

**OWNER/DEVELOPER APPLICATION
for the
PROJECT BASED VOUCHER PROGRAM**

INSTRUCTIONS:

Please fill out the attached form completely. If you fail to give complete information or documentation as required, your application will not be considered.

All information on each application will be kept confidential. Please submit one form for each property you wish to construct or rehabilitate.

If you have any questions, or need assistance in completing the form, please call the undersigned at 786-469-4237.

Please submit **five (5) copies** of the fully completed applications by Friday, August 23, 2019, **2:00 P.M.** to the following address:

Miami-Dade County Public Housing and Community Development (PHCD)
701 NW 1st Court, 16th Floor, Miami, Florida 33136

A. IDENTITY OF APPLICANT

1. Name and Address of Applicant:

Name

Street Address

Telephone: _____
Home

City

State

Zip Code

Work or Message

2. Name and Address of owner of property, if different from above:

Note: Property must be located within the target area to be considered for this application.

Name

Street Address

City

State

Zip Code

Home Phone

Work/Message Phone

B. DESCRIPTION OF PROPERTY

1. Address of Property to be rehabilitated/constructed or Existing:

Street Address

No. of Stories

Elevator? ___ Yes ___ No

Zip Code

2. What is the unit type for this property? (e.g., single family, duplex, triplex, fourplex, etc.)

3. Complete the following for the building in which the units you propose to construct/rehabilitate or attach assistance to are located.

<u>Size of Units</u>	<u>Total Number of Units</u>	<u>Total Number of Units Now Vacant</u>
SRO	_____	_____
0 Bdrm	_____	_____
1 Bdrm	_____	_____
2 Bdrm	_____	_____
3 Bdrm	_____	_____
4 Bdrm	_____	_____

Please indicate the number of units and bedroom size for which subsidies are being sought.

BR Size	# of Units
_____	_____
_____	_____
_____	_____
_____	_____

4. Are there any non-residential units (e.g., commercial office space) in this property that you propose to construct or rehabilitate? _____ Yes _____ No

If yes, describe:

5. Has this property been under any federally assisted housing program at any time during the last 12 months - excluding the Section 8 Existing Program?

_____ Yes _____ No

6. Which utilities will be paid for by the tenant directly? (Check any which apply and estimate the monthly cost)

Cooking	__	\$	_____	Lights or Other Electric	__	\$	_____
Water	__	\$	_____	Gas	__	\$	_____
Garbage	__	\$	_____	Hot Water	__	\$	_____

7. Which utilities will be paid by the owner?

Electricity	_____
Gas	_____
Hot Water	_____
Water	_____
Garbage	_____

8. For the utilities paid by the tenant, fill in "G" for Gas or "E" for Electricity below:

Heating _____ Cooking _____ Hot Water Heating _____

9. Approximately how old is the building you plan to rehabilitate or attach assistance to?

10. What units, if any, are currently under Section 8 in the building you plan to rehabilitate or attach assistance to? (Please show the address of each Section 8 unit.)

a. _____ e. _____

b. _____ f. _____

c. _____ g. _____

d. _____ h. _____

11. List the distance (in blocks or miles) from this property to the nearest:

_____ Supermarket	_____
_____ Shopping District	_____
_____ Public Transportation	_____
_____ Hospital	_____

12. (a) Is the property currently handicapped accessible?

_____ Yes
_____ Partly, _____ units
_____ No

(b) Are any modifications for handicapped access planned as part of the work?

_____ Yes _____ No

If so, describe:

C. REHABILITATION/NEW CONSTRUCTION EXPERIENCE

List all residential rehabilitation or new construction projects completed by you within the past five years (use additional sheets as necessary):

Project Address:	_____	_____
Total Project cost:	_____	_____
Financing:		
Source 1	_____	_____
Amount 1	_____	_____
Source 2	_____	_____
Amount 2	_____	_____

Date Financing Closed: _____

Contractor's Name: _____

Date Construction Completed: _____

D. FINANCIAL INFORMATION

1. Type of ownership of property (Check one):

_____ Mortgage _____ Own free and clear
_____ Option _____ Other (please explain):
_____ Lease _____

2. What is the total amount of rent you have actually received on the units in the building over the last 18 months?

<u>Size of Units</u>	<u>Number of Units</u>	<u>Total Rent Received</u>
Studio	_____	_____
1 Bedroom	_____	_____
2 Bedroom	_____	_____
3 Bedroom	_____	_____
4 Bedroom	_____	_____
5 Bedroom	_____	_____

2a. If any unit was vacant for over two (2) months, indicate on a separate sheet the size of the unit(s), the number of unit(s), and the total number of months the unit(s) were vacant.

2b. Indicate the monthly contract rent expected under the Project-Based Program.

NOTE: Proposed contract rents must not exceed 110% of the established Fair Market Rents as published by HUD, including any area wide exception Payment Standard if applicable.

3. How do you plan to finance the new construction or rehabilitation work? (check one or more)

	Amount
_____ Lending Institution	\$ _____
_____ Savings/Own Capital	\$ _____
_____ Other(Explain): _____	\$ _____

TOTAL:\$ _____

4. If you have arranged financing already, attach any evidence of tentative or firm commitment to finance.

5. Describe your experience, if any, with HUD/FHA housing programs.

HUD PROGRAM	Number of units owned/managed
_____	_____
_____	_____
_____	_____
_____	_____

6. Purchase price of your property: \$ _____

7. Amount originally financed on property at time of purchase:

8. Date of Purchase: _____
Month Year

9. Property Loan(s):

Amount of each loan on property: _____

Interest Rate of loan (%): _____

Term of Loan (Years): _____

Date Borrowed (Month/Year): _____

Current Outstanding Balance: _____

Current Monthly Principal & Interest Payment: _____

10. List any other liens on the property other than those above:

11. If you have made capital improvements on the property (as defined by the Internal Revenue Service), what was the nature, cost, and financing for these improvements?*

Kinds of improvements: _____

Cost of improvements: _____

Date improvements were made: _____

How were these improvements paid for? _____

* Generally, this includes anything which contributes to the value of the property, exclusive of routine maintenance.

12. Estimate your annual insurance, real estate taxes, and other operating costs on the property after the proposed new construction/rehabilitation has been completed.

Real Estate Taxes \$ _____ (Attach copies of last two(2) receipts)

Insurance \$ _____ (Attach proof of current annual premium)

Maintenance \$ _____

Management \$ _____

Utilities \$ _____

13. Attach evidence of ownership or site control (e.g., grant deed, option, deposit receipt, lease).

E. NEW CONSTRUCTION OR REHABILITATION PROPOSED

1. Describe the work you propose to do. Show the total cost for all improvements you plan to make.

Description	Cost
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____

d. _____ \$ _____

e. _____ \$ _____

f. _____ \$ _____

(If you have a contractor's bid or estimate, please attach it)

- 2. Estimate the length of time it will take to complete the proposed new construction/rehabilitation from the date of application.

F. TENANTS (REHABILITATION and EXISTING ONLY)

- 1. Fill out the chart below, showing the number of units occupied by more than two persons per bedroom.

<u>Unit Address</u>	<u>Number of Bedrooms</u>	<u>Number of Occupancy Males-Females</u>
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- 2. Will any tenant, presently living in these units, be temporarily displaced, or relocated, because of the proposed rehabilitation?

Yes _____ No _____

If yes, how long? _____

How many tenants? _____

- 3. To the best of your knowledge, _____ of the _____ tenants currently occupying the property have incomes at or below the following limits:

<u>Number of Persons in household</u>	<u>Annual Gross Income</u>
1	\$38,100
2	\$43,550
3	\$49,000
4	\$54,400
5	\$58,800
6	\$63,150
7	\$67,500

CERTIFICATIONS

The Owner/Applicant Certifies that:

- a. The owner has not required any tenant to move without cause during the 12 months prior to the date of application.
- b. The owner is willing to comply with all the temporary relocation requirements of the Agency and will compensate, as required, a temporarily relocated tenant for the costs of such relocation.
- c. The date and exhibits contained in this application and proposal are true, correct, and complete; and
- d. The owner will not require any tenant to move without cause during the period of time following submittal of this application until the date on which he/she signs an agreement to enter into a Housing Assistance Payments Contract whenever that may occur.

Owner Signature

Date: _____

All applications must include the following attachments:

- A. Management Plan (Program form)
- B. Financial Statement (Income and Expense Statement – Audited Financial Statement Preferred) for property’s most recent operating year
- C. If applicable, copies of Code Enforcement Inspection Reports, and correspondence.
- D. Certificate(s) of Previous Participation (HUD form 2530) (The identity of the owner, developer, builder, architect, management agent (and other participants), the names of officers and principal members, shareholders, investors and other parties having a substantial interest; the previous participation of each in HUD Programs on the prescribed HUD Form No. 2530 and a disclosure of any possible conflict of interest by any of these parties that would be a violation of the Agreement or the Contract; and information on the qualifications and experience of the principle participants); (Add additional pages if necessary)

- E. Disclosure of Lobbying Activities
- F. Certification of Consistency with the Consolidated Plan
- G. Certification of Consistency with the RC/EZ/EC-II's Strategic Plan
- H. Census Tract Certification
- I. Certification of Payments to Influence Federal Transactions
- J. Certification of Participation in the Low Income Housing Tax Credit Program
- K. Certification regarding compliance with the Uniform Relocation Act if relocation is required. If not required, confirm accordingly.
- L. Evidence of zoning
- M. Certification of owner's intention to comply with Title VI of the Civil Rights Act of 1966, Title VIII of the Civil Rights Act of 1968, E.O. 11063, E.O. 11246, Section 3 of the Housing and Urban development Act of 1968 (Equal Opportunity requirements) and all applicable Federal requirements listed in 24 CFR 983.11 including, but not limited to, the payment of not less than the prevailing wages in the locality pursuant to the Davis-Bacon Act to all laborers and mechanics employed in the construction or rehabilitation of the project; Except for Existing Housing Projects
- N. Design Architect's Certification if construction is completed. (New Construction Only).
- O. Preliminary Construction Drawings, preliminary estimate of construction cost and preliminary schedule.
- P. Contractor Certification Regarding Debarment and Suspension
- Q. Disclosure of Lead-Based Paint/Hazards

ATTACHMENT A

PLANS FOR MANAGING AND MAINTAINING UNITS AFTER NEW CONSTRUCTION/REHABILITATION

Owner or Management Agent

NAME _____ QUALIFICATIONS _____

ADDRESS OF OTHER PROPERTY _____
____ OWNED ____ MANAGED HOW LONG HAVE YOU
MANAGED THE PROPERTY _____

ADDRESS: _____

PERSONNEL FOR PROPERTY MANAGEMENT:

	No. of Staff	Working Hours
OFFICE STAFF:	_____	_____
MAINTENANCE:	_____	_____

MAINTENANCE AND REPAIR PLAN

Method of handling following maintenance for the Property:

1. Routine Maintenance

2. Preventive Maintenance

3. Emergency Maintenance

Are any Maintenance Services contracted out?

If so, what _____

Who should residents contact for service?

What is your garbage collection schedule _____

Is this service contracted out? _____

How are your repainting, replacement of equipment and maintenance of grounds, if any, scheduled? _____

Are any of these contracted out? _____

How often? _____

If any items are routine, what schedule is followed?

Note: If you have a written agreement with a Property Manager or Managing Agent, attach a copy of that agreement to this proposal.