Kentucky Housing Corporation Application Number: NPL13-001

Project Information

Project Name: _____

What type of application is this? (select all that apply)

- ☐ Tax Credit Only
- ☐ Tax Credit with Other KHC Funds
- ☐ Non-Tax Credit Check here for Tax Exempt Bonds with HOME or NSP

Address: _____

City: _____ Zip: _____

County: _____ District: _____

Census Tract: _____

Is this a Scattered Site project? _____

If yes, you must submit an attachment with site specific information.

Indicate the property activity type (select all that apply)

- ☐ New Construction
- ☐ Substantial Rehab (75% of replacement value)
- ☐ Acquisition/Rehabilitation
- ☐ Acquisition/New Construction
- ☐ Adaptive Reuse

Provide a detailed description of the type of project that is being constructed or rehabilitated. If the project is an existing structure, describe the original/most recent use and the extent of the renovation required modifying the structure for its intended use. Include total number of units and the type of units you intend to provide.

Is the proposed project within 10 miles of affordable rental housing? _____

If yes, identify and describe - property name, address and populations served.

Is this Transitional Housing? _____

If yes, describe the need for transitional housing.

If yes, describe the components of the exit plan once residences have completed their stay and are seeking permanent housing.

Contact Person

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Contact role in this development: _____

Contact type:

- ☐ Management Agent
- ☐ General Partner
- ☐ Consultant
- ☐ CEO
- ☐ Residential Manager
- ☐ Developer

☐ Limited Partner ☐ LLC

Company the contact is associated with: _____

Company type:

☐ Non Profit ☐ Faith Based Organization ☐ For Profit

☐ Joint Venture ☐ Community Service Organization

Elected Official

Note: If the project is located within the city limits, provide the mayor's information. If the project is located outside the city limits, provide the county judge-executive's information.

First Name: _____ Last Name: _____

Official's Title: _____

Official's Address: _____

City: _____ State: _____ Zip: _____

Is the project in the county or city? _____

Developer

None added.

Project Owner (Legal Applicant)

Consultant

None added.

General Partner

None added.

Architect

None added.

Contractor

None added.

Attorney

None added.

Management Company

None added.

Service Providers

None added.

Non Profit

None added.

Equity Provider

None added.

Historic Tax Credit Syndicator

None added.

Guarantor

None added.

Identity of Interest

Note: An identity of interest exists where there is a financial, familial or business relationship that permits less than arm's length transactions. This includes, but is not limited to the existence of a reimbursement program or exchange of funds; common financial interests; common officers, directors, or stockholders; or family relationships between officer, directors or stockholders.

Does an identity of interest exist among any members of the development team? _____

If Yes, please explain below.

Prior KHC Experience

Have KHC funds ever been recaptured from any member of the development team? _____

If Yes, please list the years and an explanation for each.

Has any member of the development team had noncompliance issues with KHC funds during the past 3 years? _____

If Yes, please list the years and an explanation for each.

If applicant has closed a project with KHC's Multifamily Finance in the last seven years, please identify below.

Previous Project Name & Project Number	Placed-in-Service Date

Has a member of the development team in the last three years developed and placed in service a multifamily project in another state utilizing tax credits or tax exempt bonds?

Previous Project Name	State	Placed In Service Date

Funding Sources

Please list all KHC and non KHC funding sources, including deferred developer fee and all donations to the proposed project. These funding sources must match the sources shown on KHC's underwriting model.

	KHC Funding Sources	Anticipated Amount Requested	Loan Type
☐	Small Multifamily Affordable Loan Program (SMAL)	$0.00	
☐	Affordable Housing Trust Fund (AHTF) Loan	$0.00	
☐	Affordable Housing Trust Fund (AHTF) Grant	$0.00	Not Applicable
☐	HOME Investment Partnerships Program (HOME) Loan	$0.00	
☐	HOME CHDO Set-Aside	$0.00	
☐	Housing Credit Program (4% Credits) - Annual Allocation	$0.00	Not Applicable
☐	Housing Credit Program (9% Credits) - Annual Allocation	$0.00	Not Applicable
	Other NON-KHC Funding Sources & Donations		
☐	Anticipated Equity Amount	$0.00	Not Applicable
☐		$0.00	
☐	Tax Exempt Bond Proceeds	$0.00	
☐		$0.00	
☐	NSP Funds	$0.00	
☐		$0.00	
☐		$0.00	
	Total Funding	$0.00	

Housing Credits This section not applicable for TEB with HOME or NSP funds

Note: If applying for Housing Credit please indicate below for which pool or pools the applicant is applying. If applying for multiple pools, application fees are required for each pool. (Please indicate if application is to be considered for both pools.)

- ☐ Nonprofit Set-aside - Section 42(h)(5)
- ☐ Urban
- ☐ State Priority
- ☐ Rural
- ☐ RD/HUD Set-Aside

Target Populations

Populations to be Served: (check all that apply)

- ☐ Elderly (100% are 62 and older)
- ☐ Elderly (at least 80% are 55/older)
- ☐ Families with Children
- ☐ Single Parent
- ☐ Special Needs
- ☐ Other: _____

Special Needs Populations

Special Needs Populations to be targeted: (check all that apply)

- ☐ Physical Disabilities
- ☐ Domestic Violence Victims
- ☐ Mental Retardation/Developmental Disabilities
- ☐ Acquired Traumatic Brain Injury
- ☐ Aging Out Of Foster Care (must be 18 yrs or older)
- ☐ Persons with AIDS
- ☐ Homeless
- ☐ Severe Mental Illness
- ☐ Chemical/Alcohol Dependency
- ☐ Other: _____

Percentage of Units Set-Aside for Special Needs Populations Targeted: (if applicable)

Applicants may propose projects for special needs households exclusively or set-aside a portion of the project units for these populations. Example: If the applicant is developing a 24 unit complex and designates 21% of the units for special needs households, then six units must be rented to individuals in that special needs population at all times.

Indicate below the percentage of units that will be set-aside for special needs households.

Percentage of units set-aside: %

Total units set-aside: 0

Special Needs Questionnaire

ALL APPLICANTS PROVIDING SERVICES FOR SPECIAL NEEDS POPULATIONS MUST COMPLETE THIS SECTION.

If applicant is proposing units for special needs households this section of the application MUST be completed.

Note: For projects requesting Housing Credit or HOME, if services are a requirement to live in the housing units, these service fees must be included in the gross rent.

1. Describe the special need groups that will occupy the set-aside units.

2. Identify the referral sources for each of the targeted groups you are proposing to serve.

3. Identify the service providers for each of the targeted groups listed in Question 1.

4. If applicant is providing services, describe your plan for future service funding.

Building Design

Indicate the type of unit(s) that you intend to provide: _____

- ☐ Single-Family Detached
- ☐ Single Room Occupancy (SRO)
- ☐ Duplex Apartment
- ☐ Group Home
- ☐ Town Home
- ☐ Tri-Plex Apartment
- ☐ Elevator Apartment
- ☐ Other: _____
- ☐ Row House
- ☐ Four-Plex Apartment
- ☐ Walk-up Apartment

Number of new construction units: 0
Number of rehabilitation units: 0
Number of adaptive re-use units: 0
Total number of units in the project: 0
Total number of units requesting KHC funding: _____

1. Total number of buildings: _____
   If there is more than one building, are buildings contiguous? _____

2. Unit Size
   Total rentable square footage: _____
   Total non-rentable square footage: _____
   Total common space square footage: _____
   Total manager's unit square footage: _____
   Total commercial space: _____
   Total gross square footage: _____
   Total Housing Credit (units only) square footage: _____

3. List the number of proposed rental units per building by bedroom size.

Building # / Identifier	# of zero (0) bedroom units	# of one (1) bedroom units	# of two (2) bedroom units	# of three (3) bedroom units	# of four (4) bedroom units	Building Sq Footage
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
	0	0	0	0	0	0
Total Units						

Square footage of bedroom type					

4. What is the percentage of brick, stone, HardiePlank or similar covering on the exterior walls? (Minimum design requires 50 percent.) % _____

5. Is this project preserving existing rental housing stock? _____

6. Is the project converting existing non-rental structures to rental housing? _____
   If questions 5 or 6 are Yes, please explain:

7. Will the project retain existing Low Income Housing Tax Credit units in the affordable housing market? _____

8. Will there be at least 2 energy star features in all units? (Attach Energy Star checklist.) _____

9. Will the project incorporate at least 6 green construction techniques? (Attach green construction techniques checklist.) _____

10. Do you plan to use KHC funds for construction? _____
    If Yes, what form of assurance of completion do you plan to provide?

☐ Payment and Performance Bond ☐ Irrevocable Letter of Credit ☐ Cash Deposit

Federal and State Accessibility Requirements

1. Section 504--(24 CFR)

Complete for NSP

For projects involving new construction:

Does this project have 5 or more units under one contract or deed? _____

Does this project propose to use HOME, Project Based Section 8, Risk Sharing? _____

If yes to both questions the project must have 5% of the total units [or a minimum of one(1)] must be accessible to persons with mobility impairments. An additional 2% of the units must have at least one unit accessible to persons with visual or hearing impairments. Note: These accessible units must meet UFAS (Uniform Federal Accessibility Standards). See section 8.22, 24 CFR Chapter 8: http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr8_98.html

Complete for NSP

For projects involving rehabilitation of existing structure:

Does this project have 15 or more dwelling units? _____

Does this project propose to use HOME, Project Based Section 8, Risk Sharing? _____

Does the rehabilitation costs equal or exceed 75% of the property's replacement cost after completion? _____

(hard cost + soft cost + acquisition cost) x .75

If result is greater than actual hard cost then answer = NO

If result is less than actual hard cost then answer = YES

(Substantial rehabilitation per Section 504 is defined as 75% of the property's replacement cost after completion; $6,500 per dwelling unit; or replacement of two major building components.)

If yes to all three questions the project must have 5% of the total units [or a minimum of one (1)] must be accessible to persons with mobility impairments. An additional 2% of the units must have at least one unit accessible to persons with visual or hearing impairments. Note: These accessible units must meet UFAS (Uniform Federal Accessibility Standards). See section 8.22 and 8.23, 24 CFR Chapter 8: http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr8_98.html

# of mobility impaired units: _____

# of visual or hearing impaired units: _____

2. Fair Housing Design Requirements

Does this project involve new construction or rehabilitation of a building built after 1991? _____

Does this project have four or more dwelling units under one roof? _____

If yes to both questions, then all ground floor or elevator accessible floors must comply with the seven accessibility requirements of the Fair Housing Act. Note: These accessible units must meet with one of the safe harbors in the Fair Housing Act Design Manual. One example is ANSI (American National Standards Institute).See the Fair Housing Act Design Manual: http://www.huduser.org/publications/destech/fairhousing.html

3. Kentucky Building Code

Does this project involve new construction, substantial rehabilitation/alteration or changes in occupancy? _____

Does the project propose 25 or more dwelling units? _____

If yes to both, please note that in multi-family dwellings containing at least 25 dwelling units, at least one (1) in 25 dwelling units shall be a Type A dwelling unit, accessible with Section 1102 of ADAAG (Americans with Disabilities Act Accessibility Guidelines) http://www.access-board.gov/adaag/html/adaag.htm. In addition, 2 percent of the total number of dwelling units shall comply with Section 1103 of ADAAG. Please discuss with the architect of your project.

4. Other Program Requirements

1. Does the project involve the rehabilitation of an existing building? _____

If yes, attach required Relocation Plan.

Complete for NSP

2. Does this project involve the use of HOME funds? _____

If yes, complete the remainder of this section.

2a. Does the project involve acquisition of an existing building or vacant land? _____

If yes, was the GUIDEFORM NOTICE - Disclosure to Seller(Voluntary, Arm)'s Length Purchase Offer; provided to the seller? _____

If yes, please provide a copy with the application.

2b. Are there tenants in an existing building? _____

If yes, you must follow the Uniform Relocation Act (URA). Each tenant must be given the GUIDEFORM General Information Notice. Please provide a copy with your application. Refer to URA (49CFR, part 24 & 42 USC 4201-4655) for further information.

If no, is the building vacant? _____

If yes, when was the last date of occupancy? _____

Not applicable for TEB with HOME or NSP

3. Does the project involve the use of Affordable Housing Trust Fund (AHTF)? _____

If yes, and there is an existing building with tenants, refer to KHC's guidelines for relocation.

Amenities/Unique Marketable Attributes

1. What type of laundry facilities will be provided, if any?

2. Indicate what amenities will be furnished in the units:

☐ Stove	☐ Refrigerator	☐ Other: _____
☐ Garbage Disposal	☐ Washer/Dryer	☐ Other: _____
☐ Washer/Dryer Hookup	☐ Help/Call System	☐ Other: _____
☐ Alarm/Security Service	☐ Dishwasher	☐ Other: _____

3. Indicate any unique marketable attributes:

☐ Community Room	☐ Outdoor Communal Area
☐ Playground Area	☐ Other: _____

4. Describe any new or existing common use space and/or commercial space.

5. What public and/or private transportation services are or will be available to the tenants for the proposed development? If there are any fees associated with these services, please identify.

6. Describe the surrounding neighborhood for the proposed project and include information on neighborhood compatibility, local amenities, supportive services and transportation.

7. Will project provide an on-site community services facility that is open to public use? _____

If Yes, describe the community service facility and its intended use:

8. Will the project provide an on-site manager? _____

If Yes, provide additional information such as is there a manager onsite 24 hours, is there a manager unit?

Property Info

1. All applicants MUST have site control of the proposed property at the time of application submission. Site control expiration date must exceed project award announcement date and include an extension clause. Evidence of site control must be submitted with application.

Site control type:	Expiration Date:
☐ Own/property deed	N/A
☐ Purchase contract	_____
☐ Option to purchase	_____
☐ Lease agreement	_____
☐ Option to lease	_____
☐ Other	_____

2. Are there any deed restrictions or subdivision restrictions? No
   If Yes, please attach a copy of the restrictions at the end of the application, in the applicable section.

3. If the developer currently owns the site, when was the site purchased? _____

4. What was/is the purchase price? $0.00

Zoning

1. What is the current zoning classification of the site? (Must provide description of applicable classification.)

2. Is the site properly zoned for the type of development? No
   If No, provide the date a zoning request will occur and provide the date when the zoning change will be official.
   Zoning Request Date _____
   Anticipated Zoning Approval Date _____

3. What is the zoning of the adjacent properties? List all sides.

Infrastructure and Site Characteristics

1. Please indicate all the utilities currently available at the site.(Select ALL that apply)
   ☐ Water ☐ Sewer ☐ Gas
   ☐ Electric ☐ No Utilities Present ☐ Other: _____
   Are there additional utilities that will need to be brought to the site? No
   When will these utilities be brought to the site? _____
   Do the existing utilities have the capacity to support the proposed development? No

2. Describe physical characteristics of proposed site, including topography, vegetation, railroad tracks, abandoned structures, surrounding neighborhood, unique physical characteristics, etc. (Attach photographs of site, also include photographs of any structure that is to be demolished or rehabilitated)

3. Describe the site's present and past uses. Be sure to include any soil disturbance activities that may have occurred.

4. Are there any other issues that could delay the start-up of the proposed project?

5. If the project is proposing rehabilitation, was the property built before 1978? No
If Yes, complete the Lead Based Paint Determination Form.

Underwriting Model

Please complete the Underwriting Model (accessible at http://www.kyhousing.org under Multifamily Finance). There are 3 different Underwriting Models available depending upon funding sources requested. If requesting Housing Credits only from KHC, please use the Housing Credit only model. If requesting Housing Credits blended with any KHC funds, please use the KHC funds with Housing Credits model and finally if requesting KHC funds with no Housing Credit, please use the KHC funds without Housing Credits model. Both the appropriate Underwriting Model and the questions below will be used to analyze the financial feasibility of this project. The applicant must submit the Underwriting model electronically. This may be done by e-mailing the Underwriting model to rental@kyhousing.org or submitting it electronically with the application.

Please refer to the Instruction tab on the underwriting model prior to entering information. Only yellow shaded areas of the of the underwriting model worksheets are to be filled in. Because all the worksheets are linked, all yellow shaded areas must be completed for the spreadsheet to work corrrectly.

Financial Questions

All applicants must answer the following questions after completion of the underwriting model.

1. Will this project be utilizing a bridge loan from another funding source? _____
Please submit a commitment letter listing the terms of the loan.
If yes, who is the funding source and what is the amount?

2. If the management fee is over 8.5%, please justify.

3. If the expenses per unit, per year, are below $2,500 or over $4,500, please explain why.

Note: If the expenses per unit are below or above the indicated threshold, please provide third party verification documentation. Examples would be Insurance certification or a property valuation tax rate documentation.

Complete for NSP

4. If HOME funds are being requested, indicate if the HOME units will be fixed or floating.
- ☐ Non-Applicable
- ☐ Fixed
- ☐ Floating

If fixed, how many of each bedroom type will be fixed?

Complete for TEB if Housing Credit will be requested

5. If requesting Housing Credits the applicant irrevocably elects one of the minimum set-aside requirements:
- ☐ Not Applicable not requesting housing credits
- ☐ 20/50 - 20 percent of the rental residential units are rent-restricted and are to be occupied by individuals whose incomes are 50 percent or less of the area median gross.
- ☐ 40/60 - 40 percent of the rental residential units are rent-restricted and are to be occupied by individuals whose incomes are 60 percent or less of the area median gross.

6. Please provide a narrative explaining the operating subsidy to the project as reflected on the income page of the underwriting model (a copy of the commitment must be provided).

7. If project is providing transitional housing and requesting that the reserve for replacement requirement be waived. Provide an explanation for how future expenditures will be funded.

8. Is the project located in a Qualified Census Tract (QCT)? _____

9. Is the project located in a Difficult Development Area (DDA)? _____

10. Is this project requesting 30% boost? _____
If Yes, please explain why.

11. What is the percentage of total development cost that is in the form of a KHC grant or deferred loan (excluding Housing Equity) if applicable?
_____ %

12. If the project is requesting Housing Credits, please list grants as listed under equity sources and indicate if they will be considered a grant or loan to the project.

13. If the other funding sources in the project require that the DCR stay positive past year 15, please list the agency and submit the documentation supporting this requirement.

Project Based Rental Assistance

Please provide a copy of the rental assistance contract.

Source:

- ☐ HUD Name of Public Housing Agency _____
- ☐ RD
- ☐ Other _____

Expiration date of rental assistance contract: _____

Incomes to be Served

Indicate the number of households at each income level. Keep in mind the income levels below are the maximum limits that can be utilized for the proposed project.

_____ 30% and below Area Median Income
_____ 50% and below Area Median Income
_____ 60% and below Area Median Income
_____ 80% and below Area Median Income
_____ Other _____

Uploaded Documents

Document Name	Checklist Item

No documents have been uploaded.