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| **HOME-ARP– Developer and Supportive Service Provider Experience** |

**DEVELOPER EXPERIENCE**

Complete the information below for each development your organization has carried out within the last **five** years.

Attach additional copies of this form as needed.

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| Development Name: | Developer Contact Name: |
| Address: | Email: | Phone: |
| Development Types:□ New Construction □ Rehabilitation □Acquisition/Rehabilitation  | Type of Subsidy (check all that apply):□ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER:  |
| Experience with the Following Federal Regulations:Type of Subsidy (check all that apply):□ Davis Bacon □ Uniform Relocation Assistance and Real Property Acquisition Act (URA): |
| Development Lender: | Contact (name and phone): |
| Equity Provider: | Contact (name and phone): |
| Is Permanent Financing in Place? □ Yes □ No | Have you had to make capital contributions? □ Yes □ No |
| Total Number of Units: Number of Low-Income Units:  | DCR: |
| Placed-in-Service Date:  | Physical and Economic Occupancy Percentages for the Last Two Years:Year Physical Economic |
| Number of Months in Lease-Up: |
| Has the development ever had a financial audit performed?  Yes  NoIn what year? | If an audit has been performed, has the audit been qualified based on the development’s ability to remain a going concern?  Yes  No |

**GENERAL CONTRACTOR EXPERIENCE**

Complete the information below for each development your organization has served as General Contractor for within the last **five** years. Attach additional copies of this form as needed.

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| Development Name: | General Contractor Contact Name: |
| Address: | Email: | Phone: |
| Development Types:□ New Construction □ Rehabilitation □Acquisition/Rehabilitation  | Type of Subsidy (check all that apply):□ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER:  |
| Experience with the Following Federal Regulations:Type of Subsidy (check all that apply):□ Davis Bacon □ Uniform Relocation Assistance and Real Property Acquisition Act (URA) |
| Developer: | Contact (name and phone): |
| Total Number of Units: Number of Low-Income Units:  | MBE/WBE businesses used: □ Yes □ NoSection 3 businesses used: □ Yes □ No |
| Placed-in-Service Date:  | Physical and Economic Occupancy Percentages for the Last Two Years:Year Physical Economic |
| Time to complete: |
| Has your firm ever had a financial audit performed?  Yes  NoIn what year? | If an audit has been performed, has the audit been qualified based on the development’s ability to remain a going concern?  Yes  No |

**PROPERTY MANAGEMENT EXPERIENCE**

Complete the information below for each development your organization has managed within the last **five** years.

Attach additional copies of this form as needed.

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| Development Name: | Manager Contact Name: |
| Address: | Email: | Phone: |
| Development Types:□ New Construction □ Rehabilitation □Acquisition/Rehabilitation  | Type of Subsidy (check all that apply):□ LIHTC □ HOME □ AHP □ USDA-RD □ NONE □ OTHER:  |
| Developer: | Contact (name and phone): |
| Total Number of Units: Number of Low-Income Units:  | Number of Years of Management:  |
| Placed-in-Service Date: Number of Months in Lease-Up: | Physical and Economic Occupancy Percentages for the Last Two Years:Year Physical Economic |
| Has the development ever had a financial audit performed?  Yes  NoIn what year? | If an audit has been performed, has the audit been qualified based on the development’s ability to remain a going concern?  Yes  No |

**SUPPORTIVE SERVICE PROVIDER EXPERIENCE**

Complete the information below for each program your organization has provided services for within the last **five** years.

Attach additional copies of this form as needed.

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| Program Name:  |
| Program Location (City/Town, County): |
| Project Types:□ Permanent Supportive Housing □Rapid Rehousing□Transitional Housing□Tenant Based Rental Assistance□Other: (Please Explain)   |
| Agency: | Organization Contact (name, e-mail, and phone): |
| Years of Experience: | Years/months of Experience: |