



# HOME

## Rental Housing Development (RHD)

### Application Reference Guide

For Community Development Housing Organizations  
For Nonprofit and Private Rental Developers



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Wisconsin Department of Administration (DOA)  
Division of Energy, Housing and Community Resources (DEHCR)

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\*\*\*[Environmental Site Selection Considerations/Criteria](#) (Environmental Review Portion of the application is a separate online form, also hosted by ACCESSgov. This must also be completed and submitted by the due date to ensure application consideration.)

The DEHCR HOME RHD website:  
<https://energyandhousing.wi.gov/Pages/AgencyResources/rhd.aspx>

<https://wi.accessgov.com/doa-wi/Forms/Page/housing/rhd-home-app/0>

Link to online RHD HOME (HOME-ARP) application via ACCESSgov:

RHD HOME Application FAQ Page (for questions about using ACCESSgov):  
<https://wi.accessgov.com/doa-wi/Forms/Page/housing/home-app-faq/>

## APPLICATION INSTRUCTIONS

### A. SUBMISSION REQUIREMENTS

All applications must be received by DEHCR before the end of the business day on the due date. In the case the due date falls on a federal holiday the due date will be moved to the next regular business day.

Monthly Rounds: Application submissions will be accepted on the 1<sup>st</sup> Monday of each month commencing February 3, 2025. These rounds are open to all eligible housing organizations, including Community Development Organizations (CHDOs).

- Applications will be accepted for projects of two or more rental units.
- Developers will be limited to two awards per year, totaling up to \$2,000,000. For CHDO applicants only, no award dollar limit per year.
- **The completed application is to be submitted via the ACCESSgov site ONLY.**
- If you require additional information in completing this application, please send inquiries via email to [DOADOHAffordableHousingHelp@Wisconsin.gov](mailto:DOADOHAffordableHousingHelp@Wisconsin.gov).

### B. MEETING THRESHOLD

Applications must demonstrate that they meet threshold items as itemized below.

#### Long Term Financial Viability of Proposed Development:

- i. Applications must establish that the project will be financially sound, with a 1.05 minimum DCR for a minimum of the HOME affordability period\*\*. Long Term Financial Viability must be documented in a 20-year proforma, including the following assumptions:
  - a. revenues with a maximum 2% annual escalator; expenses with a minimum 3.0% annual escalator;
  - b. reasonable vacancy rates;
  - c. 4-6 months of operating reserve,
  - d. a minimum of 4 months' rent per unit for marketing and lease-up reserve;
  - e. annual per-unit replacement reserves in the operating budget.
- \*\* On a case-by-case basis projects that warrant going below 1.05 DCR in years >12, may still be considered financially sound if the applicant can establish how and why the project will return to a >1.05 DCR within 5 years.
- ii. Development Budget: document construction costs for new construction, or acquisition/rehab.
  - a. If the applicant is a CHDO requesting CHDO operating funds, submit a separate line-item budget showing what those funds will be used for.
- iii. Capital Needs Assessment (CNA): Acquisition/rehab projects must submit a capital needs assessment (CNA), or detailed inspection with specs to document needed rehab to bring all systems up to reasonable useful life and meet HUD Uniform Physical Condition Standards. The scope of work must ensure property standards and useful life for at least the compliance affordability period.
- iv. Maximum Cost Model: Provide documentation that project costs meet the cost guidelines set by WHEDA's Multifamily Maximum Cost Model. Go to [www.wheda.com](http://www.wheda.com) and use WHEDA's Appendix F- Maximum Cost Model.

- v. Audited Financials: Developer and Co-developer must submit the most current year's audited financials.

### **Development Team Experience**

The development team must demonstrate experience on similar activity in the prior 5 years. Use This includes:

- o Developer
- o General Contractor
- o Management Company
- o Supportive Services Provider

### **CHDO Applicants**

- o CHDO Certification
- o Each application must include all documentation to demonstrate the agency is eligible to be CHDO certified.
- o CHDO Role Selection
- o The CHDO role selected by the HOME applicant will serve to evaluate the CHDO capacity to undertake the proposed activity.

### **Unique Entity Identifier Number**

- o Unique Entity Identifier Number for Owner of the proposed HOME assisted activity

### **Debarment Certification**

- o The debarment documentation is a required part of the application.
- o Certification of no debarment for each entity (not individuals) involved must accompany the application. Print out page from <https://www.sam.gov/> showing that the entity is not debarred. The SAM system registration may require the tax identification number and other business information.

### **W-9**

The entity that receives funds must complete a W-9. This is the Owner name or the Entity that owns the proposed HOME assisted activity.

### **Market Demand:**

A market study performed by a WHEDA-approved analyst or a Comparable Data Form.

### **DFI Documentation:**

Documentation of DFI certification of good standing must accompany the application.

### **Readiness to Proceed:**

Documentation of executed option or accepted offer to purchase; zoning appropriate to proposed development; Letter of Intent (LOI) or commitment documentation for all financing/equity and Match funds must be provided. All funding must be committed and documented.

### **HOME Assisted Unit Mix:**

- o A minimum of one 30% CMI HOME assisted unit AND,
- o 20% of all HOME assisted units at 50% CMI or below;
- o The balance of units must be available to households at less than or equal to 60% CMI.

### **Visitable**

A project is considered visitable if >50% HOME units are visitable. Documentation of the project's Architect Certification required with the initial application.

DEHCR defines a visitable unit as having all three items below:

- 1) 32" clear openings in all interior and bathroom doorways,
- 2) providing at least one accessible means of egress/ingress for each unit and
- 3) having one bathroom on the first floor of the unit.

## **Energy Efficiency and Sustainability**

### **Green Building Standards**

- Projects built to meet existing green building standards, for example: LEED-Certified, Enterprise Green Communities Program, Wisconsin Environmental Initiative's Green Built Home, etc. Architect Certification required with initial application.

### **Energy Star**

- Developments using Energy Star-labeled bathroom fans (exhausted to the outdoors and equipped with humidistat sensor or timer) AND using Energy Star-labeled power vented fans or range hoods (exhausted to the outdoors). Architect Certification required with initial application.

### **Resource Conservation**

- Minimum of 20% recycled content material – excluding mechanical equipment and electrical equipment. Architect Certification required with initial application.
- Minimum of 35% of wood products that are either salvaged wood, engineered materials, and/or Forest Stewardship Council certified wood products and materials. Architect Certification required with initial application.

## **Narrowing the Digital Divide Through Installation of Broadband Infrastructure**

Applies to HUD-Funded Rental Housing: Effective January 19, 2017

- Requires the installation of broadband infrastructure at the time of new construction or substantial rehabilitation of multifamily rental housing that is funded or supported by HUD; applies to all activities and awards funded by the State RHD program. Must mention speed of installation and capacity of broadband service.
- HOME funds may not be used to pay for furniture or equipment for a computer room, even as part of a multifamily assisted rental property.

## **APPLICATION SECTIONS AND REQUIRED INFORMATION**

### **A. Section 1: APPLICANT**

- RHD Form 1 – SUBMITTAL SHEET
  - CNA - Capital Needs Assessment (for rehab projects with  $\geq 12$  units)
  - Scope of Work (identify all major systems, for all projects)
- RHD Form 2 – APPLICATION CERTIFICATION
  - Evidence of corporation registration and current status from Wisconsin Department of Financial Institutions.
  - Owner certification to abide by all relevant and required regulations.
- RHD Form 3 – CHDO CERTIFICATION DOCUMENTATION (if applicable)

### **B. Section 2: PROJECT**

- RHD Form 4 – SITE DATA
- RHD Form 5 – UNIT DATA Include documentation of utility allowances used.
  - Marketing Plan (AFHMP via HUD) and Tenant Selection Plan
- Plans - Copy of Floor Plans and Elevations

### **C. Section 3: TEAM**

- Payouts and Inspections: Address each of the following in a brief bullet point:
  - payout procedures for construction work completed;
  - the timing of construction inspections;
  - the entities inspecting the construction work; and
  - the process for certifying completion
- RHD Form 6 – DEVELOPMENT TEAM – Complete the applicable Experience Forms for the Developer, Management Agency, General Contractor, and Service Provider.
- RHD Form 7 – PROJECT TIMELINE

### **D. Section 4: FINANCIAL**

- RHD Form 8 – FINANCE DATA (CONSTRUCTION AND PERMANENT FINANCING)
  - Must include Documentation of LOI or Commitments
- RHD Form 9 – RENTAL HOUSING SPREADSHEETS
  - Electronic spreadsheets available on DOA website, proforma is for 20 years.
  - If applicable, include CHDO Operating line-item budget detailing uses.
- RHD Form 10 – MATCH IDENTIFICATION (with documentation)

**E. Section 5: MARKET STUDY**

- Option 1:** LIHTC-funded projects (or projects with 12/+ units)  
Attach a Market Study from the WHEDA list of approved market analysts.  
The Market Study will be submitted in lieu of the RHD Form 11.
- Option 2:** Non-LIHTC projects  
Provide an assessment of Market Demand and HOME RHD Form 11.  
For projects of 12 or fewer units, unless LIHTC-funded.

**F. Additional: ENVIRONMENTAL SITE SELECTION CONSIDERATIONS/CRITERIA**

- ENVIRONMENTAL REVIEW
  - Note that most projects will require a public comment period of 32 days prior to work beginning and release of funds.
  - This form is a [separate application](#) (also hosted on ACCESSgov) and must be submitted by the deadline for the project application to be considered.

## **APPLICATION INFORMATION NEEDED PRIOR TO CONTRACTING**

The following information is required prior to the execution of final contracts for approved projects.

- 1. Title Commitment Policy** including:
  - a. the legal description of the project site
    - i. Tax Key Number for the property.
  - b. All attachments and exhibits.
- 2. Project Timetable**
  - a. Proposed Fund Draw Schedule for the project.
  - b. Estimated construction completion.
  - c. Expected closing date on the First Mortgage for this project.
- 3. Final plans and specs for project.** Drawings can be provided in electronic format.
- 4. Unit mix information:**
  - a. Including unit address (or number)
  - b. unit size (number of bedrooms) and
  - c. population to be served. i.e., the unit designation (% of CMI).
- 5. Ownership Entity Identification Numbers**
  - a. Federal Employment Identification Number (FEIN) U
  - b. Unique Entity Identifier Number for Owner of the proposed HOME assisted activity
- 6. Contact Information**
  - a. General Contractor
    - i. Name of company and contact information.
  - b. Project site management used for leasing and tenant contact:
    - i. Name of company and contact information.
  - c. Compliance contact (indicate if different than the project site manager above)
  - d. Inspecting Architect for the project.
- 7. Escrow fee for each draw, as applicable.**
- 8. Title Insurance Company information (for projects receiving over \$100,000 of HOME funds).**
  - a. Contact Name, Contact Title
  - b. Street Address, City, State, Zip Code
- 9. Updated Financial Information: (can update HOME RHD Form 9)**
  - a. Operating Budget
  - b. Sources and Uses should balance and match the Total Development Cost
  - c. 20 year proforma (see HOME RHD website for excel based form)
- 10. Match: Provide documentation of HOME eligible match funds committed to the project.**
- 11. List of other Mortgages: Including copies of all final commitment letters or letters of intent.**
  - a. If additional or changes to the funding sources has happened since providing the application, documentation of commitment to this project is required. Please include copies of dated, final commitment letters.
  - b. **Exceptions to Mortgage (deed restrictions, etc.):** provide a list for use on loan documents; may be obtained from Title Insurance agent.
- 12. LIHTC Projects: A copy of the operating agreement (or Partnership Agreement as applicable).**

**The following forms are for the applicant's reference ONLY. Applications are to be submitted via the ACCESSgov site—Hard copy or emailed applications are not accepted.**

## SECTION 1: APPLICANT RHD FORM 1: SUBMITTAL SHEET

**Application Preparer Name** ⓘ \*

**Application Preparer Title** \*

**Application Preparer Phone** \*

**Application Preparer Email** ⓘ \*

**I am submitting this application on behalf of another party:** \*

- ☐ Yes; I am preparing the application for the proposed project Owner.  
☐ No; I am the proposed project Owner AND Applicant.

**Please ensure your email is spelled correctly - this will be used to send you each step of the application. If you do not spell your email correctly, you will be unable to access the rest of the application and will need to start over.**

**Agency Name** \*

**Agency Address** \*

**Project Name** ⓘ \*

**Project County** \*

**Project Activity Address** \*

**Type of Development** ⓘ \*

- ☐ New Construction Only  
☐ Rehabilitation Only  
☐ Acquisition Only  
☐ Acquisition and Rehabilitation  
☐ Acquisition and New Construction

**Special Population Targeting** ⓘ

- ☐ Seniors  
☐ Veterans  
☐ Special Needs  
☐ Unhoused  
☐ Frail Elderly  
☐ Large Families

## HOME Unit Information

Total Number of Project Units \*

e.g. 24

Total Number of HOME Units \*

e.g. 10

What type of HOME Units does this project have? (Select all that apply) ⓘ \*

☐ HIGH (60%)☐ LOW (50%)☒ SUB (30%)☐ SRO (30%)

At least one SUB 30% unit is required in the mix of HOME-assisted units. 20% of HOME-units must be restricted for LOW 50% or below.

HOME Unit Category: SUB

At least 1 HOME Unit should be in this category.

Number of SUB Units \*

# of 1 Bedroom Units \*

0

# of 2 Bedroom Units \*

0

# of 3 Bedroom Units \*

0

# of 4 Bedroom Units \*

0

Total Units

0

Provide documentation that the project meets the cost guidelines set by WHEDA's Multifamily Maximum Cost Model. On [WHEDA's website](#), use Appendix F - Maximum Cost Model for the current year.

Attach completed Maximum Cost Model here. \*

 No file chosen

As the applicant for HOME funds under this program, I attest that the proposed project Owner has reviewed the Program Guide, 24 CFR 92, and all References, which were provided as part of this application and accepts the provisions set forth therein. I certify that the above information is accurate and true. The following name and date comprises my digital application signature.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**RHD FORM 2: APPLICATION CERTIFICATION**

HOME Activity Owner Name (must match WI DFI Records) \_\_\_\_\_

**After attaching the required documents, review each statement and check the corresponding boxes.****Attach State of Wisconsin DFI Certificate of Status for Owner.** ⓘ \*

Choose File No file chosen

**Attach Unique Entity Identifier (UEI) Number for Owner, showing no debarment.** ⓘ \*

Choose File No file chosen

Owner must be in good standing and currently registered in Wisconsin. Please visit [WI DFI](#) for further questions on Status. Obtain the entity's UEI from SAM.gov with certification of no debarment.

**Attach the Owner's W-9. The entity that receives funds must complete a W-9.** \*

Choose File No file chosen

**Readiness to Proceed: Select all that apply for this project.** \*

- ☐ Documentation of executed option or accepted offer to purchase  
☐ Zoning appropriate to the proposed development  
☐ Letter of Intent (LOI) or Commitment for Financing  
☐ None of the above

**If any of the top three choices are selected, an upload box appears to submit documentation.**

**Is the Owner an:** \*

- ☐ LP  
☐ LLC  
☐ N/A

**If Owner is either an LP or LLC, these document uploads are required:****Attach an ownership chart that identifies Organizer/Registered Agent, member/partner(s) name(s).** \*

Choose File No file chosen

**Attach UEI for the Organizer/Registered Agent shown in the chart.** ⓘ \*

Choose File No file chosen

NOTE: Pursuant to Section 226 of Title II of the Cranston-Gonzalez National Affordable Housing Act, as amended (NAHA) requires the Participating Jurisdiction (the State) to have a contractual relationship to the owner of the HOME rental project to ensure compliance with the HOME statutory and regulatory requirements. The State cannot provide HOME funds for the acquisition, development, or rehabilitation of affordable rental housing to an entity that will then loan the HOME funds to the owner (i.e., limited partnership (LP) or limited liability company (LLC)) of the affordable rental housing. Section 226 of Title II of the Cranston-Gonzalez National Affordable Housing Act, as amended (NAHA) requires the PJ to have a contractual relationship to the owner of the HOME rental project to ensure compliance with the HOME statutory and regulatory requirements.

☐ 1.) The grantee/applicant hereby certifies that all information contained in the application is true and correct. The undersigned further acknowledges and agrees that verification of any information contained in the application may be made at any time by Division of Energy, Housing and Community Resources (DEHCR). The grantee/applicant acknowledges and agrees that any representation or information contained in this application and in any subsequent documentation provided to DEHCR that is misleading or incorrect may result in termination of: 1) DEHCR review of this application, 2) any reservation of funds, and 3) any commitment of funds. The grantee/applicant acknowledges and agrees that it is obligated to notify DEHCR of any changes to the application.

☐ 2.) The grantee/applicant acknowledges and agrees that all information contained in support thereof is true and correct; that the applicant will furnish promptly such other supporting information and documents as are required; and that in carrying out the development and operation of the project it will abide by all applicable federal, state and local regulations, codes, and statutes. The grantee/applicant certifies that it knows of no facts or circumstances, nor of any pending, contemplated or threatened events, that would adversely affect the project.

☐ 3.) The grantee/applicant acknowledges and agrees that DEHCR is not responsible for action taken by the grantee/applicant in reliance on a prospective financial commitment of HOME funds from DEHCR and that DEHCR is not liable for damages resulting directly or indirectly from such actions.

☐ 4.) The grantee/applicant recognizes and agrees that the acceptance of this application, and/or issuance of a conditional reservation of funds letter, and any additional information as required by DEHCR does not constitute a commitment by DEHCR to provide funds to the project.

☐ 5.) The grantee/applicant understands that no liability or obligation for costs incurred to prepare this application, cost overruns, operating deficits, deficiencies in the proposed development or other matters relating to the development and operation of the proposed project shall be imposed on DEHCR by reason of any adjustments or changes requested or required by DEHCR or by reason of any approval or disapproval by DEHCR of any part of this application (including attachments and exhibits) or of any other documentation or materials now or hereafter submitted in connection with this application.

☐ 6.) The grantee/applicant understands that no federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

☐ 7.) The grantee/applicant understands that if any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract grant, loan or cooperative agreement, the undersigned shall complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.

☐ 8.) This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

☐ 9.) The grantee/applicant understands that the undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

☐ 10.) The grantee/applicant understands that use of Federal funds includes a commitment to make positive efforts to utilize small business, local business, woman-owned, and minority-owned business, as well as Section 3 businesses according to 24 CFR part 135 sources of supplies and services. Such efforts should allow these sources the maximum feasible opportunity to compete for Agreements or subcontracts to be performed utilizing these funds. Including tracking and reporting on labor hours, per 24 CFR part 75 which sets benchmark criteria for Section 3 compliance, for all workers, i.e., total labor hours, Section 3 workers labor hours and Targeted Section 3 workers labor hours.

☐ 11.) The grantee/applicant understands that no acquisition, relocation of occupants, rehabilitation or construction of HOME related units may begin prior to the execution of a contract, without written authorization from the State, prior to the completion of the environmental review process and notice of authority to use funds is released to the State.

☐ 12.) The grantee/applicant understands that must retain written documentation demonstrating accuracy of the data provided in reports submitted to the Department during the Performance Period and during the Project's Affordability Compliance Period. Example reports Equal Opportunity Report, Labor Standards Report, Section 3 Report, Rental Project Set-Up Report, Request for Payment of HOME Project Funds, Rental Housing Project Completion Report, In-service Report, Tenant Data Compliance Report.

☐ 13.) The grantee/applicant understands that the undersigned will not invest any more HOME funds in combination with other federal assistance than is necessary and will use HOME funds pursuant to Wisconsin's approved CONSOLIDATED PLAN and any applicable local CONSOLIDATED PLAN and in compliance with all requirements of 24 CFR Part 92.

☐ 14.) The developments owned or operated by any member of the development team in the State of Wisconsin, or any other state, are in compliance with the Code and are operating in a manner acceptable to WHEDA, with no occurrences of HOME/RHD properties in foreclosure, bankruptcy, failing to cure default, or placement in receivership within five years prior to the submission of the application. This provision includes partnerships, limited partnerships, LLCs, C-corporations, controlled groups or any entities associated with a the formation or operation of a HOME /RHD project.

☐ 15.) All projects whose awards are obligated on or after 8/23/2024 must comply with The Build America, Buy America Act (BABA), 41 USC § 8301, unless a waiver is sought.

**The Owner agrees to maintain documentation of compliance with the above certifications. By submission of this proposal, the Applicant certifies that neither the Owner nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in the transaction by any Federal department or agency.**

NAME	TITLE	DATE
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## RHD FORM 3: CHDO CERTIFICATION DOCUMENTATION

A community Housing Development Organization (CHDO) is a private, nonprofit, community-based organization with qualified staff that is receiving HOME funds as the owner, developer, or sponsor of affordable housing for the community it serves.

To be certified as a CHDO, an organization must meet the certification criteria as required by the U.S. Department of Housing and Urban Development (24 CFR 92.2) and comply with the following policies in order to be certified from the State of Wisconsin. This certification is done in conjunction with an application and each time funds are awarded to a project. There is no general certification an organization can carry to be a recognized CHDO.

### CHDO Set-Aside Roles

#### A. Rental Owner

CHDO is owner in fee simple absolute; must be the sole and exclusive owner of the property (cannot be co-owned, including with another CHDO); must continue to maintain CHDO status throughout development and during affordability period; must own the housing for a period at least equal to the affordability period; must maintain project control.

#### B. Rental Developer

CHDO is owner in fee simple absolute; must be the sole and exclusive owner of the property (cannot be co-owned, including with another CHDO); must own the housing throughout development and for a period at least equal to the affordability period; must maintain project control; must be the sole organization in charge of all aspects of development process including obtaining zoning, securing non-HOME financing, selecting architects/engineers/general contractors, overseeing progress of the work, determining reasonableness of costs.

#### C. Rental Sponsor

The CHDO is a "sponsor" if the rental housing is "owned" or "developed" by any of the entities listed below. In this case, the HOME funds must be awarded directly to, and the written agreement entered-into with, the entity that owns the project.

- i. A wholly owned nonprofit or for-profit subsidiary of the CHDO; or
- ii. A limited partnership of which the CHDO or its wholly owned subsidiary is the sole general partner; or
- iii. A limited liability company of which the CHDO or its wholly owned subsidiary is the sole managing member. (The subsidiary acting as the sole general partner or sole managing member may be a for-profit or nonprofit organization and must be wholly owned by the CHDO. If the organizational documents – the partnership agreement for a limited partnership or the operating agreement for a limited liability company – allow the CHDO (or its wholly owned subsidiary) to be removed as sole general partner or sole managing member, the agreement must provide that the removal must be for cause and that the CHDO must be replaced with another CHDO.)

**Select CHDO Role: \***

- ☐ Rental Owner  
☐ Rental Developer  
☐ Rental Sponsor  
☐ N/A

If CHDO selection is made, the remaining questions are required.

If N/A, move to the next section.

**Requested CHDO Operating Amount: \***

\$

**Select which of the following apply to your organization (If none, leave blank):**

- ☐ Indian/First American Tribe  
☐ Public Housing Agency  
☐ Indian Housing Authority  
☐ Housing Finance Agency  
☐ Redevelopment Authority  
☐ HOME entitlement jurisdiction

**Organized: Attach either (1) Articles of Incorporation, (2) a Charter, (3) By-Laws, or (4) Resolutions. ⓘ \***

Choose File No file chosen

**Type of Documentation provided: ⓘ \***

- ☐ Articles of Incorporation  
☐ Charter  
☐ By-Laws  
☐ Resolutions

**Nonprofit Status (Tax-Exempt Ruling): Attach (1) Tax-exempt designation Letter from the IRS. \***

Choose File No file chosen

**Service Area: Specify your geographic area of service, clearly defined. Submit (1) Map of Service Area. \***

Choose File No file chosen

Note: A CHDO's service area may include (a) neighborhood(s), town, village, city, county, metropolitan area, or multi-county area (but not the entire State).

**Religious Organization: Attach a (1) Board-, or (2) Agency-statement certifying the CHDO cannot discriminate on the basis of religion. \***

Choose File No file chosen

**Board Composition and Compensation**

At least one-third (.333) of the organization's Board of Directors must consist of representatives of the low-income community and no more than one-third (.333) of the Board can be from the public sector. Board members may receive a reasonable fixed sum and expenses for each board meeting they attend. However, board members cannot receive a salary for their service as a board member.

What is the total number of Board Members? \*

What is the number of Board Members who represent Low-Income households? \*

What is the number of Public Sector Board Members? \*

Your Low-Income Board Member Ratio:

NaN

Your Public Sector Board Member Ratio:

NaN

*ⓘ No more than one-third (.333) of the Board can be from the public sector.*

Is there a formal process for low-income program beneficiaries to advise the organization regarding the design, siting, development, and management of affordable housing? \*

☐ Yes

☐ No

Do Board Members receive a salary for their service? \*

☐ Yes

☐ No

*ⓘ Board members may receive a reasonable fixed sum and expenses for each board meeting they attend. However, board members cannot receive a salary for their service as a board member.*

Board Members: Attach Current listing of all Board Members including full name, date of appointment, length of appointment, and community sector they represent. \*

No file chosen

### Development or Owner Experience

The organization must demonstrate it has at least one year of experience directly related to the development or ownership of affordable housing, depending on the CHDO role selected. "Capacity" is tied directly to the anticipated project and the CHDO's role.

Does the CHDO have at least one year experience related to the development or ownership of housing? \*

☐ Yes

☐ No

Does the CHDO have at least one year experience serving the community where it intends to develop? \*

☐ Yes

☐ No

Experience: Attach a narrative statement signed by ED or Board President attesting to CHDO's relevant experience. \*

No file chosen

### Organizational Staff and Capacity

CHDOs must have their own professional (paid, experienced) staff. A nonprofit organization does not meet this test based on any volunteer, or through any services that are donated by or contracted through another organization.

Does the CHDO have paid staff responsible for day-to-day operations? \*

- ☐ Yes  
☐ No

Does the CHDO's key staff have the relevant expertise to carry out the proposed housing activities? \*

- ☐ Yes  
☐ No

Staff: Attach Resumes of key staff who have worked on projects similar to proposed activity and include descriptions of projects. ⓘ \*

No file chosen

### Financial Accountability

The organization must have financial accountability standards and certify that its financial management systems conform to 2 CFR 200.302, "Financial Management" and 2 CFR 200.303 "Internal Controls."

Organizations that have been operating for one year or more must submit audited financial statements for the organization's most recent program year. This should include a 12-month balance sheet and operating statement.

Does the CHDO's financial management systems conform to the cited standards? \*

- ☐ Yes  
☐ No

Has the CHDO been operating for less than one year? \*

- ☐ Yes  
☐ No

Attach Audited financial statements, including 12-month balance sheet and operating statement. \*

No file chosen

Note: If the organization has been operating for less than one year, you must submit audited financial statements of the parent or sponsor organization. A nonprofit may not be recognized as a CHDO if the organization's most recent financial statements and/or audit reflect an outstanding finding, material weakness, or other unresolved matter that would affect the capacity of that organization to successfully develop a CHDO project.

## SECTION 2: PROJECT RHD FORM 4: SITE DATA

Location: \*

- ☐ City  
☐ Village  
☐ Town

① Location: is required.

Site Control: \*

- ☐ Deed  
☐ Purchase Contract  
☐ Option to Purchase

① Site Control: is required.

Site Control Document \*

 No file chosen

### Seller's Information

Seller's Name \*

① Seller's Name is required.

Seller's Phone Number \*

(999) 999-9999

① Seller's Phone Number is required.

Seller's Email

email@example.com

### Seller's Address

Address Line 1

Address Line 2

City

-- State --



Zip

Is seller related to any party involved in this development or staff of the applicant? \*

- ☐ Yes  
☐ No



If Yes, answer the benefits question.  
 If No, continue to relocation question.

Will they receive a benefit other than sale proceeds? \*

- ☐ Yes  
☐ No



If Yes, acknowledge a potential conflict of interest.

There may be a potential conflict of interest. Please acknowledge your understanding below. \*

☐ I understand

### Relocation

Are there currently tenants living on-site? \*

- ☐ Yes  
☐ No



If Yes, answer the displacement questions.  
 If No, continue to Legislative Districts questions.

Will the project displace them? \*

- ☒ Yes  
☐ No

Attach a description of how you will assist displaced persons and provide an example of the displacement notice to be sent to tenants. \*

 No file chosen

## Legislative Districts

Please provide the following information for the project site at the time of application.

Congressional District \*

① Congressional District is required.

Congressional District Representative \*

① Congressional District Representative is required.

State Senate District \*

① State Senate District is required.

State Senate District Representative \*

① State Senate District Representative is required.

State Assembly District \*

① State Assembly District is required.

State Assembly District Representative \*

① State Assembly District Representative is required.

Municipal Mayor or Village President

## Zoning and Utilities

Tax Parcel Identification Number \*

① Tax Parcel Identification Number is required.

Is the site zoned for development? \*

- ☐ Yes  
☐ No

① Is the site zoned for development? is required.

Are all utilities presently available to the site? \*

- ☐ Yes  
☐ No

① Are all utilities presently available to the site? is required.

**Narrowing the Digital Divide** (Effective Jan. 19, 2017): HUD-funded rental housing requires installation of broadband infrastructure at the time of new construction or substantial rehabilitation of multifamily rental housing. This applies to the State's RHD Program. HOME funds may *not* be used to pay for furniture or equipment for a computer room, even as part of a multifamily assisted rental property.

Attach Owner certification statement that Broadband Infrastructure will be installed in this project. Capacity, speed, and timing of intallation must be mentioned specifically. \*

No file chosen

Provide site official Legal Description here. May include Tax Key Number. \*

Must be acceptable to Register of Deeds with jurisdiction over project site.

**RHD FORM 5: UNIT DATA**

HOME Program requests are subject to the following calculations:

1. Determine the Rent Category for each unit size being considered for HOME funds.
2. Multiply the Rent Category Sq. Ft. rate by the proposed unit's square footage.
3. Make a comparison of the maximum unit amount against the project calculation to determine the maximum request.
4. Add the amounts for all proposed HOME units to be considered in the application.

**\*The correct table will populate based on CHDO selection in the previous section.**

**RHD TABLE 1 – NON-CHDO**

<b>RENT CATEGORY</b>	Bedrooms in Unit	0	1	2	3	4
	<b>MAX. SQ. FT.</b>	<b>400</b>	<b>700</b>	<b>900</b>	<b>1200</b>	<b>1350</b>
	<b>SQ. FT. RATE</b>					
<b>HIGH-(60%)</b>	<b>\$45.00</b>	<i>n/a</i>	\$31,500	\$40,500	\$54,000	\$60,750
<b>LOW-(50%)</b>	<b>\$65.00</b>	<i>n/a</i>	\$45,500	\$58,500	\$78,000	\$87,750
<b>SUB-(30%)</b>	<b>\$90.00</b>	<i>n/a</i>	\$63,000	\$81,000	\$108,000	\$121,500
<b>SRO-(30%)</b>	<b>\$105.00</b>	<b>\$42,000</b>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>

**RHD TABLE 2 - CHDOs ONLY (CHDO certification required)**

<b>RENT CATEGORY</b>	Bedrooms in Unit	0	1	2	3	4
	<b>MAX. SQ. FT.</b>	<b>400</b>	<b>700</b>	<b>900</b>	<b>1200</b>	<b>1350</b>
	<b>SQ. FT. RATE</b>					
<b>HIGH-(60%)</b>	<b>\$53.00</b>	<i>n/a</i>	\$37,100	\$47,700	\$63,600	\$71,550
<b>LOW-(50%)</b>	<b>\$75.00</b>	<i>n/a</i>	\$52,500	\$67,500	\$90,000	\$101,250
<b>SUB-(30%)</b>	<b>\$105.00</b>	<i>n/a</i>	\$73,500	\$94,500	\$126,000	\$141,750
<b>SRO-(30%)</b>	<b>\$120.00</b>	<b>\$48,000</b>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>

The HOME Program Guidelines and restrictions stipulated by HUD regulations include [rent](#) and [income](#) limits. The HUD published or calculated HOME rent limits include unit rent and utilities.

**Unit Designations**

There are four Unit Designations targeted to different income groups:

**HIGH:** Household gross income not to exceed 60% CMI at initial occupancy.

- Income Limit: The "**60% Limits**" from the Adjusted HOME Income Limits.
- Rent Limit: The rent with utility allowance may not exceed the "**HIGH HOME Rent Limit**" from HOME Program Rents.

**LOW:** Household gross income not to exceed 50% CMI at initial occupancy.

- Income Limit: The "**Very Low Income**" limit from the Adjusted HOME Income Limits.
- Rent Limit: The rent with utility allowance may not exceed the "**LOW HOME Rent Limit**" from HOME Program Rents.

**SUB:** Household gross income not to exceed 30% CMI at initial occupancy.

- Income Limit: The "**30% Limits**" from the Adjusted HOME Income Limits.
- Rent Limit: The rent with utility allowance may not exceed **half of the "65% Rent Limit"** from HOME Program Rents.

**SRO:** This unit designation is special and is rarely used.

- Income Limit: The "**30% Limits**" from the Adjusted HOME Income Limits.
- Rent Limit: The rent with utility allowance may not exceed **75% of "Fair Market Rent" of the Efficiency (0-bedroom unit)** from HOME Program Rents.
- Single Room Occupancy (SRO) housing consists of single room dwelling units. SRO units are required to contain either food preparation or sanitary facilities, or both, if the project activity is new construction, conversion of non-residential space, or reconstruction. Exceptions for acquisition or rehabilitation of an existing residential structure, may allow for neither food preparation nor sanitary facilities to be in the unit. If the units do not have them, the building must contain sanitary facilities that are shared by tenants. SRO does not include facilities for students.

**RHD applicants will be required to include a minimum of one 30% CMI unit in their mix of HOME assisted units.** In any single project, 20% of the HOME assisted units must be restricted for persons who initially are at or below 50% CMI. The HOME assisted units fixed in categories of LOW (50%), SUB (30%) or SRO (30%) units shall satisfy this requirement.

**\*The correct tables for listing units/bedrooms/etc. will populate based on the information you submitted in RHD Form 1: Submittal Sheet. As all projects require a minimum of one 30% unit, the SUB (30%) table is the only one that pre-populates in the application.**

### SUB (30%)

# of HOME Units *	# of 0 bedroom units *	# of 1 bedroom units *	# of 2 bedroom units *	# of 3 bedroom units *	# of 4 bedroom units *
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

① # of HOME Units is required.

Total # of HOME Units ①

0

**Check which utilities are included in rent: \***

- ☐ Electricity
- ☐ Heat
- ☐ Air Conditioning
- ☐ Water
- ☐ Sewer
- ☐ Trash
- ☐ Other
- ☐ None

① Check which utilities are included in rent: is required.

**Equipment to be included in each unit: \***

- ☐ Stove/Refrigerator
- ☐ Air Conditioning
- ☐ Window Treatments
- ☐ Patio/Balcony
- ☐ Attached Garage
- ☐ Microwave
- ☐ Washer/Dryer
- ☐ Separate Entrances
- ☐ Disposal
- ☐ Dishwasher
- ☐ Other

**Will there be parking on-site? \***

- ☐ Yes
- ☐ No

① Will there be parking on-site? is required.

**Will there be commercial facilities/space? \***

- ☐ Yes
- ☐ No

① Will there be commercial facilities/space? is required.

Please describe: ①

If Yes, these parking questions are required.

**Is parking included or optional, or both? \***

- ☐ Included
- ☐ Optional

**Garage or spaces?**

(Check all that apply.) \*

- ☐ Garage
- ☐ Spaces

**How many spaces?**

**Will there be recreational/common facilities on-site? \***

- ☐ Yes
- ☐ No

Please describe: ①

Attach HUD's Affirmative Fair Housing Marketing Plan (AFHMP). ① \*

Choose File No file chosen

Attach Tenant Selection Policy. May include HUD's fair housing language. \*

Choose File No file chosen

### SECTION 3: TEAM

#### RHD FORM 6: PROJECT DEVELOPMENT TEAM

Is the Owner a separate entity from the Application

Preparer listed above? \*

☐ Yes

☐ No

Owner's Name (separate from listed Application Preparer) \*

① Owner's Name (separate from listed Application Preparer) is required.

If Yes, Owner Information is required. If No, continue.

Owner's Title \*

① Owner's Title is required.

Owner's Email Address \*

Owner's Phone Number \*

Is there a Second Owner? \*

☐ Yes

☐ No

Second Owner's Contact Name \*

① Second Owner's Contact Name is required.

If Yes, Second Owner Information is required. If No, continue.

Second Owner's Organization \*

① Second Owner's Organization is required.

Second Owner Contact's Title \*

① Second Owner Contact's Title is required.

Second Owner Contact's Email Address \*

① Second Owner Contact's Email Address is required.

Second Owner Contact's Phone Number \*

① Second Owner Contact's Phone Number is required.

Will the Contract Signer be a separate entity from the Applicant listed above? \*

☐ Yes

☐ No

① Will the Contract Signer be a separate entity from the Applicant listed above? is required.

Is the Fiscal/Budget Contact be a separate entity from the Applicant listed above? \*

☐ Yes

☐ No

① Is the Fiscal/Budget Contact be a separate entity from the Applicant listed above? is required.

Is there a Co-Developer? \*

☐ Yes

☐ No

① Is there a Co-Developer? is required.

If Yes to any of these, Contact Information is required.

## Management Agency Information

The Management Agency Experience Form is required further down.

Management Agency Contact's Name \*

① Management Agency Contact's Name is required.

Management Agency Contact's Organization \*

① Management Agency Contact's Organization is required.

Management Agency Contact's Email Address \*

① Management Agency Contact's Email Address is required.

Management Agency Contact's Phone Number \*

① Management Agency Contact's Phone Number is required.

Management Agency's Address \*

## Service Provider Information

Is there a Service Provider involved in the project?

\*

- ☐ Yes
- ☐ No



If Yes, Contact Information is required. The Service Provider Experience Form will be required further down.

## Title Insurance Company

Projects requesting or receiving over \$100,000 in HOME funding must provide Title Insurance Company information.

Is there a Title Insurance Company Involved in the project? \*

- ☐ Yes
- ☐ No



If Yes, Contact Information is required, including Title Commitment or Title Insurance Policy Number.

## Attorney

Name of Firm \*

① Name of Firm is required.

Attorney Contact \*

① Attorney Contact is required.

Attorney Contact Email Address \*


Attorney Contact Phone Number \*

## Attorney Agency Address \*

Address Line 1		
Address Line 2		
City	-- State --	Zip

## Architect


## Architect: Name of Company \*

 Architect: Name of Company is required.

## Architect Contact \*

 Architect Contact is required.

## Architect Contact Email Address \*

 Architect Contact Email Address is required.

## Architect Contact Phone Number \*


 Architect Contact Phone Number is required.

## Architect Company Address \*


Address Line 1		
Address Line 2		
City	-- State --	Zip

The architect of the project must attest to the following conditions:

- **Visitability** - A visitable unit has 32" clear openings in all interior and bathroom doorways, at least one accessible means of egress/ingress for each unit, and one bathroom on the first floor of the unit.
- **Energy Efficiency and Sustainability** - Projects must be built to meet existing green building standards, e.g. LEED-certified, etc.
- **Energy Star** - Projects must use Energy Star-labeled bathroom fans (exhausted to the outdoors and equipped with humidistat sensor or timer) and Energy Star-labeled power vented fans or range hoods (exhausted to the outdoors).
- **Resource Conservation** - Projects must use a minimum of 20% recycled content material (excluding mechanical and electrical equipment), and a minimum of 35% of wood products that are either salvaged wood, engineered materials, and/or Forest Stewardship Council certified wood products/materials.

This project will meet or exceed the 2021 IECC energy standards.  \*

- ☐ Yes; this project is New Construction.
- ☐ No; this project is Acquisition and/or Rehab and is not subject to the 2021 IECC Standards.
- ☐ No, this project will meet other standards.

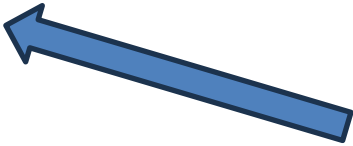
Who will be verifying energy code compliance (third-party certification)? [Name of company]  \*

Attach Architect Certification of ALL the above-listed required building conditions as one file here. \*

Choose File No file chosen

Have you selected a builder/general contractor\*  
(GC)? [Must fill out General Contractor Experience  
Form.] ⓘ \*

- ☐ Yes  
☐ No



\*HOME Grantee/Owner's bidding packets for construction contracts and construction subcontracts must include all BABA Requirements. The Agreement must include the HOME RHD BABA Bid Insertion language.

If Yes, Contact Information is required. The General Contractor Experience Form will be required further down.

## Owner Development Experience Form

**HOME Activity Owner Name:** ① HOME Activity Owner Name is required. ✕

**Development Name \***  
  
① Development Name is required.

**Development Type: \***  
☐ New Development  
☐ Rehabilitation  
☐ Acquisition/Rehabilitation  
① Development Type: is required.

**Development Project Address \***

Address Line 1

Address Line 2

City  -- State --  Zip

① Address Line 1 is required.  
 ① City is required.  
 ① State is required.  
 ① Zip is required.

**Development Lender \***  ① Development Lender is required.

**Equity Provider \***  ① Equity Provider is required.

**Type of Subsidy (check all that apply): \***  
☐ LIHTC  
☐ HOME  
☐ AHP  
☐ USDA-RD  
☐ None  
☐ Other  
① Type of Subsidy (check all that apply): is required.

**Is permanent financing in place? \***  
☐ Yes  
☐ No  
① Is permanent financing in place? is required.

**Have you had to make capital contributions? \***  
☐ Yes  
☐ No  
① Have you had to make capital contributions? is required.

**Total Number of Units: \***  ① Total Number of Units: is required.

**Number of Low-Income Units: \***  ① Number of Low-Income Units: is required.

**Debt-Coverage Ratio: \***  ① Debt-Coverage Ratio: is required.

**Placed-in-Service Date \***  MM-DD-YYYY ① Placed-in-Service Date is required.

**Number of Months in Lease-Up: \***  ① Number of Months in Lease-Up: is required.

**Has the development ever had a financial audit performed? \***  
☐ Yes  
☐ No  
① Has the development ever had a financial audit performed? is required.

Enter the Physical and Economic Occupancy Percentages for the Last Two Years:

Year 1 *	Physical *	Economic *
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
<small>① Year 1 is required.</small>	<small>① DEV PHYS % is required.</small>	<small>① DEV ECO % is required.</small>
<b>Year 2</b>	<b>Physical</b>	<b>Economic</b>
<input type="text"/>	<input type="text"/> %	<input type="text"/> %

Owner/Developer Experience Form: Complete this form for each development project the Owner/Developer has carried out in the last five years. You will be asked the total number of projects carried out in the last five years, but please only provide details for up to 3 development projects. Add projects by clicking this button at the bottom of the form.

+ Add

## General Contractor Experience Form

## Development Name \*

① Development Name is required.

## Development Type: \*

- ☐ New Development  
☐ Rehabilitation  
☐ Acquisition/Rehabilitation

① Development Type: is required.

## Development Project Address \*






① Address Line 1 is required.

① City is required.

① State is required.

① Zip is required.

## Developer for this project \*

① Developer for this project is required.

## Type of Subsidy (check all that apply): \*

- ☐ LIHTC  
☐ HOME  
☐ AHP  
☐ USDA-RD  
☐ None  
☐ Other

① Type of Subsidy (check all that apply): is required.

## MBE/WBE businesses used? \*

- ☐ Yes  
☐ No

① MBE/WBE businesses used? is required.

## Section 3 businesses used? \*

- ☐ Yes  
☐ No

① Section 3 businesses used? is required.

## Total Number of Units: \*

① Total Number of Units: is required.

## Number of Low-Income Units: \*

① Number of Low-Income Units: is required.

## Placed-in-Service Date \*

① Placed-in-Service Date is required.

## Time to Complete (in Months) \*

① Time to Complete (in Months) is required.

## Has the GC ever had a financial audit performed? \*

- ☐ Yes  
☐ No

① Has the GC ever had a financial audit performed? is required.

Enter the Physical and Economic Occupancy Percentages for the Last Two Years:

## Year 1 \*

① GC YEAR is required.

## Physical \*

① GC PHYS % is required.

## Economic \*

① GC ECO % is required.

## Year 2

## Physical

## Economic

## General Contractor

Experience Form: Complete this form for each development project the Gen. Contractor has carried out in the last five years. You will be asked the total number of projects carried out in the last five years, but please only provide details for up to 3 development projects. Add projects by clicking this button at the bottom of the form.

+ Add

## Management Agency Experience Form

Development Name \*

① Development Name is required.

Development Type: \*

- ☐ New Development
- ☐ Rehabilitation
- ☐ Acquisition/Rehabilitation

① Development Type: is required.

Number of Years this project has been under their management \*

① Number of Years this project has been under their management is required.

Development Project #1 Address \*

Address Line 1

Address Line 2

City

-- State --

Zip

① Address Line 1 is required.

① City is required.

① State is required.

① Zip is required.

Developer for this project \*

① Developer for this project is required.

Type of Subsidy (check all that apply): \*

- ☐ LIHTC
- ☐ HOME
- ☐ AHP
- ☐ USDA-RD
- ☐ None
- ☐ Other

① Type of Subsidy (check all that apply): is required.

Total Number of Units: \*

① Total Number of Units: is required.

Number of Low-Income Units: \*

① Number of Low-Income Units: is required.

Placed-in-Service Date \*

MM-DD-YYYY

① Placed-in-Service Date is required.

Number of Months in Lease-Up \*

① Number of Months in Lease-Up is required.

Has the development ever had a financial audit performed? \*

- ☐ Yes
- ☐ No

① Has the development ever had a financial audit performed? is required.

Enter the Physical and Economic Occupancy Percentages for the Last Two Years:

Year 1 \*

① MNGMT YEAR is required.

Physical \*

%

① MNGMT PHYS % is required.

Economic \*

%

① MNGMT ECO % is required.

Year 2

Physical

%

Economic

%

Management Agency Experience Form: Complete this form for each development project the Management Agency has managed in the last five years. You will be asked the total number of projects managed in the last five years, but please only provide details for up to 3 projects. Add projects by clicking this button at the bottom of the form.

+ Add

## Service Provider Experience Form

Development Name \*

① Development Name is required.

Development

Type: \*

☐ New

Development

☐

Rehabilitation

☐

Acquisition/Rehabilitation

① Development  
Type: is  
required.Total Years of  
Experience \*① Total Years of  
Experience is required.Years of experience ✕  
at this site: \*

Service Provider Experience Form: Complete this form for each project the Service Provider has serviced in the last five years. You will be asked the total number of projects serviced in the last five years, but only provide details for up to 3 projects. Add projects by clicking the "+Add" button at the bottom of the form.

Development Project #1 Address \*

Address Line 1

Address Line 2

City

-- State --



Zip

① Address Line 1 is required.

① City is required.

① State is required.

① Zip is required.

Developer for this project \*

① Developer for this project is required.

Type of Subsidy (check all that apply): \*

☐ LIHTC☐ HOME☐ AHP☐ USDA-RD☐ None☐ Other

① Type of Subsidy (check all that apply): is required.

Total Number of Units: \*

① Total Number of Units: is required.

Number of Low-Income  
Units: \*① Number of Low-Income Units: is  
required.Number of Units Receiving  
Services: \*① Number of Units Receiving  
Services: is required.

Types of Services Provided (list all): \*

**RHD FORM 7: PROJECT TIMELINE**

Fill in completed or anticipated dates or N/A for all development tasks listed below.

**START-UP DATES**

PROJECT START-UP	Date completed or anticipated
Purchase Contract/Option	
Site Acquisition	
Zoning/Permits	
Site Analysis	
Initial Drawings	
Complete Plans/ Specifications	

**DEVELOPMENT DATES**

DEVELOPMENT	Start Date	Completion Date
Closing		
Construction**		
Marketing		
Occupancy/Rent Up		

*\*\*HUD defines project completion upon completion of construction and before occupancy. The project completion report is due upon construction completion. Lease-up of ALL HOME assisted units is due within 6 months of construction completion. Construction completion date is commonly recognized with the issuance of an occupancy permit from the inspecting jurisdiction.*

SECTION 4: FINANCIAL  
RHD FORM 8: CONSTRUCTION FINANCING

Construction Financing

Complete all of the following that is available and applicable. The number of sources you enter will provide that same number of spaces for you to enter details.

How many sources of Construction Financing does this project have? ⓘ \*

Whatever number is entered in this box will populate the same number of source boxes below.

ⓘ How many sources of Construction Financing does this project have? is required.

Construction Financing

<p>Source *</p> <div>e.g. Community Bank</div> <p> ⓘ Source is required.</p>	<p>Amount *</p> <div>\$ e.g. \$200,000</div> <p> ⓘ Amount is required.</p>
<p>Contact Full Name (First and Last) *</p> <div></div> <p> ⓘ Contact Full Name (First and Last) is required.</p>	<p>Contact Email Address *</p> <div>email@example.com</div> <p> ⓘ Contact Email Address is required.</p>
<p>Amortization Period (in years) *</p> <div></div> <p> ⓘ Amortization Period (in years) is required.</p>	<p>Interest Rate (in percentage) *</p> <div></div> <p> ⓘ Interest Rate (in percentage) is required.</p>
<p>Readiness to Proceed Documentation: *</p> <div><div><p><input type="radio"/> Firm Commitment</p><p><input type="radio"/> Letter of Interest</p><p><input type="radio"/> Both (upload as one file)</p></div><div>FILE UPLOAD REQUIRED.</div></div>	

TOTAL CONSTRUCTION SOURCES	\$
----------------------------	----

Construction Source Total  
calculates automatically based  
on your input. Double-check  
this is correct!

RHD FORM 8 (pg. 2): PERMANENT FINANCING

Permanent Financing

Complete all of the following that is available and applicable. The number of sources you enter will provide that same number of spaces for you to enter details.

How many sources of Permanent Financing does this project have? ⓘ \*

Whatever number is entered in this box will populate the same number of source boxes below.

ⓘ How many sources of Permanent Financing does this project have? is required.

<b>Source *</b> <input type="text"/> <small> ⓘ Source is required.</small>	<b>Amount *</b> <div>\$ <input type="text" value="e.g. \$200,000"/></div> <small> ⓘ Amount is required.</small>
<b>Contact Full Name (First and Last) *</b> <input type="text"/> <small> ⓘ Contact Full Name (First and Last) is required.</small>	<b>Contact Email Address *</b> <input type="text" value="email@example.com"/> <small> ⓘ Contact Email Address is required.</small>
<b>Amortization Period (in years) *</b> <input type="text"/> <small> ⓘ Amortization Period (in years) is required.</small>	<b>Interest Rate (in percentage) *</b> <input type="text"/> <small> ⓘ Interest Rate (in percentage) is required.</small>
<b>Readiness to Proceed Documentation: *</b> <div><input type="radio"/> Firm Commitment <input type="radio"/> Letter of Interest <input type="radio"/> Both (upload as one file)</div> <div>FILE UPLOAD REQUIRED.</div>	

Is this a LIHTC project? \*

- ☐ Yes  
☐ No



If Yes, details are required.

Is this a Historic Tax Credit Project? \*

- ☐ Yes  
☐ No



If Yes, details are required.

<b>TOTAL PERMANENT SOURCES</b>	<b>\$</b>
--------------------------------	-----------

Permanent Source Total calculates automatically based on your input. Double-check this is correct!

## RHD FORM 9: RENTAL HOUSING SPREAD SHEETS

**The form is available on the DEHCR HOME RHD website.**

<https://energyandhousing.wi.gov/Pages/AgencyResources/rhd.aspx>

**The HOME RHD Form 9 is required for all applicants:  
“RHD Application Form 9 Rental Housing Spreadsheets”**

The Rental Housing Spread sheets are available on the DEHCR RHD website in electronic form. You will be asked to submit an electronic set of forms (excel format only) for reviews. The forms cover:

- Rental Housing Development Budget
- 20-year Pro Forma including
  - Income and expense assumptions
  - pre-tax and after-tax cash flow
- Detailed Sources of Funds
- Tax and Appreciation Benefits

For **Non-CHDO** Applicants: Most current audited financials for the Developer and Co-Developer (if applicable) are required here (uploaded as one file).

funds requested/drawn down for project costs. It is a permanent contribution and must be made up exclusively of **non-federal** sources. Documentation must be provided.

Ineligible match sources include the following (this list is not exclusive):

- Contributions made with or derived from Federal resources, e.g. CDBG funds [§92.220(b)(1)]
- Interest rate subsidy attributable to the Federal tax exemption on financing or the value attributable to Federal tax credits [§92.220(b)(2)]
- Contributions from builders, contractors, or investors, including owner equity, involved with HOME-assisted projects [§92.220(b)(3)]
- Sweat equity [§92.220(b)(4)]
- Contributions from applicants/recipients of HOME assistance [§92.220(b)(5)]
- Fees/charges that are associated with the HOME Program only, rather than normally and customarily charged on all transactions or projects [§92.220(a)(2)]
- Administrative costs

Click here to see HUD's definitions of eligible match sources:

☐ Uncheck to close this box.

Category of Match Contribution (with description)	Match Credit	Committed? Yes/No	Date Committed	Document Upload
--	--------------	----------------------	-------------------	--------------------

Cash <b><u>(no owner cash or grants)</u></b>	\$ \$	<input type="checkbox"/> <input type="checkbox"/>		
Foregone Taxes, Fees, Charges	\$ \$	<input type="checkbox"/> <input type="checkbox"/>		
Appraised Land / Real Property	\$ \$	<input type="checkbox"/> <input type="checkbox"/>		
Required Infrastructure	\$ \$	<input type="checkbox"/> <input type="checkbox"/>		
Site Preparation, Construction Materials, Donated Labor	\$ \$	<input type="checkbox"/> <input type="checkbox"/>		
Bond Financing	\$ \$	<input type="checkbox"/> <input type="checkbox"/>		
PROJECTED TOTAL		\$		

Describe your match funding sources.

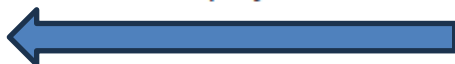
**SECTION 5: MARKET STUDY****RHD FORM 11: COMPARABLE DATA**

The Market Study portion of the RHD HOME Program Application helps assess comparable data and demonstrates current market demand, not just for HOME-assisted units but for the entire development. The assessment must demonstrate that there is market demand for the project; must be based on current and reliable data; and have been performed less than 12 months prior to the commitment of the HOME funds.

WHEDA maintains a [list of approved market analysts](#), any report of which would satisfy the market study requirement.

**Is this a LIHTC-funded project or does the project have 12 or more units? \***

- ☐ Yes  
☐ No



If Yes, proceed to Option 1.

**Option 1:** Attach a Market Study from the WHEDA list of approved market analysts, then move to the Environmental Review portion.

Attach a Market Study from WHEDA's list of approved market analysts. LIHTC-funded projects are required to use this option. ⓘ \*

Choose File No file chosen

If the project is **not** LIHTC-funded or does not contain 12 or more units, you may proceed with Option 2.

**Option 2:** This market assessment is only an option for non-LIHTC-funded projects of 12 or fewer units.

**MINIMUM ASSESSMENT INFORMATION:**

**Current Neighborhood Market Information**

- Include a short narrative describing demand for the project.
- Define the boundary to the neighborhood market of the proposed project. A clear definition of the market area from whom the buyers or renters can reasonably be expected to be drawn.

**Analysis of Local Market Trends**

- Characteristics of the households likely to be attracted to the development.
  - Include the number of income eligible households
- Market area demographics
- Analysis of the demand, supply, and competition.
- The absorption rate of the proposed residential rental housing development
- The project's proximity to services, examples below, be sure to include documentation and sources of information.
  - retail
  - medical centers
  - recreational facilities and
  - others that you find relevant.

**Comparable Data**

- A minimum of three comparables in the proposed project's target market area.
- A map of comparable locations that include the proposed project site.
- A description why each these particular comparables were chosen. Within the description of why the comparable is selected please elaborate on these topics to justify the selection
  - Neighborhood Market
  - Community Conditions
  - Target population pool
  - Affordability
  - Needs
  - Competition

**Current Neighborhood Market Information. Ensure both bullet points above are addressed. \***

No file chosen

**Analysis of Local Market Trends. Ensure each bullet point above is addressed. \***

No file chosen

**Comparable Data. Submit a map of comparable locations that includes the proposed project site. \***

No file chosen

**COMPARABLE PROJECT 1**

Name of Development: \_\_\_\_\_

Address: \_\_\_\_\_

Management Agent/Owner: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Proximity to Proposed Site: \_\_\_\_\_

Building Construction Type: (New Construction/Rehabilitation Only/Acquisition and Rehab.)

Age of building: \_\_\_\_\_ Year rehabilitated, if applicable: \_\_\_\_\_

General condition of building: (interior and exterior) \_\_\_\_\_

# of Bedrooms	Number of Units	Square Feet	Monthly Market Rent
0-5			\$
TOTAL		Current Vacancy Rate:	

Utilities included in rent: ☐Electric ☐Heat ☐Trash Removal ☐Sewer ☐Other \_\_\_\_\_

Are any rent subsidies or government funding connected with this building? ☐Yes ☐No

If yes, please explain: \_\_\_\_\_

Describe any general similarities or differences between this building and the proposed project building/site. Why was this chosen as a comparable?:

You are asked to complete this Form two more times for a total of three (3) comparables.

## Additional: ENVIRONMENTAL SITE SELECTION CONSIDERATIONS/CRITERIA

This is a separate form on ACCESSgov that must also be submitted by the deadline in order to ensure application consideration. [Click here for a direct link to ER Portion.](#)

### Instructions and Resources

All applications are required to meet HUD's environmental compliance standards, per Federal regulations (24 CFR Part 58) as well as all state and local standards. Complete and accurate completion of the forms will help DEHCR prepare the necessary documentation that will legally permit the release of HUD funds. If any questions arise, please contact the DOA Environmental Desk. Put "RHD" and **Your Project Name** in the subject line to be sure this is received by the correct contact: [DOAEnvironmentalDesk@wisconsin.gov](mailto:DOAEnvironmentalDesk@wisconsin.gov). Be aware that in some cases further technical analysis may be required to determine if mitigation measures are necessary. If further documentation or mitigation tactics are found to be necessary, the applicant may have a predetermined turnaround time to provide them to DEHCR as some features of the environmental review must factor in seasonal and timely considerations.

**NOTE:** A majority of projects will require a public comment period of up 32 days prior to final approval and the release of funds.

### HISTORIC PRESERVATION

The documentation requested will be used to determine the level of review required. Under certain circumstances, consultation with the Wisconsin Historical Society may be required. If a project disturbs more than a half-acre of previously unexcavated land, an archaeological survey is required. If more than 0 acres but less than a half-acre of previously unexcavated land will be disturbed, an archaeological review may be required. **Architectural and Historical Review (for projects 50 years and older):** The age of the structure should be obtained from local tax assessors' records or a similar source. Attachment A: *Architectural and Historical Information Needed Required for Rehabilitation Projects* must be completed.

### FLOODPLAIN MANAGEMENT

A copy must be attached of either the applicable [Flood Insurance Rate Map \(FIRM\)](#) or a copy of the site plan if the site plan clearly delineates the floodplain, includes the FIRM number and effective date, and is stamped by a licensed engineer or surveyor. See HUD's regulations in [24 CFR Part 55 outline HUD's procedures](#) for complying with Executive Order 11988 – Floodplain Management. Part 55 helps HUD projects comply with EO 11988 and avoid unnecessary impacts. Section 55.11(c) includes a table indicating if proposed activities are allowed in specific flood zones.

### WETLANDS PROTECTION/STORM WATER DISCHARGE

[Executive Order 11990: Protection of Wetlands](#) requires Federal activities to avoid adverse impacts to wetlands where practicable. As primary screening, applicants must verify whether the project is located within wetlands identified on both the [National Wetlands Inventory](#) and the [Wisconsin DNR Wetland Inventory](#). Wetland maps can be created using the mapping tools on both sites. A WDNR wetlands review is conducted for all [WDNR storm water discharge permits](#). The Wisconsin DNR requires developers to obtain this permit and submit erosion control plans if the proposed project will disturb 1/+ acres of land through clearing, grading, excavating, or stockpiling of fill material.

### ENDANGERED SPECIES/RESOURCES

A copy of the [USFWS Section 7 Species Review letter](#) and the [WDNR Endangered Resources Review](#) must be attached. An environmental review must consider potential impacts of the HUD-assisted project to endangered and threatened species and critical habitats. The review must evaluate potential impacts not only to any listed but also to any proposed endangered or threatened species and critical habitats. [24 CFR 58.5(e) and 24 CFR 50.4 (e)]

### AIR QUALITY STANDARDS

Contact the [WDNR Air Quality staff](#) if a proposed project site is located in the vicinity of a monitoring station where air quality violations have been registered. Additionally, information on [non-attainment zones](#) is available through the DNR, as well. Effective April 2024, [radon consideration is required](#). Best practice is documentation of [ANSI/AARST radon testing](#), though other acceptable options include [home radon test kits](#), [continuous radon monitoring devices](#), or review of science-based data on radon in the area in the last 10 years (via the [CDC](#)). [[Federal grants](#) may be available for radon testing and/or mitigation.]

### NOISE ABATEMENT

HUD's noise standards are found in 24 CFR Part 51, Subpart B, [regarding noise abatement and control](#). For proposed new construction in high noise areas, the project must incorporate noise mitigation features. HUD classifies noise levels as either Acceptable (<65 dB - No special approvals and requirements); Normally Unacceptable (>65 dB, but not exceeding 75 dB - Special

approvals and requirements); or Unacceptable (>75 dB - Environmental Impact Statement required). The environmental review record must contain **one** of the following:

- Document the proposed action is not within 1000 ft. of a major roadway, 3,000 ft. of a railroad, or 15 miles of a military or FAA-regulated civil airfield;
- If within those distances, documentation showing the noise level is *Acceptable* (at or below 65 dB);
- If within those distances, documentation showing that there's an effective noise barrier (i.e., that provides sufficient protection); or
- Documentation showing the noise generated by the noise source(s) is *Normally Unacceptable* (66–75 dB) and identifying noise attenuation requirements that will bring the interior noise level to 45 dB and/or exterior noise level to 65 dB.

Use [HUD's DNL Assessment Tool](#) to determine the Day/Night Noise Level (DNL) for a proposed project site. Traffic counts may be obtained from [Wisconsin DOT](#); email [traffic.counts@wi.gov](mailto:traffic.counts@wi.gov) for source information to submit. Both sources of information are required.

## THERMAL AND MAN-MADE HAZARDS

If a Phase I (ASTM) report was completed for the project, a copy of the Executive Summary including the author, contact information, and date the report was produced must be attached. Upload maps of any potential hazards using the following sites: The EPA maintains a [database which enables users to find and map contaminated sites](#). The Wisconsin DNR maintains a [similar database](#). The Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) maintains a [searchable list of above-ground and underground](#) storage tanks. HUD's guidance on Thermal and Man-Made Hazards can be found at:

- <https://www.hudexchange.info/environmental-review/explosive-and-flammable-facilities/>
- <https://www.hudexchange.info/environmental-review/site-contamination/>

## FORM BEGINS HERE:

### Project Description

**Application Preparer Name** ⓘ \*

ⓘ Application Preparer Name is required.

**Application Preparer Title** \*

**Application Preparer Phone** \*

**Application Preparer Email** \*

**I am submitting this application on behalf of another party:\***

- ☐ Yes; I am preparing the application for the proposed project Owner.
- ☐ No; I am the proposed project Owner AND Applicant.

***Please ensure your email is spelled correctly - this will be used to contact you regarding any further required information. All information provided in the Environmental Review must match the information provided in the Application.***

**Which program is this ER submission in regards to?\***

- ☐ HOME-RHD
- ☐ HOME-ARP

**Agency Address** \*

Address Line 1

Address Line 2

City

-- State --



Zip

**Project Name** ⓘ \*

e.g. Wisconsin Senior Village

**Project Activity Address** \*

Address Line 1

Address Line 2

City

-- State --



Zip

**If Project does not have an address yet, please list the nearest established address.**

Address Line 1

Address Line 2

City

-- State --



Zip

**Project County** \*

e.g. Adams

**Project Section** ⓘ \***Project Township** ⓘ \***Project Range** ⓘ \***Parcel ID Number** \***Zoning Letter (Site must be zoned for residential, multi-family)** ⓘ \*

Choose File

No file chosen

**Project Site Location** \*

- ☐ Central City  
☐ Infill Urban Development  
☐ Undeveloped Area  
☐ Suburban  
☐ Developing Rural Area

**Type of Development** ⓘ \*

- ☐ New Construction Only  
☐ Rehabilitation Only  
☐ Acquisition Only  
☐ Acquisition and Rehabilitation  
☐ Acquisition and New Construction

**Special Population Targeting** ⓘ

- ☐ Seniors  
☐ Veterans  
☐ Special Needs  
☐ Unhoused  
☐ Frail Elderly  
☐ Large Families

**HOME Unit Information****Total Number of Project Units** \*

e.g. 24

**Total Number of HOME Units** \*

e.g. 10

**Provide a brief description of the proposed development including use, type of structure, number of structures, new vs. rehab, etc.** \*

For example: New Construction of 20 units senior housing (62+), or 3-story 40 unit wood frame multi-family affordable apartment homes with underground parking. Specifically, 11 of the units will be designated as HOME units at 30% and 50% CMI, consisting of 1-, 2- and 3-bedrooms.

## Historic Preservation and Archaeological Review

The following uploads are required for all projects. The site plan should depict any structures to be demolished, any proposed new structures, and/or any structures to be rehabilitated. This site plan should be legible and to scale.

**USGS 7.5 quad map (or other map with sufficient detail of the site and immediate area). \***

[Choose File](#) No file chosen

**Site plan showing locations of existing or proposed structures, parking, driveways, etc., and includes size in acres and square feet. \***

[Choose File](#) No file chosen

**Photos of the development area and adjacent properties (looking N, S, E, and W) combined into one file. \***

[Choose File](#) No file chosen

**Description of current and prior land uses & current zoning status letter (as one file). \***

[Choose File](#) No file chosen

**Does the project include ground disturbing activities? \***

☐ Yes

☐ No



If Yes, questions on ground disturbance are required. If No, proceed to additional studies question.

**Estimate how much ground disturbance this project entails. \***

**\***

☐ Full site (previously undisturbed)

☐ Between 0 and 0.5 acres of previously undisturbed ground

☐ More than 0.5 acres of previously undisturbed ground

**Provide a brief description of the proposed ground disturbing activities. \***

*ⓘ Provide a brief description of the proposed ground disturbing activities. is required.*

**Have additional studies been performed? \***

☐ Yes

☐ No



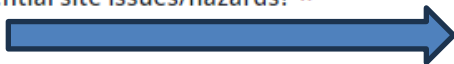
**Attach additional studies as one file here. ⓘ \***

[Choose File](#) No file chosen

**Are any mitigation tactics required or planned for the potential site issues/hazards? \***

☐ Yes

☐ No



**Attach mitigation plans as one file here. \***

[Choose File](#) No file chosen

**Does the project include the repair, rehabilitation, reuse, or demolition of an existing structure 50 years or older? \***

☐ Yes

☐ No

If Yes, Attachment A is required and will populate. If No, proceed to Floodplain Management and Wetlands Protection.

## Attachment A: Architectural and Historical Information Required for Rehabilitation Projects

What year was the structure constructed? \*

Source documentation for structure's age \*

[Choose File](#) No file chosen

Is the site known to be listed on any of the following? (Select all that apply.) \*

- ☐ National Register of Historic Places
- ☐ Properties determined eligible for the National Register
- ☐ State Register of Historic Places
- ☐ Wisconsin inventory of historic places
- ☐ Locally-designated historic property
- ☐ Local intensive survey
- ☐ None of the above

Attach a map showing the location of the building in relation to existing streets. \*

[Choose File](#) No file chosen

Attach photos of the building and adjacent structures. \*

[Choose File](#) No file chosen

Attach close-up photos of considerable deterioration; windows proposed for rehab/replacement; unique, ornate, or historically significant features.

[Choose File](#) No file chosen

The Wisconsin Historical Society (WHS) has the final authority to determine whether a property is eligible for inclusion in the National Register of Historic Places and what mitigation measures may be required. The following attachments should be in color. For the map upload, please include township, range, and section for projects located in unincorporated communities. For photo uploads, views must be unobstructed, in focus, and should include views of the front, back, and sides of the structure, and photos of the adjacent lots facing N, S, E, W. Please include photos of other structures found on the property.

## Floodplain Management

Are there drainage ways, streams, rivers, or coastlines on or within 1 mile of the development site? \*

- ☐ Yes
- ☐ No

*① Are there drainage ways, streams, rivers, or coastlines on or within 1 mile of the development site? is required.*

Is the development site located in a Special Flood Hazard Area? \*

- ☐ Yes
- ☐ No

*① Is the development site located in a Special Flood Hazard Area? is required.*

Attach a map depicting flood zones in the project area (via the DNR or FEMA). *① \**

[Choose File](#) No file chosen

Map Number \*

*① Map Number is required.*

Map Effective Date \*

MM-DD-YYYY

*① Map Effective Date is required.*

## Wetlands Protection

Is the proposed site located in a wetland area (i) or are there any ponds, marshes, bogs, swamps, or other wetlands within 500 ft. of the development area? *① \**

- ☐ Yes
- ☐ No

*① Is the proposed site located in a wetland area (i) or are there any ponds, marshes, bogs, swamps, or other wetlands within 500 ft. of the development area? is required.*

Attach a wetland map for this site (via the DNR or FWS). *① \**

[Choose File](#) No file chosen

Is the area of disturbance 1 or more acres? \*

☐ Yes

☐ No

*① Is the area of disturbance 1 or more acres? is required.*

Is a storm water discharge permit required for this site? \*

☐ Yes

☐ No

Attach permit.

\*

Has the permit been issued? \*

☐ Yes

☐ No

Choose File

## Endangered Species/Resources

Attach the US Fish and Wildlife Service Endangered Species screening letter here. ⓘ \*

Choose File

No file chosen

Attach the WDNR Endangered Resources Review screening here. ⓘ \*

Choose File

No file chosen

## Agricultural Land Impact

Will the development be located on or directly adjacent to agricultural land categorized as "prime" or of State or local importance? ⓘ \*

☐ Yes

☐ No

*① Will the development be located on or directly adjacent to agricultural land categorized as "prime" or of State or local importance? is required.*

## Soil Stability, Erosion, and Drainage

Is there evidence of slope erosion or unstable slope conditions on or near site? (i.e. soil washed away by rain, presence of gullies, etc.) \*

☐ Yes

☐ No

*① Is there evidence of slope erosion or unstable slope conditions on or near site? (i.e. soil washed away by rain, presence of gullies, etc.) is required.*

Is there evidence of cross-lot runoff, low-lying depressions, or drainage flows on the property that may affect the suitability of the site for development? \*

☐ Yes

☐ No

*① Is there evidence of cross-lot runoff, low-lying depressions, or drainage flows on the property that may affect the suitability of the site for development? is required.*

## Air Quality Standards

Is the property located in the vicinity of a monitoring station where air quality violations have been registered? \*

☐ Yes

☐ No

*① Is the property located in the vicinity of a monitoring station where air quality violations have been registered? is required.*

Will the development require any air-related permits? \*

☐ Yes

☐ No

*① Will the development require any air-related permits? is required.*

Is the development located in any of the following counties (non-attainment zones)? ⓘ \*

- ☐ Kenosha
- ☐ Manitowoc
- ☐ Milwaukee
- ☐ Oneida
- ☐ Ozaukee
- ☐ Sheboygan
- ☐ None

**Has radon testing/mitigation been performed for this site?\***

- ☐ Yes (Required for Acquisition and/or Rehab projects)
- ☐ No
- ☐ Not yet, but it will be. (Required for New Construction projects once construction is completed)

## Water Supply, Sanitary Sewers, and Solid Waste Disposal

Is the water supply serving the project operated by a municipality or is it a private on-site well? \*

- ☐ Municipal
- ☐ Private

① Is the water supply serving the project operated by a municipality or is it a private on-site well? is required.

Will the site be served by adequate and acceptable sanitary sewers and waste-water disposal systems? \*

- ☐ Yes
- ☐ No

① Will the site be served by adequate and acceptable sanitary sewers and waste-water disposal systems? is required.

Are the site's sanitary seers and waste-water disposal systems municipally or privately operated? \*

- ☐ Municipal
- ☐ Private

In the opinion of the Public Works Department, will the existing or planned solid waste disposal system adequately service the proposed development? \*

- ☐ Yes
- ☐ No

If No, explanation is required.

Please explain why not. \*

## Noise Abatement

Is the development site located within 1,000 ft. of a major road, highway, county trunk, truck route, state or federal, or urban business route? \*

- ☐ Yes
- ☐ No

① Is the development site located within 1,000 ft. of a major road, highway, county trunk, truck route, state or federal, or urban business route? is required.

Is the development site located within 3,000 ft. of an active rail line (used at least daily)? \*

- ☐ Yes
- ☐ No

① Is the development site located within 3,000 ft. of an active rail line (used at least daily)? is required.

Is the development located within 5 miles of a general aviation airport, or 15 miles of a military airport, handling jet operations with scheduled air service? \*

- ☐ Yes
- ☐ No

Is the site located within 1,000 ft. of any other noise-generating source, such as an industrial plant? \*

- ☐ Yes
- ☐ No

Attach map from WDOT that shows railroad lines, airports, major arterial streets and highways, manufacturing sites, and other major noise producing operations. ⓘ \*

Choose File No file chosen

dB Exterior (from HUD's DNL Assessment Tool) ⓘ \*

dB Interior (from HUD's DNL Assessment Tool) ⓘ \*

Attach DNL Assessment results and email correspondence with DOT (with official traffic count numbers) as one file here. ⓘ \*

 No file chosen

If the noise level has been found to be 75 dB or above, attach the Environmental Impact Statement here.

 No file chosen

## Airport Hazards

Is the site located within 2,500 ft. of a civilian airport or within 15,000 ft. of a military airport? ⓘ \*

- ☐ Yes  
☐ No

## Thermal and Man-Made Hazards

Attach site map depicting industrial/manufacturing/processing plants, chemical storage, current or closed landfills, (leaking or not) underground storage tanks, and/or other hazardous industries or facilities. ⓘ \*

 No file chosen

Is a Phase 1 (ASTM) Report required for this project? \*

- ☐ Yes  
☐ No

Has a Phase I (ASTM) Report been completed yet? \*

- ☐ Yes  
☐ No

If Yes, the full report must be submitted. This may be emailed directly to DEHCR staff if the file is too large to upload.

Attach the complete Phase 1 Report here. ⓘ \*

 No file chosen

Is the site located within 2,500 ft. of an above-ground storage tank for conventional petroleum fuels (i.e. gasoline), hazardous gases (i.e. liquid propane), or chemicals of a flammable nature (i.e. benzene, hexane)? \*

- ☐ Yes  
☐ No

Is the site located on or within 2,500 ft. of an active or closed waste dump or landfill site? \*

- ☐ Yes  
☐ No

Is the site located within 2,500 ft. of an industry which disposes of chemicals or hazardous wastes on its premises? \*

- ☐ Yes  
☐ No

Is there any evidence that asbestos should be removed from the structure? \*

- ☐ Yes  
☐ No

Upload the Storage Tank Search list via DATCP (PDF-only) ⓘ \*

Choose File No file chosen

For each of the following, a text box is provided. Indicate N/A if not applicable. If applicable, locate item(s) on site map.

- List industrial plants or facilities within ½ mile of proposed development site and locate on site map.
- List chemical (including pesticide) storage facilities or warehouses including those belonging to farmers' co-ops within ½ mile of proposed development site and locate on site map.
- List current and closed landfills, hazardous waste disposal sites, and superfund sites within ½ mile of proposed development site and locate on site map.
- List Leaking Underground Storage Tanks (LUST), toxic or chemical spills or radioactive materials on or adjacent to site area or electromagnetic hazards, such as high voltage electric transmission lines, within 1/2 mile of proposed development site and locate on site map.
- List other industries, manufacturing, and processing plants within ½ mile of proposed development site.
- If a hazardous industry or facility exists, provide the facility name, address, and contact person for the potential hazard.

## Unit Density

Will the proposed project include the rehabilitation of an existing structure? \*

- ☐ Yes  
☐ No

If Yes, unit and percentage questions are required.

Total Number of Units \*

① Total Number of Units is required.

Number of Units Before Rehab \*

① Number of Units Before Rehab is required.

Number of Units After Rehab \*

① Number of Units After Rehab is required.

Percentage of Change \*

 %

① Percentage of Change is required.

Will the development involve changes in land use from non-residential to residential, or from one class of residential to another? (e.g. from single family to high-rise multi-family) \*

- ☐ Yes  
☐ No

Will the estimated cost of the rehab be more than 75% of the total estimated cost of replacement before rehab? \*

- ☐ Yes  
☐ No

## Local Services

Will the school system have the capacity to serve any school-aged children from the project? \*

- ☐ Yes  
☐ No  
☐ Not Applicable

Will social services be available on-site or nearby for residents of the proposed project? \*

- ☐ Yes  
☐ No

Are emergency healthcare providers located within reasonable proximity? \*

- ☐ Yes  
☐ No

What is/would be the approximate response time? \*

Are police services located within reasonable proximity? \*

- ☐ Yes  
☐ No

What is/would be the approximate response time? \*

Is the firefighting service municipal or volunteer? \*

- ☐ Municipal  
☐ Volunteer

ⓘ Is the firefighting service municipal or volunteer? Is required.

What is/would be the approximate response time? \*

Is the project accessible to employment, shopping, and services by public transportation? \*

- ☐ Yes  
☐ No

**Please upload letters/documentation from the School Superintendent, Police and Fire Departments attesting to your responses (as one file here).\***

No file chosen

## Environmental Justice

Have you reviewed the project site via EPA's EJ Screening Tool? ⓘ \*

- ☐ Yes  
☐ No

Is the project located in a predominantly minority and low-income neighborhood? \*

- ☐ Yes  
☐ No

Does the project site or neighborhood suffer from disproportionately adverse environmental effects on minority and low-income populations relative to the community at large? \*

- ☐ Yes  
☐ No

## Certification

To the best of my knowledge, I hereby certify that the foregoing information in this environmental review is true and correct. The following Name and Date combination is my effective digital signature for this application.

**Application Preparer  
Name:**

ⓘ Application Preparer Name is required.

**Today's Date \***

MM-DD-YYYY

**Application Preparer  
Title:**

ⓘ Application Preparer Title is required.