sheet to request a hardcopy. Copies of the RFP are available

at PMHA's office at 2832 State Route 59, Ravenna, Ohio, between the hours of 7:00 a.m. and 6:00 p.m. from August 21, 2023 through September 20, 2023.

Applications are due by 6:00 p.m., September 20, 2023 and should be submitted to:

Trevena Kaminski, Section 8 Manager
Portage Metropolitan Housing Authority
2832 State Route 59
Ravenna, OH 44266

Applications received after this time will not be accepted. In addition, incomplete applications will not be accepted.

PMHA will evaluate applications starting on the closing and notify the applicant of decisions within approximately 1 month of the closing date. PMHA reserves the right to amend or cancel this RFP at any time.

PART 2: PROGRAM OVERVIEW AND REQUIREMENTS

A. Purpose

The intent of the PBV program is to increase the supply of affordable, service-enriched housing available to low-income Portage County families, specifically families with special needs and those in need of supportive services.

B. Funding

HUD does not allocate separate or additional funding for PBV units. Funds for the PBV program come directly from funds already obligated by HUD to PMHA's Moving To Work Program. PMHA has HUD approval to project-base up to 20% of the total voucher inventory.

C. Number of PBV Units Available

PMHA will make up to 100 units available.

D. Supportive Services Requirement

PMHA may not select a proposal to provide PBV assistance for units or enter into an Agreement to Enter into a Housing Assistance Payments (AHAP) contract or a Housing Assistance Payments (HAP) contract to provide PBV assistance for units if the total number of dwelling units that will receive PBV assistance during the term of the PBV HAP contract is more than 25% of the number of dwelling units (assisted or unassisted) in the project.

Exceptions are allowed and PBV units can be up to 100% of a project's units if:

- The units are in a single-family building (one to four units); or

- The units are in a multifamily building and are specifically made available only for individuals, elderly or disabled families or families receiving supportive services (see definitions in next section).

For a project to qualify for the supportive services exception, the project must offer services tailored to the population being served. It is not necessary that the services be provided at or by the project, if they are approved services.

For the project to qualify as an exception project, at least one family member in each excepted unit must receive at least one qualifying service. Eligible services can include: substance abuse counseling, non-disabled mental health services, non-disabled behavioral support services, linkages to medical providers for non-disabled tenants, job training/career counseling, money management counseling, child care, after-school programs, housing retention, GED preparation and testing, case management, transportation, leadership development and early childhood assessment and referral. The Section 8 family self-sufficiency program offered by PMHA also satisfies the supportive services requirement for excepted units. Elderly and disabled households are not subjected to the mandatory supportive services requirements, but owners are expected to make such tenants aware of and facilitate participation in supportive services activities.

The eligible family must maintain their participation in the services to retain their assistance unless they successfully complete the services program. All services will be monitored annually at the HAP anniversary. Each family will be required to certify that they are maintaining their participation in their services program at the time of the family's annual re-examination. Participation in the services program will be verified using third-party verification procedures. In addition, the owner must annually certify that it continues to provide services. The owner must notify PMHA immediately once a family is no longer in compliance with their services obligation.

E. Term of Commitment

The commitment from the PMHA will be for a five-year term. The PMHA and the owner will execute a HAP contract for a five-year term, the HAP contract is dependent upon the PMHA's commitment for Section 8 funding from HUD. The HAP contract establishes the initial rents, term and responsibilities of the PMHA and the owners. HAP contracts can be adjusted annually, based on HUD regulations.

Project-based commitments may be made for existing units or units to be newly constructed. In case of new construction, the PMHA may issue a letter of intent to commitment the project-based units, to assist the owner in securing financing commitments. The HAP agreement will not be executed until the units are available for lease and have passed HQS inspections.

Rehabilitation/New Construction Housing Term

Selected projects may not begin rehabilitation/new construction until all post-selection requirements are met and PMHA and the owner have executed an AHAP. HUD regulations do not allow any exception to this “no-start” rule.

Upon satisfactory compliance with all post-selection requirements, satisfactory compliance with provisions of the AHAP, completion of rehabilitation/new construction and a successful HQS inspection, the HAP contract will be executed, and agreed upon, between PMHA and the owner for specified units, for an initial term of up to 5 years (maximum), with potential extension(s).

Existing Housing Term

Selected existing projects must enter into a HAP contract with PMHA before PMHA can provide rental assistance. The initial term can be for up to 5 years with potential extension(s). An AHAP is not required.

F. Rents

Rents will be set based upon market comparables and may not exceed 110% of the published existing fair market rents. All standard Section 8 program requirements, including but not limited to, client Section 8 eligibility, HQS compliance, rent reasonableness, and fair housing requirements will apply to project-based owners.

For certain LIHTC units, the rent limits are determined differently than for other PBV units. These different limits apply to contract units that meet all of the following criteria:

- The contract unit receives a LIHTC under the Internal Revenue Code of 1986;
- The contract unit is not located in a qualified census tract (QCT).
- A QCT is any census tract (or equivalent geographic area defined by the Bureau of the Census) in which at least 50% of households have an income of less than 60% of the Area Median Gross Income or where the poverty rate is at least 25% and where the census tract is designated as a QCT by HUD.
- There are comparable LIHTC units of the same bedroom size as the contract unit in the same building, and the comparable LIHTC units do not have any form of rental assistance other than the LIHTC; and
- The LIHTC rent exceeds the PMHA Payment Standards.

For contract units that meet all of these criteria, the rent to owner must not exceed:

- The LIHTC rent minus any utility allowance;
- The reasonable rent; or
- The rent requested by the owner.

G. Outreach

Outreach efforts will be targeted to all Portage County based entities owning rental housing, based on the Yellow Pages directory published by Portage County First Call for Help. Outreach will consist of letters to each known local entity who is potentially eligible to participate and also through newspaper notices in the Record-Courier.

H. Proposals

As the PMHA intends for this to be a development tool to assist entities serving a variety of special needs populations, the units will not be offered on a competitive basis. Instead, the availability of units will be publicized and offered on an on-going basis, contingent upon the PMHA's availability of vouchers. The PMHA will commit up to 20% of its total voucher inventory to this project-based feature.

Proposals will be solicited by the PMHA using a format developed by the PMHA. The owner will be required to provide documentation of eligibility for the program, ownership of the housing, eligibility of clients for Section 8, and supportive services to be offered.

If the proposal is acceptable, the PMHA will issue a letter of commitment to the owner. The PMHA will then follow its standard Section 8 processing procedures. The owner will be responsible for referring participants to the PMHA's waiting list. The owner will be responsible for selecting the housing participants in a non-discriminatory manner. Once housed in the project-based unit, the housing participant may apply for, or continue on, the PMHA's waiting list for Section 8 or Public Housing assistance.

I. Continued Assistance: Family Right to Move

The family may terminate the assisted lease at any time after the first year of occupancy. The family must give the owner advance written notice of intent to vacate (with a copy to PMHA) in accordance with the lease. The PMHA will offer the family the opportunity for continued tenant-based rental assistance in the form of either assistance under the voucher program or other comparable tenant-based rental assistance after the tenant has resided in the unit for two years, provided all standard section 8 eligibility criteria are met.

The family will also be entitled to tenant-based rental assistance under the voucher program when their name reaches the top of the waiting list. If the applicant's name comes to the top of the waiting during the initial year of occupancy of the project-based unit, the applicant may postpone acceptance of voucher assistance until expiration of the initial lease term. The applicant would then be given the next available section 8 voucher.

J. Project Eligibility

In order to be considered under this RFP, a project must meet all of the following:

1. Proposed project must be located in PMHA's jurisdiction within Portage County.
2. For rehabilitation or new construction, the proposed project must not have started at the time of selection for PBV (and cannot start until all post-award conditions are met and an AHAP is signed).

Before selecting a rehabilitation or new construction project and before an AHAP is signed PMHA will make a site inspection to verify this condition.

3. Proposed project must be ready to start rehabilitation or construction within two years of selection for PBV.
4. Proposed project must be located in a census tract with a poverty rate no higher than 20%. An exception to this requirement is possible if certain other conditions exist, i.e., there has been an overall decline in the poverty rate over the past five years; the area is undergoing significant revitalization; new market rate units are being developed that would positively impact the poverty rate; and other conditions.
5. Applicant must have site control or submit evidence to indicate that the needed approval/documentation for site control is likely to be obtained and will not delay the project.
6. Applicant must submit evidence that the proposed rehabilitation or new construction is permitted by current zoning ordinances or regulations, or submit evidence to indicate that the needed rezoning is likely to be obtained and will not delay the project.
7. Proposed project must be financially feasible.

K. Ineligible Projects

Ineligible Housing Types (24 CFR 983.53)

PMHA may not attach PBV assistance to:

- Shared housing units;
- Units on the grounds of a penal reformatory, medical, mental, or similar public or private institution;
- Nursing homes or facilities providing continuous psychiatric, medical, nursing services, board and care, or intermediate care (except that assistance may be provided in assisted living facilities);
- Units that are owned or controlled by an educational institution or its affiliate and are designated for occupancy by students of the institution;
- Manufactured homes;
- Cooperative housing; or
- Transitional housing.

In addition, PMHA may not attach PBV assistance to a unit occupied by an owner and PMHA may not select or enter into an AHAP or HAP contract for a unit occupied by a family ineligible for participation in the PBV program.

Ineligible Subsidized Housing (24 CFR 983.54)

PMHA may not attach PBV assistance to any of the following types of subsidized housing:

- A public housing unit;
- A unit subsidized with any other form of Section 8 assistance;
- A unit subsidized with any governmental rent subsidy;
- A unit subsidized with any governmental subsidy that covers all or any part of the operating costs of the housing;
- A unit subsidized with Section 236 rental assistance payments (except that PMHA may attach assistance to a unit subsidized with Section 236 interest reduction payments);

- A Section 202 project for non-elderly households with disabilities;
- Section 811 project-based supportive housing for persons with disabilities;
- Section 202 supportive housing for the elderly;
- A Section 101 rent supplement project;
- A unit subsidized with any form of tenant-based rental assistance; or
- A unit with any other duplicative federal, state, or local housing subsidy, as determined by HUD or PMHA in accordance with HUD requirements.

L. Site Inspection and Site Selection Standards

Deconcentration of Poverty

PMHA may not select a proposal for existing, rehabilitated or new construction PBV housing on a site or enter into an AHAP or HAP contract for units on the site unless PMHA has determined that PBV assistance for housing at the selected site is consistent with its goal of deconcentrating poverty and expanding housing and economic opportunities. In complying with this goal PMHA will limit approval of sites for PBV housing to census tracts that have poverty concentrations of 20 percent or less.

PMHA will consider exceptions to the 20 percent standard where it determines that the PBV assistance will complement other local redevelopment activities designed to deconcentrate poverty and expand housing and economic opportunities such as activities located in:

- A census tract that is a HUD-designated Enterprise Zone, Economic Community, or Renewal Community;
- A census tract where the concentration of assisted units will be or has decreased as a result of public housing demolition and HOPE VI redevelopment;
- A census tract that is undergoing significant revitalization, under an approved regulatory agreement, as a result of state, local, or federal dollars invested in the area;
- A census tract where new market rate units are being developed where such market rate units will positively impact the poverty rate in the area;
- A census tract where there has been an overall decline in the poverty rate within the past five years; or
- A census tract where there are meaningful opportunities for educational and economic advancement.

Site and Neighborhood Standards for Existing and Rehabilitated Housing (24 CFR 983.57(d))

PMHA may not enter into an AHAP or a HAP contract for existing or rehabilitated housing until it has determined that the site complies with the HUD-required site and neighborhood standards. The site must:

- Be adequate in size, exposure, and contour to accommodate the number and type of units proposed;
- Have adequate utilities and streets available to service the site;
- Promote a greater choice of housing opportunities and avoid undue concentration of assisted persons in areas containing a high proportion of low-income persons;

- Be accessible to social, recreational, educational, commercial, and health facilities and services and other municipal facilities and services equivalent to those found in neighborhoods consisting largely of unassisted similar units; and
- Except for housing for elderly persons, be located so that travel time and cost via public transportation or private automobile from the neighborhood to places of employment is not excessive.

Site and Neighborhood Standards for New Construction (24 CFR 983.57(e))

In order to be selected for PBV assistance, a site for new construction must meet the following HUD-required site and neighborhood standards:

- The site must be adequate in size, exposure, and contour to accommodate the number and type of units proposed;
- The site must have adequate utilities and streets available to service the site;
- The site must not be located in an area of minority concentration unless PMHA determines that sufficient, comparable opportunities exist for housing for minority families in the income range to be served by the proposed project outside areas of minority concentration or that the project is necessary to meet overriding housing needs that cannot be met in that housing market area;
- The site must not be located in a racially mixed area if the project will cause a significant increase in the proportion of minority to non-minority residents in the area;
- The site must promote a greater choice of housing opportunities and avoid undue concentration of assisted persons in areas containing a high proportion of low-income persons;
- The neighborhood must not be one that is seriously detrimental to family life or in which substandard dwellings or other undesirable conditions predominate;
- The housing must be accessible to social, recreational, educational, commercial, and health facilities and services and other municipal facilities and services equivalent to those found in neighborhoods consisting largely of unassisted similar units; and
- Except for housing designed for elderly persons, the housing must be located so that travel time and cost via public transportation or private automobile from the neighborhood to places of employment is not excessive.

M. Federal Requirements

Certain other Federal requirements also apply to PBV assistance, including, but not limited to:

1. Fair Housing: Nondiscrimination and equal opportunity. See 24 CFR 5.105(a) and Section 504 of the Rehabilitation Act.
2. Environmental Review: See 24 CFR parts 50 and 58 and 24 CFR part 983.58.
3. Labor Standards: Regulations implementing the Davis-Bacon Act, Contract Work Hours and Safety Standards Act (40 U.S.C. 3701-3708), 29 CFR part 5, and other federal laws and regulations pertaining to labor standards applicable to an AHAP covering nine or more assisted units.
4. Debarment: Prohibition on use of debarred, suspended, or ineligible contractors. See CFR 5.105(c) and 24 CFR part 24.
5. Uniform Relocation Act: A displaced person must be provided relocation assistance at the levels described in and in accordance with the requirements of the Uniform Relocation Assistance and

Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and implementing regulations at 49 CFR part 24.

N. Federal Program Regulations and PMHA Program Policies

The information contained in this RFP is a summary overview of the PBV Program. PMHA does not warrant that it is exhaustive and bears no responsibility for its accuracy or completeness.

PART 3. SUBMISSION OF PROPOSAL AND PROCESSING

A. Organization of Submitted Materials

All proposals must be legibly typed and neatly organized and presented. Use the forms provided; do not use your own except where the form instructions permit you to do so.

B. Submittal Deadline

Proposals are due by 6:00 p.m. EST on September 20, 2023. Submit an original and two copies to:

Trevena Kaminski, Section 8 Manager
Portage Metropolitan Housing Authority
2832 State Route 59
Ravenna, OH 44266

Only proposals submitted in response to this RFP will be accepted for consideration. Proposals must respond to all requirements as outlined in the RFP. PMHA will date and time stamp all proposals upon receipt. Proposals submitted after the deadline will not be accepted. Proposals will not be accepted via a facsimile machine or based on mail postmark. Delays in mail service or other methods of delivery will not excuse late proposal delivery.

C. Proposal Review and Selection

PMHA will review, evaluate, rank, and select the proposals according to this RFP. If a PMHA-affiliated project is selected for PBV, the local HUD field office or approved designee must review and approve the selection procedures.

Prior to selecting units, PMHA will determine that each proposal is responsive to and in compliance with PMHA's written selection criteria as stated in this RFP, and in conformity with PMHA's Section 8 Administrative Plan and HUD's program regulations and requirements.

Proposals that meet the requirements above will be evaluated and ranked according to the factors described in this RFP. A Ranking List will be prepared according to points awarded to each proposal.

The proposals scoring the highest points within each of the categories will be eligible to be awarded project-based vouchers up to the amount requested and in accordance with the specified limits. If

PMHA determines that a proposal is eligible for PBV funding but cannot be fully funded at the amount requested by the applicant, the owner will be given the opportunity to accept partial funding.

PMHA may, at its discretion, select one or more of the proposals submitted, or none of the proposals submitted. PMHA reserves the right to postpone or cancel the final award of the proposals at PMHA's convenience.

PMHA will promptly notify the selected owner(s) in writing of their selection for the PBV program.

Documents regarding PMHA's basis of selection for PBV proposals will be made available for public inspection, excluding sensitive owner information such as financial statements and similar information about the owner.

D. Incomplete and Non-Responsive/Non-Compliant Proposals

If PMHA determines that a proposal is non-responsive or non-compliant with this RFP, written selection criteria and procedures or HUD program regulations, the proposal will be rejected and returned to the applicant with notification stating the reason for rejection. In cases where the proposal meets the minimum information requirements but is defective through typographical or minor calculation errors the proposal will be processed.

PMHA reserves the right to reject a proposal at any time for misinformation, errors or omissions of any kind, no matter how far such proposal has been processed.

E. Withdrawal of Proposal

Applicants may withdraw their proposals before or after the RFP submittal deadline by submitting a written request to PMHA.

F. Proposal Cost

All costs incurred in the preparation of the proposal are the responsibility of the applicant. All documents submitted as part of the proposal will become property of PMHA. Any material submitted that is confidential must be clearly marked as such.

G. Affirmative Action

PMHA is an Equal Opportunity Business Enterprise which promotes competitive solicitations and does not discriminate on the basis of race, color, religion, creed, national origin, sex, disability, age or sexual orientation.

PMHA encourages Minority, Small, Women- and/or Disabled-owned Business Enterprises to respond to this solicitation.

H. Post Award Conditions

Rehabilitated and New Construction Units

HUD regulations require that a number of conditions are met before rehabilitated and new construction units can be subsidized. The following represent some, but not all, of the conditions that must be completed before PMHA and the owner/developer can execute an AHAP:

1. *Subsidy Layering Review (SLR)*: PBV projects that utilize LIHTCs or other governmental housing assistance from federal, state or local agencies may be subject to a SLR (see 24 CFR 983.55) to prevent excessive public assistance for the project. If applicable, applicants will be required to submit a list of documents to PMHA that will then be submitted to HUD for the SLR approval.
2. *Environmental Review*: PBV activities are subject to HUD environmental regulations in 24 CFR parts 50 and 58. The owner must obtain documentation of environmental clearance from the Responsible Entity (i.e., the city or county) that conducted or approved the environmental review (see 24 CFR 983.58).
3. *Determination of Initial Contract Rent*: PMHA will determine the estimated and actual amount of initial rent to the owner according to 24 CFR 983.301. The AHAP states the estimated amount of the initial rent to owner; the actual amount of the initial rent to owner is established at the beginning of the HAP contract term.

In addition the following represent key items, but not all items, that must be completed before PMHA and the owner/developer can execute a HAP contract for rehabilitated/new construction:

1. PMHA has inspected each contract unit in accordance with 24 CFR 983.103(b) and has determined that the unit fully complies with HQS. In the event that a selected project is owned by PMHA or a related entity, each contract unit will be inspected by HUD or a HUD approved entity.
2. The owner has provided evidence that certifies that the units have been completed in accordance with the AHAP. Completion of the units by the owner and acceptance of units by PMHA are subject to the provisions of the AHAP (see 24 CFR 983.155 and 24 CFR 983.156). In the event that a selected project is owned by PMHA or a related entity, acceptance of the units are subject to HUD or a HUD approved entity, in accordance with the above mentioned provisions.

Existing Units

Owners of existing units selected must complete a number of items before PMHA can execute the HAP contract. The following represent some, but not all of the items:

1. *Environmental Review*: PBV activities are subject to HUD environmental regulations in 24 CFR parts 50 and 58 and 24 CFR part 983.58. The owner must obtain documentation of environmental clearance from the Responsible Entity (i.e., the city or county) that conducted or approved the environmental review (see 24 CFR 983.58).
2. *Participant Approval*: PMHA has determined that any in-place tenant of a selected unit is eligible for PBV assistance.

3. *PMHA Inspection:* PMHA has inspected each contract unit in accordance with 24 CFR 983.103(b) to determine that the unit fully complies with HQS. In the event that a selected project is owned by PMHA or a related entity, each contract unit will be inspected by HUD or a HUD approved entity.

I. Post Award Costs

All costs for the SLR, environmental review, appraisal (if required for establishment of rent), Davis Bacon monitoring and any and all other costs that may be associated with processing and approval of the proposal are the responsibility of the owner and shall not be paid by PMHA.

Portage Metropolitan Housing Authority
SECTION 8 MOVING TO WORK (MTW) PROJECT-BASED VOUCHER PROGRAM (PBV)

PART 4: OWNER/DEVELOPER PROPOSAL

PROPOSAL SECTION A: APPLICANT STATEMENT, CERTIFICATIONS AND NOTARY

APPLICANT:

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PROJECT NAME:

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The undersigned applicant hereby submits this proposal to the Portage Metropolitan Housing Authority (PMHA) for a reservation of

_____ Section 8 MTW PBVs

I understand that PMHA’s entering into the Housing Assistance Payments (HAP) contract is contingent on my providing all required documents and compliance with the applicable requirements.

I agree it is my responsibility to provide PMHA with an original and two (2) copies of a complete proposal. I agree that it is also my responsibility to provide such other information as PMHA requests as necessary to evaluate my proposal. I represent that if an award is made as a result of this proposal, I will furnish promptly such other supporting information and documents as may be requested. I understand that PMHA may verify information provided and analyze materials submitted as well as conduct its own investigation to evaluate my proposal. I recognize that I have an affirmative duty to inform PMHA when any information in the proposal or supplemental materials is no longer true and to supply PMHA with the latest and accurate information.

I acknowledge that the determination of completeness, compliance with all thresholds, and the point total of the proposal shall be based entirely on the documents contained in the proposal as of the date of submission. No additional documents in support of the basic thresholds or points shall be accepted beyond the proposal filing deadline, unless the Executive Director, at his or her sole discretion, determines that the deficiency is a clear reproduction or application assembly error, an obviously transposed number, or other minor error. In such cases, applicants shall be given up to five (5) business days from the date of receipt of staff notification to submit said documents.

I acknowledge that all materials and requirements are subject to change by enactment of federal legislation or promulgation of regulations.

I acknowledge that the information submitted to PMHA in this proposal or supplemental thereto, other than financial statements, may be subject to the Public Records Act or other disclosure. I understand that PMHA may make such information public.

In carrying out the development and operation of my project, I agree to comply with all applicable federal and state laws regarding unlawful discrimination and will abide by all applicable PBV Program requirements, rules, and regulations.

August 21, 2023 PBV RFP

I agree that PMHA in no way warrants the feasibility or viability of the project to anyone for any purpose.

I certify that I believe that the project can be completed within the development budget and the development timetable set forth and can be operated in the manner proposed within the operating budget set forth and I have all insurances (Worker’s Compensation, General Liability, Automobile Liability, etc) customary and usual and may be required to submit certificates evidencing same.

I acknowledge that if I obtain a PBV award, I will be required to enter into a HAP contract, which will contain, among other things, all the conditions under which the rental subsidy payments will be made.

I acknowledge that if a Subsidy Layering Review (SLR) is required that such SLR is performed by HUD, not PMHA, and that PMHA has no control over the amount of time HUD takes to perform such SLR. I further acknowledge that if I obtain a PBV award that additional documents will be required including, but not limited to, appraisal reports, environmental reports and finance commitment letters.

I agree to hold PMHA, its commissioners, members, officers, agents, and employees harmless from any matters arising out of or related to the PBV Program.

I declare under penalty of perjury that the information contained in my proposal, exhibits, attachments, and any further or supplemental documentation is true and correct to the best of my knowledge and belief. I understand that misrepresentation may result in cancellation of my PBV award.

Signature of
Owner/Developer _____

Dated this _____ day of _____, 20__ at
_____, Ohio

ACKNOWLEDGEMENT

STATE OF _____)
COUNTY OF _____)

On _____ before me, _____,
personally appeared _____

_____ who proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subjected to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Ohio that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature

(Seal)

Portage Metropolitan Housing Authority
SECTION 8 MOVING TO WORK (MTW) PROJECT-BASED VOUCHER PROGRAM (PBV)

SECTION 1: GENERAL AND SUMMARY INFORMATION

A. Basic Proposal

1. What type of PBV assistance are you applying for?

Existing Rehabilitation New construction

2. Number of PBVs requested:

_____ PBVs

3. If there are insufficient PBVs to fill your request are you willing to accept fewer?

Yes No If YES, how many? _____ PBVs

4. Indicate the term you prefer for the Housing Assistance (HAP) contract if you get funded:

_____ Years

B. Project Location

Project Name: _____

Site Address: _____

If address is not established, enter detailed description (i.e. NW corner of 4th and Main):

City: _____ County: _____

Zip Code: _____ Census Tract: _____

Assessor's Parcel Number(s): _____

Project is located in a Qualified Census Tract: Yes No

SECTION 2: APPLICANT INFORMATION

A. Identify Applicant

- Applicant is the current owner and will retain ownership
- Applicant will be or is a general partner in the to be formed or formed final ownership entity
- Applicant is the project developer and will be part of the final ownership entity for the project
- Applicant is the project developer and will not be part of the final ownership entity for the project

B. Applicant Contact Information

Applicant Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____

C.

Legal Status of Applicant: _____

D. General Partner(s) Information

General Partner name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____
Nonprofit/For Profit: _____

General Partner name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____
Nonprofit/For Profit: _____

E. General Partner(s) or Principal Owner(s) Type

F. Status of Ownership Entity

Exists To be formed If to be formed, enter date _____

G. Contact Person During Application Process

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Ext.: _____ Fax: _____
Email: _____
Participatory Role: _____

(e.g., General Partner, Consultant, etc.)

SECTION 3 : PROJECT INFORMATION

A. Site Control

(Please check the appropriate response and attach one of the following documents as evidence of site control.)

- Title report (within last 90 days) Contract of Sale Option to Purchase
- Development Agreement Long-term Lease Agreement
- Other (Describe): _____

B. Purchase Information, if applicable

Name of Seller: _____ Phone: _____

Purchase Price: _____ Date of Purchase Contract or Option: _____

Purchased from Affiliate: Yes No Expiration Date of Option: _____

If yes, broker fee amount to affiliate? _____ Special Assessment(s): _____

Holding costs per month: _____ Real Estate Tax Rate: _____

Total Projected Holding Costs: _____ Historical Site: Yes No

C. Building Information

Total Number of Buildings: _____ Residential Buildings: _____

Community Buildings: _____ Commercial/Retail Space: _____

If Commercial/Retail Space, explain (include use, size, location, and purpose):

D. Site Information

Current Land Use Designation _____

Proposed Zoning and Maximum Density _____

Does this site have zoning or occupancy restrictions that run with the land?

- Yes No *(If yes, please explain)*

SECTION 3 : PROJECT INFORMATION (Continued)

D. Site Information (Continued)

Is site in a locally designated redevelopment project area, HUD-designed Enterprise Zone, Economic Community, or Renewal Community?

Yes No *(If yes, please specify)*

E. Project Unit Number

Size of Units in Project	Square Footage	Number of Units in Project	Number for which PBV Assistance is Sought	Target Population (e.g. Elderly, Disabled, Family, etc.)	Number of Accessible Units for which PBV Assistance is Sought	Type of Accessibility Features (e.g. Vision, Hearing, Mobility)	Number of Units Now Vacant (Existing/Rehab Only)
0 BR							
1 BR							
2 BR							
3 BR							
4 BR							
Totals							

F. Supportive Services / Service Amenities

1. Check all the support services/amenities the project will provide. In the “service location” box indicate if the service will be located at the project or, if not, the address where it will be located.

<input type="checkbox"/> Transportation for activities such as (but not limited to) grocery shopping, job training, education, attending medical and dental appointments, etc.	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Non-disabled behavioral support services	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Substance abuse counseling	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Non-disabled mental health services	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Linkages to medical providers for non-disabled tenants	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Money management counseling	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Childcare	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> After-school programs	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Job training/career counseling	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Housing retention	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> GED preparation and testing	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Case Management	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Leadership development	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

F. Support Services / Service Amenities (Continued)

<input type="checkbox"/> Early childhood assessment and referral	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?
<input type="checkbox"/> Section 8 Family Self-Sufficiency program	
Description:	
Service Provider Name:	Service Location:
Length of Service Contract:	What is the Financial Commitment?

SECTION 3 : PROJECT INFORMATION (Continued)

G. Site Amenities

Check all site amenities that apply. Indicate the name of the amenity and its distance from the project. The amenities must be appropriate to the population served and must be in place at the time of PBV proposal submission. If the project is located on scattered sites, complete one schedule below for each site.

Amenity	Name of Amenity (e.g., Giant Eagle, PARTA)	Distance in miles from the project
<input type="checkbox"/> Health facility (e.g., medical clinic or hospital; not a private doctor's office)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Bus stop or station or rail station		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Grocery store, supermarket or convenience store		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Pharmacy		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Public park or community center accessible to the general public		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Public Library		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Elementary, middle, or high school (if the project is a family project)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Senior center or facility offering daily services to seniors (if the project is a senior project)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile
<input type="checkbox"/> Facility that operates to serve the population living in the development (if the project is a special needs project)		<input type="checkbox"/> on site <input type="checkbox"/> ½ mile or less <input type="checkbox"/> more than ½ mile

SECTION 3 : PROJECT INFORMATION (Continued)

H. Utilities

1. Indicate those utilities that will be paid by the owner and those by the tenant.

<u>Utility</u>	<u>Type</u> (e.g. Gas or Electric)	<u>Paid By</u>	
Heating	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Cooking	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Hot Water	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Air Conditioning	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Other Electric	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Refrigerator (tenant supplied)	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Stove (tenant supplied)	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Sewer / Water	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant
Garbage	_____	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant

2. Monthly Allowance for Tenant-Paid Utilities:

	SRO / Studio	1 BR	2 BR	3 BR	4 BR	5 BR
Space Heating:						
Water Heating:						
Cooking:						
Lighting:						
Electricity:						
Other: (specify)						
Total:						

SECTION 3 : PROJECT INFORMATION (Continued)

I. Existing and Rehabilitation Projects Only

1. Will any household presently living in the units be temporarily displaced because of the proposed rehabilitation?

Yes No

If yes, how long? _____ How many households? _____

2. Will the rehabilitation and/or the income and rent restrictions cause permanent relocation of existing tenants?

Yes No

If yes to either 1. or 2., applicants must submit an explanation of relocation requirements, a detailed relocation plan including a budget with an identified funding source. PBV units are subject to federal and state relocation laws and guidelines.

SECTION 4: REQUIRED LOCAL APPROVALS & DEVELOPMENT TIMETABLE

Please indicate status of any required permit(s). Enter n/a if permit is not needed

A. Local Approvals Required (New Construction and Rehabilitation Only)

	<i>Local Approval Date (month/year)</i>	
	Proposed Submittal	Estimated Approval / Final
Site Plan		
Design Review		
Conditional Use Permit		
Variance		
Subdivision Map		
General Plan Amendment		
Rezoning		
Building Permits		
Construction Start		
Construction End		

SECTION 4: REQUIRED LOCAL APPROVALS & DEVELOPMENT TIMETABLE
(Continued)

B. PBV Timing

Describe when you will need the PBVs. Discuss phasing of PBVs, if any. PMHA does not receive any extra vouchers for the PBV Program and has to accumulate them as current voucher holders leave the Section 8 program. It is important that we understand when you will need the vouchers, so please be as clear and specific as you can.

SECTION 5: CONSTRUCTION FINANCING

**A. List Below All Projected Sources Required to Complete Construction
(New Construction and Rehabilitation Only)**

1. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
3. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
4. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
6. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 5: CONSTRUCTION FINANCING (Continued)

A. List Below All Projected Sources Required to Complete Construction (Continued)

7. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
8. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
9. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
10. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
11. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
12. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Total Funds for Construction:				

SECTION 6: PERMANENT FINANCING

B. List Below All Projected Permanent Sources

1. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
2. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
3. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
4. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
5. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
6. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?	Type of Financing	Terms (months)	Interest Rate	
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		

SECTION 6: PERMANENT FINANCING (Continued)

B. List Below All Projected Permanent Sources (Continued)

7. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
8. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
9. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
10. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
11. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		
12. Name of Lender/Source		Contact Name	Phone Number	Amount of Funds
Is Lender /Source Committed?		Type of Financing	Terms (months)	Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Residual Receipts / Deferred Payments		Annual Debt Service		

Total Permanent Funds:	
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SECTION 6: PERMANENT FINANCING (Continued)

C. Low Income Housing Tax Credits (LIHTC)

Project will will not use LIHTC

If yes, complete the following:

Name of Investor: _____

Investor Contact: _____

Phone: _____

Projected LIHTC Equity: _____

LIHTC Factor: _____

Projected Pay-in Schedule

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. Sources and Uses Budget (New Construction and Rehabilitation Only)

Complete the Permanent Sources and Uses Budget (double-click on icon to open worksheet):



Permanent Sources
and Uses Budget

SECTION 7: PROJECT REVENUE (Continued)

B. Manager Units

(a) Bedroom Type(s)	(b) Number of Units	(c) Proposed Monthly Rent (Less Utilities)	(d) Total Monthly rents (b x c)
Total # of Units:		Total:	

C. Market Rate Units

(a) Bedroom Type(s)	(b) Number of Units	(c) Proposed Monthly Rent (Less Utilities)	(d) Total Monthly rents (b x c)
Total # of Units:		Total:	

D.

Rental Subsidy Income/Operating Subsidy (not PBV)	
Number of Units Receiving Assistance:	
Length of Contract (years):	
Expiration Date of Contract:	
Total Annual Rental Subsidy:	

E.

Miscellaneous Income	
Annual Income from Laundry Facilities:	
Annual Income from Vending Machines:	
Annual Interest Income:	
Other Annual Income:	

Total Miscellaneous Income:		

SECTION 7: PROJECT REVENUE (Continued)

TOTAL ANNUAL RESIDENTIAL GROSS INCOME:

F.

Commercial Income	
Annual Income from Professional Space:	<input style="width: 100%;" type="text"/>
Annual Income from Commercial/Retail Space:	<input style="width: 100%;" type="text"/>
Annual Interest Income:	<input style="width: 100%;" type="text"/>
Total Annual Commercial/Retail Income:	<input style="width: 100%;" type="text"/>

G. Annual Residential Operating Expenses

Administrative	
Advertising:	<input style="width: 100%;" type="text"/>
Legal:	<input style="width: 100%;" type="text"/>
Accounting/Audit:	<input style="width: 100%;" type="text"/>
Security:	<input style="width: 100%;" type="text"/>
Other: (specify)	<input style="width: 100%;" type="text"/>
Total Administrative:	<input style="width: 100%;" type="text"/>

Management	
Total Management:	<input style="width: 100%;" type="text"/>

Utilities	
Fuel:	<input style="width: 100%;" type="text"/>
Gas:	<input style="width: 100%;" type="text"/>
Electricity:	<input style="width: 100%;" type="text"/>
Water/Sewer:	<input style="width: 100%;" type="text"/>
Total Utilities:	<input style="width: 100%;" type="text"/>

Payroll / Payroll Taxes	
On-site Manager:	<input style="width: 100%;" type="text"/>
Maintenance Personnel:	<input style="width: 100%;" type="text"/>
Other: (specify)	<input style="width: 100%;" type="text"/>
Total Payroll / Payroll Taxes:	<input style="width: 100%;" type="text"/>
Total Insurance:	<input style="width: 100%;" type="text"/>

Maintenance	
Painting:	<input style="width: 100%;" type="text"/>
Repairs:	<input style="width: 100%;" type="text"/>
Trash Removal:	<input style="width: 100%;" type="text"/>

Exterminating:	
Grounds:	
Elevator:	
Other: (specify)	
Total Maintenance:	

SECTION 7: PROJECT REVENUE (Continued)

G. Annual Residential Operating Expenses (Continued)

Other Expenses		
Other: (specify)		
Other: (specify)		
Other: (specify)		
Other: (specify)		
Other: (specify)		
Total Other Expenses:		

H. Total Annual Expenses

Total Residential Operating Expenses: _____

Total Number of Units in the Project: _____

Total Operating Expenses Per Unit: _____

Total Operating Reserve: _____

Total Service Amenities Budget: _____

Annual Per Unit Reserve for Replacement: _____

Total Real Estate Taxes: _____

Total Commercial/Retail Space Expenses: _____

Total Commercial/Retail Debt Service: _____

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY

A. Household and Units Characteristics

- To the best of your knowledge, the following number of tenants (households) currently occupying the property have incomes at or below the following limits:

<u>Number of Persons in household</u>	<u>Annual Gross Income – 50% of Median</u>	<u>Number of Households</u>	<u>Annual Gross Income – 60% of Median</u>	<u>Number of Households</u>	<u>Annual Gross Income – 80% of Median</u>	<u>Number of Households</u>
1						
2						
3						
4						
5						
6						
7						
8						

- Vacant Units

<u>Type</u>	<u>Number Vacant</u>
0 bedroom	_____
1 Bedroom	_____
2 Bedroom	_____
3 Bedroom	_____
4 Bedroom	_____

- What is the current monthly rent?

<u>Unit Size</u>	<u>Number of Units</u>	<u>Monthly Rent Amount</u>	<u>Total Rent Received</u>
0 bedroom			
1 Bedroom			
2 Bedroom			
3 Bedroom			
4 Bedroom			
Total:			
Total 12 months:			

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY

A. Household and Units Characteristics (Continued)

4. Indicate the monthly contract rent expected under the PBV Program:

Unit Size	Number of Units	Proposed PBV Rent
0 Bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY (Continued)

A. Household and Units Characteristics (Continued)

5. Complete the Rehabilitation Work Summary (Rehab-only projects, whether occupied or not, must complete this summary)

REHABILITATION ITEMS		Project Name: <input type="text"/>			
		Comments/Brief Description of the Proposed Rehabilitation	# of Units	% of Units	Estimated Remaining Useful Life (Years)
SITE					
	Carports/Garages				
	Drainage				
	Fencing				
	Landscaping/Topography				
	Lighting				
	Parking/Roadways				
	Recreation Areas				
	Sidewalks/Pedestrian Areas				
	Signage				
	Trash Facilities				
	Maintenance Shed				
	Utilities				
Other (Specify):					
Other (Specify):					

Other (Specify):

SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY (Continued)

A. Household and Units Characteristics (Continued)

5. Complete the Rehabilitation Work Summary (Rehab-only projects, whether occupied or not, must complete this summary)

Project Name:

REHABILITATION ITEMS	Comments/Brief Description of the Proposed Rehabilitation	# of Units	% of Units	Estimated Remaining Useful Life (Years)	Estimated Cost
STRUCTURE FRAMES AND ENVELOPES					
Balconies/Patios					
Doors/Frames					
Elevated Walkways					
Façades/Sliding/Exterior Walls					
Foundation/Substructure					
Insulation					
Painting					
Roofing					
Stairs/Landings					
Superstructure					
Windows and Frames					
Other (Specify):					
Other (Specify):					

Other (Specify):						
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SECTION 8: EXISTING AND/OR OCCUPIED REHABILITATION ONLY (Continued)

A. Household and Units Characteristics (Continued)

5. Complete the Rehabilitation Summary (Rehab-only projects, whether occupied or not, must complete this)

Project Name:

REHABILITATION ITEMS (Continued)	Comments/Brief Description of the Proposed Rehabilitation	# of Units	% of Units	Estimated Remaining Useful Life (Years)	Estimated Cost
COMMON AREAS					
Community Room					
Laundry Facilities					
Management Office					
Other (Specify):					
Other (Specify):					
Other (Specify):					
MECHANICAL/ELECTRICAL/PLUMBING					
Electrical Systems					
Elevators					
Fire Alarm/Suppression					
Hot and Cold Water Distribution					
HVAC/Heating/Cooling					
Plumbing and Sewage Systems					
Water Heaters					
Other (Specify):					
Other (Specify):					
Other (Specify):					