



HOME  
Rental Housing Development (RHD)  
Application

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)

Rev. 2022

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The DEHCR HOME RHD website:

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

## APPLICATION INSTRUCTIONS

### A. SUBMISSION REQUIREMENTS

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

Application Round 1: The General Round

- The RHD Program will accept general applications on the first Monday in June of each year from all developers including CHDO agencies.

Application Round 2: The CHDO and Nonprofit Round

- The RHD Program will accept applications from non-profit developers or CHDO agencies on October 15th.

Application Round 3: The Rolling Round

- Applications for developments specifically in rural locations with 20, or less, total housing units. Rolling Round application will be accepted from any developer, including CHDO agencies. There is no due date and applications will be accepted throughout the year, reviewed on a first-come first-served basis as funding permits. Rural location must meet the USDA Rural Development definition of Rural Area: <https://eligibility.sc.egov.usda.gov/eligibility/addressVerification>
- 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 for 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**

In order for applications to be considered, they 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, and
  - 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: Applicants should provide documentation that project costs meet the cost guidelines set by WHEDA's Multifamily Maximum Cost Model. Go to <https://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 HOME RHD Form 6. This includes:

- Developer
- General Contractor

- Management Company
- Supportive Services Provider, as applicable to projects with set-aside units should provide relevant experience

### **CHDO Applicants**

- CHDO Certification
  - HOME RHD Form 3 from the DEHCR website
  - All applicable answers completed and required attachments provided
- Each application must include all documentation to demonstrate the agency is eligible to be CHDO certified.
- CHDO Role
- The CHDO role selected by the HOME applicant will serve to evaluate the CHDO capacity to undertake the proposed activity.

### **Unique Entity Identifier Number**

- Unique Entity Identifier Number for Owner of the proposed HOME assisted activity
- To learn more about UEI, visit the GSA's website regarding the UEI Update

### **Debarment Certification**

- The debarment documentation is a required part of the application.
- 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 provided by a WHEDA approved market analyst is required for all HOME-funded rental projects. To demonstrate the demand for the project and all units including not just those units that are designated HOME-assisted. The scope of the assessment should be relative to the project scope.

At a minimum the assessment should contain:

- An analysis of local market trends, current neighborhood information.
- A clear definition of the market area from whom the buyers or renters can reasonably be expected to be drawn.
- Analysis of the demand, supply, and competition.
- The assessment should have been performed less than 12 months prior to the commitment of HOME funds.
- Comparable Data

### **DFI Documentation:**

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

## **MEETING THRESHOLD, continued**

### **Readiness to Proceed:**

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

- A minimum of one 30% CMI HOME assisted unit AND,
- 20% of all HOME assisted units at 50% CMI,
- 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. This applies to all activities and awards funded by the States 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.

## APPLICATION SECTIONS

### A. Tab 1: APPLICANT

- RHD Form 1 – SUBMITTAL SHEET
- RHD Form 2 – APPLICATION CERTIFICATION
  - Evidence of corporation registration and current status from Wisconsin Department of Financial Institutions.
- RHD Form 3 – CHDO CERTIFICATION DOCUMENTATION (if applicable)
  - Further details available on the DEHCR HOME RHD website  
<https://energyandhousing.wi.gov/Pages/AgencyResources/rhd.aspx>

### B. Tab 2: PROJECT

- Narrative - Briefly describe the scope and vision of the project, including the population to be served (whether they fall into a defined target population as defined in the Guide) and if any services will be provided (1/2 to 1 page maximum).
- EE/Green – Briefly outline aspects designed to insure maximum indoor environmental quality, overall energy efficiency, sustainability and long-term utility affordability. Items addressed should include:
  - proposed specifications for building shell construction and ventilation systems;
  - space heating/air conditioning and water heating systems;
  - exterior;
  - common areas and in-unit lighting;
  - supplied appliances
- Architect certifications for
  - Visitable units
  - Green building standards, Energy Star items, resource conservation
  - Broadband infrastructure
- RHD Form 4 – SITE DATA
- RHD Form 5 – UNIT DATA Include documentation of utility allowances used.
- Plans - Copy of Floor Plans and Elevations

## APPLICATION SECTIONS, continued

### C. Tab 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 (DEVELOPER, MANAGEMENT AGENT, GENERAL CONTRACTOR AND SUPPORTIVE SERVICE PROVIDER). Include information only from the last five years.
  - Include resumes of key development team members
  - Include audited financials from the most current year for the developer and co-developer.
- RHD Form 7 – PROJECT TIMELINE
- Debarment - Include verification that no development team entity is debarred or suspended from working on federal contracts ( <https://www.sam.gov/>).
- In a brief narrative address each of the following:
  - Marketing Plan
  - Supportive Services - Describe the supportive services (when applicable) that will be provided in the project, what agency will be providing them, and how they will be paid for.
- Include any written commitments from supportive service providers (when applicable).
  - Tenant - Include a copy of the tenant selection policy. HOME compliant leases should avoid federally prohibited lease clauses that are outlined at 24 CFR 92.253(b). DEHCR requires that one-year leases be utilized unless a request for a shorter term is submitted and approved in advance. Leases must include the most recent language related to abandonment of personal property.

### CI. Tab 4: FINANCIAL

- RHD Form 8 – FINANCE DATA
- RHD Form 9 – RENTAL HOUSING SPREADSHEETS (*use electronic spreadsheets available on DOH website, proforma must be for 20 years*)
  - Form 9a – If applicable, include CHDO Operating line-item budget detailing uses.
- RHD Form 10 – MATCH IDENTIFICATION



## APPLICATION SECTIONS, continued

- LOI - Funding commitment letters or letters of interest from finance agencies that are evident in RHD Form 8
- CNA - Capital Needs Assessment (*for rehab projects with  $\geq 12$  units*)
  - Regardless of size, all major systems must be identified in a scope of work
    - A detailed inspection must be performed to document the current state of the structure/building. The scope of work should use this inspection and ensure that the property is able to remain compliant with property standards for at least the period of affordability.

### E. Tab 5: MARKET STUDY

**Option 1:** LIHTC funded projects.

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:** Provide an assessment of Market Demand and HOME RHD Form 11.

For projects of 12 or fewer units, unless LIHTC funded. HOME RHD Form 11 indicates the minimum information to include in your assessment.

### F. Tab 6: ENVIRONMENTAL SITE SELECTION CONSIDERATIONS/CRITERIA - ER

- RHD Form 12 is required for all applications to the HOME RHD program
- More details and instructions on the DEHCR HOME RHD website  
<https://energyandhousing.wi.gov/Pages/AgencyResources/rhd.aspx>
- Note that most projects will require a public comment period of 28 to 32 days prior to work beginning and release of funds. The environmental site selection considerations/criteria packet may be submitted separately to the DOH Environmental Desk at the time of application if all significant financing has been secured and an early review is required.

## **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.**

## RHD FORM 1 SUBMITTAL SHEET

Applicant Information			
Agency Name:	Click here to enter text.	Contact Person Name:	Click here to enter text.
Agency Address:	Click here to enter text.	Contact Person Phone:	Click here to enter text.
Agency City:	Click here to enter text.	Contact Person Email:	Click here to enter text.
	Click here to enter text.		Click here to enter text.

Project Activity Information	
Project Activity Name:	Click here to enter text.
Project Activity Address:	Click here to enter text.
Project Activity City ZIP+4:	Click here to enter text.
Project Activity County:	Click here to enter text.

Type of Development	
<input type="checkbox"/> New Construction Only <input type="checkbox"/> Rehabilitation Only <input type="checkbox"/> Acquisition Only <input type="checkbox"/> Acquisition and Rehabilitation <input type="checkbox"/> Acquisition and New Construction	<p style="text-align: center;">HOME unit Special Population Targeting Set-Aside</p> <input type="checkbox"/> Senior Housing <input type="checkbox"/> Veterans Housing <input type="checkbox"/> Special Needs <input type="checkbox"/> Homeless <input type="checkbox"/> Frail Elderly <input type="checkbox"/> Large Families

HOME Unit Information					
Total Number of Project Units:		Click here			
Total Number of HOME Units:		Click here			
		HOME unit Bedroom Size			
HOME Unit Category	Number of HOME Units	1	2	3	4
HIGH	Click here				
LOW	Click here				
SUB	Click here				
SRO	Click here				
Total Units:	Click here				

<b>CHDO Role</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> Owner	<input type="checkbox"/> Developer	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Sponsor
CHDO Operating Requested Amount: <a href="#">Click here</a>					

As the applicant for HOME funds under this program, I have reviewed the Program Guide, 24 CFR 92, and all References, which were provided as part of this application and accept the provisions set forth therein. I certify that the above information is accurate and true.

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

**RHD FORM 2  
APPLICATION CERTIFICATION**

HOME Activity Owner\* \_\_\_\_\_  
(Owner name above must match WI DFI Records) \_\_\_\_\_

Review each statement, check the box and attach the required items below:

- 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.

**RHD FORM 2  
APPLICATION CERTIFICATION**

- 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.

## RHD FORM 2 APPLICATION CERTIFICATION

The applicant certifies, by submission of this proposal, that neither it 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.

The Applicant agrees to maintain documentation of compliance with the above certifications.

BY: _____	_____
Signature	Date
_____	_____
Print Name	Title

**REQUIRED ATTACHMENTS** to demonstrate Current Status and Good Standing with Wisconsin DFI

1. State of Wisconsin DFI Certificate of Status for the Owner of the proposed HOME assisted activity.
  - a. Owner and Applicant must be in good standing and currently registered in Wisconsin
  - b. Registration must be current
2. Unique Entity Identifier Number for Owner of the proposed HOME assisted activity (f/k/a DUNS)
3. IF the Owner is an LLC or LP attach both A and B, below:
  - a. Ownership Chart
    - i. The ownership chart must identify the LLC's, or LP's, Organizer/Registered Agent, member/or partner(s) name(s),
  - b. Unique Entity Identifier Number for LLC's, or LP's, Organizer/Registered Agent shown in the ownership chart
    - i. Organizing member(s)/Registered Agent must be in good standing and registered in Wisconsin

### REQUIRED ATTACHMENTS MUST BE IN YOUR APPLICATION

\* 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. (42 U.S.C. 12756). Specifically, Section 226 requires the State ensure long-term compliance with the HOME statute and provide remedies for breach through both agreements with project owners and other such measures of enforcement of HOME requirements by the State (e.g., deed restrictions, liens on real property, or covenants running with the land). (See 24 CFR 92.504(c); 92.252(e)(ii)). As specified in the HOME statute, these other measures to ensure compliance are in addition to the requirement that the State ensure long-term compliance through binding contractual agreements with project owners. Pursuant to 24 CFR 92.504, the State enters into a written agreement with the project owner to provide the HOME funds for the development or rehabilitation of affordable rental housing and to impose HOME requirements on the project to ensure compliance with the statutory and regulatory provisions. The example of providing HOME funds to an entity that will then lend the HOME funds to the owner entity, the State would not providing HOME funds to the project owner but rather to an intermediary entity. Even though the entity may impose HOME requirements on the owner entity, the agreement nonetheless violates the HOME statutory requirement to "ensure long-term compliance" through "binding contractual agreements with owners" by providing funds to an entity other than the owner.

**RHD FORM 3  
CHDO CERTIFICATION DOCUMENTATION  
CHDO Applicants Only**

**Go to the DEHCR HOME RHD site to retrieve the form.**

**The HOME RHD Form 3 (Required only for CHDO applicants):**

**The DEHCR HOME RHD website:**

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

Brief description of the CHDO criteria

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 Community Housing Development Organization (“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 a funding proposal (project application) and each time funds are awarded to a project. There is no general certification an organization can carry to be a recognized CHDO.

## RHD FORM 4 SITE DATA

**PROJECT NAME:** Click here to enter text.

**ADDRESS:** Click here to enter text.

**CITY/ZIP:** Click here to enter text.

**COUNTY:** Click here to enter text.

**PROJECT LOCATION:**

City

Village

Town

**SITE CONTROL:**

Deed

Purchase Contract

Option to Purchase

**SELLER'S INFORMATION:**

Seller's Name: Click here to enter text.

Seller's Address: Click here to enter text.

Seller's Phone: Click here to enter text.

Seller's Email: Click here to enter text.

**CONFLICT OF INTEREST:** Is seller related to any party involved in this development, or staff of the applicant? Will they receive a benefit other than sale proceeds?

Yes

No

**RELOCATION:**

Are there currently tenants living onsite?

Yes

No

If yes, will the project displace current tenants?

Yes

No

If yes, then attach a description of how you will assist displaced persons and provide example of displacement notices to be sent to tenants.

**LEGISLATIVE DISTRICTS:**

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

Congressional District: Click here to enter text.

Name: Click here to enter text.

State Senate District: Click here to enter text.

Name: Click here to enter text.

State Assembly District: Click here to enter text.

Name: Click here to enter text.

Municipal Mayor or Village President

Name: Click here to enter text.

**Tax Parcel Identification Number:** Click here to enter text.

**Zoning Information:**

Is the site zoned for development?

Yes

No

If no, is the site in process of rezoning?

Yes

No

Anticipated date of zoning resolution?

Click here to enter text.

Not Applicable

**Utilities:**

Are all utilities presently available to the site?

Yes

No

If no, which utilities need to be brought to the site?

Electric

Water

Sewer

Gas

Internet/Telephone



**RHD FORM 4  
SITE DATA**

**Provide site official legal description here:**

*Legal description must be acceptable to the Register of Deeds with jurisdiction over project site.*

A large, empty gray rectangular area with a thin black border, intended for the user to provide the site's official legal description. The area is currently blank.

## 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.

**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>SQ. FT. RATE</b>					
<b>HIGH-(60%)</b>	<b>\$45.00</b>	<i>n/a</i>	<b>\$31,500</b>	<b>\$40,500</b>	<b>\$54,000</b>	<b>\$60,750</b>
<b>LOW-(50%)</b>	<b>\$65.00</b>	<i>n/a</i>	<b>\$45,500</b>	<b>\$58,500</b>	<b>\$78,000</b>	<b>\$87,750</b>
<b>SUB-(30%)</b>	<b>\$90.00</b>	<i>n/a</i>	<b>\$63,000</b>	<b>\$81,000</b>	<b>\$108,000</b>	<b>\$121,500</b>
<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>SQ. FT. RATE</b>					
<b>HIGH-(60%)</b>	<b>\$53.00</b>	<i>n/a</i>	<b>\$37,100</b>	<b>\$47,700</b>	<b>\$63,600</b>	<b>\$71,550</b>
<b>LOW-(50%)</b>	<b>\$75.00</b>	<i>n/a</i>	<b>\$52,500</b>	<b>\$67,500</b>	<b>\$90,000</b>	<b>\$101,250</b>
<b>SUB-(30%)</b>	<b>\$105.00</b>	<i>n/a</i>	<b>\$73,500</b>	<b>\$94,500</b>	<b>\$126,000</b>	<b>\$141,750</b>
<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>

## RHD FORM 5 UNIT DATA

### UNIT REQUIREMENTS

The HOME Program Guidelines and restrictions stipulated by HUD regulations include rent and income limits. HUD annually publishes HIGH and LOW rent limits, as well as income limits per county or Metropolitan Statistical Area. The HUD published or calculated HOME rent limits are defined to include unit rent and utilities.

**Rent limits are published on the hudexchange:**

<https://www.hudexchange.info/programs/home/home-rent-limits/>

**Income limits are published on the hudexchange:**

<https://www.hudexchange.info/programs/home/home-income-limits/>

### Unit Designations

The DEHCR RHD Program allows for four Unit Category Designations targeted to different income groups.

<b>HIGH</b>
Household gross income not to exceed 60% CMI at initial occupancy. Income Limit: The “ <b>60% Limits</b> ” from the Adjusted HOME Income Limits. Rent Limit: The rent with utility allowance may not exceed the “ <b>HIGH HOME Rent Limit</b> ” from HOME Program Rents.
<b>LOW</b>
Household gross income not to exceed 50% CMI at initial occupancy. Income Limit: The “ <b>Very Low Income</b> ” limit from the Adjusted HOME Income Limits. Rent Limit: The rent with utility allowance may not exceed the “ <b>LOW HOME Rent Limit</b> ” from HOME Program Rents.
<b>SUB</b>
Household gross income not to exceed 30% CMI at initial occupancy. Income Limit: The “ <b>30% Limits</b> ” from the Adjusted HOME Income Limits. Rent Limit: The rent with utility allowance may not exceed <b>half of the “65% Rent Limit</b> ” from HOME Program Rents.
<b>SRO</b>
This unit designation is special and is rarely used, (see description below). Income Limit: The “ <b>30% Limits</b> ” from the Adjusted HOME Income Limits. Rent Limit: The rent with utility allowance may not exceed <b>75% of “Fair Market Rent” of the Efficiency (0-bedroom unit)</b> from HOME Program Rents.  Single Room Occupancy (SRO) housing means housing consisting of single room dwelling units. SRO units are required to contain either food preparation or sanitary facilities, however it may contain both facilities, 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 contain sanitary facilities, 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.



**RHD FORM 5  
UNIT DATA**

<b>SRO Rent Units</b>			20% CMI								
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Utility Allowance	HOME published rent	LIHTC or Sec.8	Unit Sq. Ft.	Sq. Ft. Rate	Sq. Ft. Calculation	HOME Request	% of Unit Cost
0											
1											
2											
3											
4											
<b>TOTALS</b>											

<b>Other Restricted Rent Units</b>						
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Utility Allowance	LIHTC or Sec.8	Actual Sq. Ft.
0						
1						
2						
3						
4						
<b>TOTALS</b>						

Utilities	Included in Rent? (Yes or No)
Electricity	
Heat	
Air Conditioning	
Water	
Sewer	
Trash	
Other	

<b>Market Rate Rent Units</b>				
Unit Size # of bedrooms	# of Units	# Units Accessible	Expected Rent	Actual Sq. Ft.
0				
1				
2				
3				
4				
<b>TOTALS</b>				

Total Proposed Uses	Total Number of Units
HIGH Rent Units	
LOW Rent Units	
SUB Rent Units	
SRO Rent Units	
Other Restricted Rent Units	
Market Rate Rent Units	
<b>TOTAL Units</b>	

**RHD FORM 5  
UNIT DATA**

**SPECIAL POPULATIONS TO BE SERVED (if applicable)**

IDENTIFIED POPULATIONS	TOTAL NUMBER OF UNITS	NUMBER OF HOME ASSISTED UNITS	
Frail Elderly			
Persons with a Disability (specify)			
Veterans			
Homeless			
Large Families (4+ Persons)			
Other (specify)			

**EQUIPMENT TO BE INCLUDED IN EACH UNIT**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Stove/frig        | <input type="checkbox"/> Attached Garage    | <input type="checkbox"/> Disposal           |
| <input type="checkbox"/> Air Conditioning  | <input type="checkbox"/> Microwave          | <input type="checkbox"/> Dishwasher         |
| <input type="checkbox"/> Window Treatments | <input type="checkbox"/> Washer/Dryer       | <input type="checkbox"/> Laundry Facilities |
| <input type="checkbox"/> Patio/Balcony     | <input type="checkbox"/> Separate Entrances | <input type="checkbox"/> Other _____        |

**COMMERCIAL SPACE**

Will there be commercial facilities/space?

- Yes       No

If yes, describe: \_\_\_\_\_

Identify source of funds used to pay for this space: \_\_\_\_\_

**PARKING ON SITE**

- Yes       No       Included or  Optional  
 Garages or  Spaces      # of spaces: \_\_\_\_\_

**RECREATIONAL/COMMON FACILITIES ON SITE**

- Yes       No

Describe: \_\_\_\_\_

**DESCRIBE COMMUNITY LINKAGES (e.g., proximity to public transportation, shopping, etc.)**

\_\_\_\_\_  
 \_\_\_\_\_

**RHD FORM 6  
PROJECT DEVELOPMENT TEAM**

Please identify the following individuals as they relate to this application, and fill out the corresponding experience forms:

**APPLICANT (complete Developer Experience Form) – please attach most current year audited financials**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROJECT CONTACT**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CONTRACT SIGNER**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FISCAL/BUDGET CONTACT**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RHD FORM 6  
PROJECT DEVELOPMENT TEAM**

If this project will be a co-venture and/or will be syndicated, please list the co-partner and/or the owner organization.

**CO-DEVELOPER (Complete Developer Experience Form) – please attach most current year audited financials**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**List all Owners** (add additional spaces if needed) Include the name and title of person authorized to sign documents.

**OWNER ONE**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**OWNER TWO**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



**RHD FORM 6  
PROJECT DEVELOPMENT TEAM**

**ATTORNEY**

Name of Firm: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**BUILDER OR GENERAL CONTRACTOR (Complete GC Experience Form)**

Company Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ARCHITECT**

Company Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**MANAGEMENT AGENCY (Complete Management Agent Experience Form)**

Company Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RHD FORM 6  
PROJECT DEVELOPMENT TEAM**

**TITLE INSURANCE COMPANY (if applicable)**

Company Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**SERVICE PROVIDER (Complete Service Provider Experience Form)**

Company Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RHD FORM 6  
PROJECT DEVELOPMENT TEAM**

**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.

Development Name:		Developer Contact Name:	
Address:		Email:	Phone:
Development Types: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy (check all that apply): <input type="checkbox"/> LIHTC <input type="checkbox"/> HOME <input type="checkbox"/> AHP <input type="checkbox"/> USDA-RD <input type="checkbox"/> NONE <input type="checkbox"/> OTHER:	
Development Lender:		Contact (name and phone):	
Equity Provider:		Contact (name and phone):	
Is Permanent Financing in Place? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you had to make capital contributions? <input type="checkbox"/> Yes <input type="checkbox"/> 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:	
Number of Months in Lease-Up:		<u>Year</u>	<u>Physical</u> <u>Economic</u>
Has the development ever had a financial audit performed? <input type="checkbox"/> Yes <input type="checkbox"/> No In what year?		If an audit has been performed, has the audit been qualified based on the development's ability to remain a going concern? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**RHD FORM 6  
PROJECT DEVELOPMENT TEAM  
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.

Development Name:	General Contractor Contact Name:	
Address:	Email:	Phone:
Development Types: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation	Type of Subsidy (check all that apply): <input type="checkbox"/> LIHTC <input type="checkbox"/> HOME <input type="checkbox"/> AHP <input type="checkbox"/> USDA-RD <input type="checkbox"/> NONE <input type="checkbox"/> OTHER:	
Developer:	Contact (name and phone):	
Total Number of Units:                  Number of Low-Income Units:	MBE/WBE businesses used: <input type="checkbox"/> Yes <input type="checkbox"/> No Section 3 businesses used: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Placed-in-Service Date:	Physical and Economic Occupancy Percentages for the Last Two Years:	
Time to complete:	<u>Year</u>	<u>Physical</u> <u>Economic</u>
Has your firm ever had a financial audit performed? <input type="checkbox"/> Yes <input type="checkbox"/> No In what year?	If an audit has been performed, has the audit been qualified based on the development's ability to remain a going concern? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**RHD FORM 6  
PROJECT DEVELOPMENT TEAM  
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.

Development Name:	Manager Contact Name:				
Address:	Email:	Phone:			
Development Types: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation	Type of Subsidy (check all that apply): <input type="checkbox"/> LIHTC <input type="checkbox"/> HOME <input type="checkbox"/> AHP <input type="checkbox"/> USDA-RD <input type="checkbox"/> NONE <input type="checkbox"/> 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: <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 33%;"><u>Year</u></td> <td style="text-align: center; width: 33%;"><u>Physical</u></td> <td style="text-align: center; width: 33%;"><u>Economic</u></td> </tr> </table>		<u>Year</u>	<u>Physical</u>	<u>Economic</u>
<u>Year</u>	<u>Physical</u>	<u>Economic</u>			
Has the development ever had a financial audit performed? <input type="checkbox"/> Yes <input type="checkbox"/> No  In what year?	If an audit has been performed, has the audit been qualified based on the development's ability to remain a going concern? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**RHD FORM 6**  
**PROJECT DEVELOPMENT TEAM**  
**SERVICE PROVIDER EXPERIENCE**

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

Development Name:		Provider Contact Name:			
Address:		Email:	Phone:		
Development Types: <input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Acquisition/Rehabilitation		Type of Subsidy (check all that apply): <input type="checkbox"/> LIHTC <input type="checkbox"/> HOME <input type="checkbox"/> AHP <input type="checkbox"/> USDA-RD <input type="checkbox"/> NONE <input type="checkbox"/> OTHER:			
Developer:		Contact (name and phone):			
Types of Services Provided (list all):					
Total Number of Units:		Number of Low-Income Units:		Total Number of Units/Household Receiving Services:	
Years of Experience:		Years/months of Experience at this Site:			

**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.*

**RHD FORM 8  
FINANCIAL DATA page 1**

Complete all the following that is available and applicable. Provide documentation of commitment or letter of interest for both construction and permanent sources:

**CONSTRUCTION FINANCING**

<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Contact</b>		<b>Email</b>	
<b>Amortization Period</b>	<b>Yrs.</b>	<b>Interest Rate</b>	<b>%</b>
<b>Firm Commitment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b>	<b>Letter of Interest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Contact</b>		<b>Email</b>	
<b>Amortization Period</b>	<b>Yrs.</b>	<b>Interest Rate</b>	<b>%</b>
<b>Firm Commitment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b>	<b>Letter of Interest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>TOTAL CONSTRUCTION SOURCES</b>	<b>\$</b>
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**PERMANENT FINANCING**

<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Contact</b>		<b>Email</b>	
<b>Amortization Period</b>	<b>Yrs.</b>	<b>Interest Rate</b>	<b>%</b>
<b>Firm Commitment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b>	<b>Letter of Interest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Contact</b>		<b>Email</b>	
<b>Amortization Period</b>	<b>Yrs.</b>	<b>Interest Rate</b>	<b>%</b>
<b>Firm Commitment</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>OR</b>	<b>Letter of Interest</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No



**RHD FORM 8  
FINANCIAL DATA page 2**

<b>LIHTC INFORMATION</b>		<input type="checkbox"/> Actual	<input type="checkbox"/> Expected
<b>Reservation Date</b>		<b>Allocation</b>	<b>\$</b>
<b>Investor/Syndicator Name</b>			
<b>Contact</b>		<b>Email</b>	
<b>Commitment Received?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Equity Pricing</b>	<b>\$</b>	<b>Total Equity</b>	<b>\$</b>

<b>HISTORIC TAX CREDIT INFORMATION</b>		<input type="checkbox"/> Actual	<input type="checkbox"/> Expected
<b>Reservation Date</b>		<b>Allocation</b>	<b>\$</b>
<b>Investor/Syndicator Name</b>			
<b>Contact</b>		<b>Email</b>	
<b>Commitment Received?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Equity Pricing</b>	<b>\$</b>	<b>Total Equity</b>	<b>\$</b>

<b>OWNER EQUITY</b>	<i>List all grants (public and private), historic tax credits, deferred developer fee, etc. (add lines if needed)</i>
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<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Source</b>		<b>Amount</b>	<b>\$</b>
<b>Source</b>		<b>Amount</b>	<b>\$</b>

<b>TOTAL PERMANENT SOURCES</b>	<b>\$</b>
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Required attachment:

Provide documentation of commitment or letter of interest for both construction and permanent sources:

**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.**

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 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

**RHD FORM 10  
MATCH IDENTIFICATION**

**Match amounts must be made up exclusively of non-federal sources and documentation must be provided.**

Category of Match Contribution	Match Credit	✓ Check if Committed	Date Committed
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"/>	
Infrastructure	\$ \$	<input type="checkbox"/> <input type="checkbox"/>	
<b>PROJECTED TOTAL</b>		\$	

**Ineligible sources of match include the following, this list is not exhaustive**

1. Contributions made with or derived from Federal resources e.g. CDBG funds [§92.220(b)(1)]
2. Interest rate subsidy attributable to the Federal tax exemption on financing or the value attributable to Federal tax credits [§92.220(b)(2)]
3. Contributions from builders, contractors or investors, including owner equity, involved with HOME-assisted projects. [§92.220(b)(3)]
4. Sweat equity [§92.220(b)(4)]
5. Contributions from applicants/recipients of HOME assistance [§92.220(b)(5)]
6. 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

## **RHD FORM 11 COMPARABLE DATA**

Regardless of response, both options will be reviewed for minimum information, to demonstrate current market demand for the project and all units, including not just those units that are designated HOME-assisted. The scope of the assessment should be relative to the project scope. The assessment must demonstrate that there is market demand for the project in the neighborhood which the project will be located. The source and date of the data included in the assessment should be referenced. The assessment should be based on current and reliable data and have been performed less than 12 months prior to the commitment of the HOME funds.

**Option 1:** LIHTC funded projects.  
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:** Provide an assessment of Market Demand and HOME RHD Form 11.  
For projects of 12 or fewer units, unless LIHTC funded

### **OPTION 2 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** (use a separate RHD Form 11 for each)

- 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
  - Other Market Risk Factors

**RHD Form 11 - COMPARABLE 1**

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

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

Management Agent or Owner: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Building Construction Type: \_\_\_\_\_  
*(include building photograph)*

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			\$
1			\$
2			\$
3			\$
4			\$
5			\$
<b>TOTAL</b>		<b>Current Vacancy Rate:</b>	

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RHD Form 11 - COMPARABLE 2**

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

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

Management Agent or Owner: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Building Construction Type: \_\_\_\_\_  
*(include building photograph)*

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			\$
1			\$
2			\$
3			\$
4			\$
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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RHD Form 11 - COMPARABLE 3**

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

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

Management Agent or Owner: \_\_\_\_\_

Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Building Construction Type: \_\_\_\_\_  
*(include building photograph)*

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			\$
1			\$
2			\$
3			\$
4			\$
5			\$
<b>TOTAL</b>		<b>Current Vacancy Rate: _____</b>	

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RHD FORM 12**

**ENVIRONMENTAL SITE SELECTION CONSIDERATIONS/CRITERIA**

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

**The HOME RHD Form 12 (Required with each application):**

<https://energyandhousing.wi.gov/Documents/Housing/RHD/RHD%20Application%20Form%2012%20Environmental%20Review%20Fillable%20Form.docx>

**The HOME RHD Form 12 Instructions:**

<https://energyandhousing.wi.gov/Documents/Housing/RHD/RHD%20Application%20Form%2012%20Environmental%20Review%20Instructions.docx>

**The DEHCR HOME RHD website:**

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