



**Housing and Community
Development Department**

**HOME Investment
Partnership
Application**

I. APPLICANT INFORMATION

Primary Applicant/Organization Name:				
Contact Person:		Title:		
Address:		City:	State:	Zip:
Telephone:		Fax:	Email:	
Primary Applicant Corporate Status (Check as appropriate)				
Federal Tax ID Number:		DUNS Number:		
Non-Profit Developer <input type="checkbox"/>	For Profit Developer <input type="checkbox"/>	PHA <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>	Contractor <input type="checkbox"/>
501(C)(3) <input type="checkbox"/> 501(C)(4) <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Partnership <input type="checkbox"/>	General Partnership <input type="checkbox"/>	Joint Venture <input type="checkbox"/>
Other: (specify) <input type="checkbox"/>				

Check the type of funding request for this application package submittal:

NON CHDO

CHDO

If CHDO: CHDO Set-Aside CHDO Operating

If a CHDO applicant, is the agency acting as owner, sponsor, and/or developer?

Owner Sponsor Developer

Check the appropriate statement:

Applicant is an existing entity

Applicant is a new entity formed for the purpose of receiving financing from ACC HCD

PRINCIPLES OF APPLICANT

Provide contact information and ownership stake for Managing Partner, General Partners, and all Corporate Officers.

Name	Address	Phone/Email	Title	%
			Managing Entity	
			President/Director	
			Project Manager	
			Secretary/Treasurer	
			Other Officer(s) or Partners	

CO-APPLICANT INFORMATION (IF APPLICABLE)

Name		
Address		
Mailing address (if different)		
City		
State & Zip		
Federal Tax ID #		
Phone & Fax	()	()
Email Address		

Does the applicant and/or the co-applicant have local, federal and/or state debt (including any delinquent debt)? Yes No

Does the applicant and/or co-applicant have unresolved local, federal or state findings?
 Yes No

Is the applicant and/or the co-applicant delinquent on the filing of any federal or state tax returns?
 Yes No

(If the answer to any above question is yes, please attach an explanation.)

II. PROJECT SUMMARY

Project Name:	
Project Location:	
Census Tract:	Assessor's Parcel Number(s):
Total Project Cost: \$	HOME Funds Requested: \$
Are you submitting more than 1 application to the Housing and Community Development Department for this funding cycle? <input type="checkbox"/> Yes <input type="checkbox"/> No	For HCD use only: What is the priority of this application? # _____

III. PROJECT DESCRIPTION

Homebuyer Activities: (check all that apply)			
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Acquisition & Rehabilitation	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> New Construction
<input type="checkbox"/> Demolition	<input type="checkbox"/> Pre-Development Costs	<input type="checkbox"/> Homebuyer Down Payment or Closing Cost Assistance	
<input type="checkbox"/> Other (as defined by HUD):			
<hr/>			
Rental Activities: (check all that apply)			
<input type="checkbox"/> Acquisition of existing housing	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Acquisition & Rehabilitation	<input type="checkbox"/> New Construction
<input type="checkbox"/> Other (as defined by HUD):			
<hr/>			
Housing Types: (check all that apply)			
<input type="checkbox"/> Multifamily Rental	<input type="checkbox"/> Townhouse Units	<input type="checkbox"/> Single Floor (flats) Units	<input type="checkbox"/> Elderly Housing
<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Residential Condominium	<input type="checkbox"/> Duplexes	<input type="checkbox"/> Congregate Care
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Detached Single Family Residence: New Construction, Scattered Site	<input type="checkbox"/> Detached Single Family Residence: Rehabilitation, Scattered Site	<input type="checkbox"/> Detached Single Family Residence Subdivision
<input type="checkbox"/> Attached Single Family Residence New Construction	<input type="checkbox"/> Other: (specify)		

IV. PROJECT NARRATIVE DESCRIPTION (10 Potential Points)

Provide a concise and definitive description of the project or program. Include the following information in this narrative:

- Type of activity proposed
- Housing unit information
- Expected household income level
- Proposed sale prices for homeowner projects
- Existing tenant information (for acquisition and rehabilitation projects)

V. PROJECT NEED (15 Potential Points)

Thoroughly explain the need and how the project will address the stated need. Answer the following questions:

- How was the need for the project determined?
- How does the project meet a local community need?
- Does the project meet a need identified in the Consolidated Plan?
- What specific groups and individuals will benefit from the program?
- What income levels will the project serve: moderate, low, or very low income? **Refer to HUD Adjusted HOME income limits chart on page 9 of Instructions.*
- How will participant eligibility be determined, documented, and monitored?

- How will the applicant ensure compliance with all HOME regulations?
- If the project is new construction of affordable units, explain whether those units are to be located in areas of opportunity.
- If the project is new construction of affordable units, explain whether those units will be located near existing concentrations of affordable units.

VI. ORGANIZATIONAL CAPACITY (25 Potential Points)

List key personnel who will oversee this development or project.

- Who will manage the project if these key personnel leave your organization?
- What kind of housing development experience and qualifications do these personnel have?

Describe your organization's financial management system.

Describe your organization's construction project management.

- Include a description of the organization's history and experience in completing similar projects or developments.
- Quantify how successful the organization has been in conducting former programs or projects.

VII. PROJECT FINANCIAL FEASIBILITY (20 Potential Points)

Describe the project's financial feasibility, including local market conditions that would justify the project or program. Include the following:

- A summary statement that addresses the anticipated impact of your proposed housing development project or program on the affected market.
- A market assessment that must be based on current, reliable data, will not exceed twelve months prior to commitment, identifies the correct neighborhood target area, and includes proposed pricing for the project (rents, sales prices) appropriate for the neighborhood and within the HOME requirements.
- A description of how the project costs are necessary, reasonable, and financially viable. Identify all other financing sources committed to this project, including approved loans.

VIII. NEIGHBORHOOD DESCRIPTION *(not required for Homebuyer Down Payment Assistance or Homeowner Rehabilitation Projects)*

Describe the area surrounding the site, including the strengths and weaknesses and other development(s) in the immediate area. Discuss the suitability of the site for the proposed development. *(Please include pictures)*

IX. MARKETING STRATEGY *(not required for Homebuyer Down Payment Assistance or Homeowner Rehabilitation Projects)*

Projects funded through the HOME Program must follow the HOME Affirmative Marketing Procedures. Describe your marketing strategy for the proposed project, paying particular attention to your plans for Affirmative Marketing. Ensure the following questions are answered in the strategy:

- Has a need for the type and number of housing units been convincingly demonstrated?
- Will the developer be able to sell the planned units prior to the six month deadline?
- Will development adversely impact existing affordable housing development?
- In which communities will you advertise the project?
- Who is the target market?

X. FAIR HOUSING

Explain how the project affirmatively promotes fair housing and complies with fair housing laws and regulations.

XI. PROPOSED PROJECT BUDGET (15 Points)

Please submit a detailed budget and include all eligible project activity costs. *(See Example Budget Form. Applicant is responsible for providing a detailed development budget that includes sources and uses statement specific to the proposed HOME project).*

Complete Attachment A- Proposed Match Form *(See Page 17)*

XII. PROGRAM/PROJECT MANAGEMENT (15 Potential Points)

Please address the following:

1. Professional Cost Estimates

Has a professional cost estimate been performed (i.e., by an Architectural and Engineering firm, contractor, or other certified expert?)

Yes No

- If yes, please provide the estimate being used as the basis for the project budget and name the firm that performed it.
- If no, please provide a clear explanation of how the project budget has been determined.

2. Preliminary Design Specifications.

Have any preliminary designs or specifications been developed for the project prior to the submittal of this application?

Yes No

- If yes, please name the developing firm.
- If no, has a developing firm been secured, or have you received bids for services?

3. Project Schedule of Completion

Complete Attachment B- Project Schedule of Completion *(See Page 18)*

4. Development Team

Complete Attachment C- Project Development Team *(See Page 19-20)*

5. Accessibility for Persons with Physical Disabilities

(For multifamily housing construction projects with 5 or more units, or rehabilitation projects with 15 or more units)

Will the project be Section 504 compliant, with at least 5% of the units accessible for persons with mobility impairments, at least 2% of the units accessible for hearing/sight-impaired, and the common spaces accessible? Yes No

If no, describe the accessibility problems and your proposed methods to address the problems, including funding and timetable.

Description of Improvements: *(For Rental Projects Only: Acquisition and Rehabilitation)*

Total # Units: _____ # Buildings: _____ # Floors: _____ # Program Units: _____
 Building Age: _____ years Current Vacancies: _____ as of (date) _____
 Net Residential sq. ft.: _____ Common Area sq. ft.: _____
 Non-Residential sq. ft.: _____ Gross sq. ft.: _____

On Site Amenities: *(Rental Developments Only)*

List any additional amenities for this project.

Rehab Projects- identify and attach a detailed, line by line work write-up for each affected housing unit

Construction Specifications: *(For all New Construction and Rehabilitation Projects)*

Please provide a complete listing of your construction specifications. (See examples below)

Wood Frame Steel Frame Masonry Poured-In-Place Concrete
 Forced Air Unit Central Heat & Air Heat Pump System

Valuation Information:

Required if funds are used for the acquisition of single family lots. List for each property under consideration. Please attach a current appraisal.

Appraised Value

Address: _____

Land Only:	\$	Valuation Date:
Existing Building (<i>as is</i>):	\$	Valuation Date:
Proposed Building (<i>completed</i>):	\$	Valuation Date:

Appraiser: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____

XIII. EVIDENCE OF SITE OR PROPERTY CONTROL

Complete Attachment D- Evidence of Site or Property Control Form for each individual address and attach all supporting documentation *(See Page 21)*

XIV. PROPOSED REVENUE SOURCES

Land: \$ _____ Assessment for the Year of: _____
 Building: \$ _____ Valuation By: _____
 Total Assessed Value: \$ _____

ALL OTHER FUND SOURCES: *(if additional space is necessary, complete Attachment E- Other Fund Sources Form)*

Source 1: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Type of Funds	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Source 2: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Type of Funds	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Source 3: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Type of Funds	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Types of Loans/Funds:

- Conventional Construction
- FHLB
- Conventional Permanent
- HOME Program
- Other State Funds (Specify)
- Conventional Gap
- Private Funds
- Other Federal Funds
- Conventional Mini-Perm
- CDBG Funds
- Other Federal Funds (Specify)
- Proceeds from Syndication of Low Income Housing Tax Credits
- Bonds Funds
- Other Government Funds (Specify)

XV. HOME ACTIVITY UNDERWRITING FORM

The 2013 HOME Final Rule amends §92.250(b) by requiring underwriting of **all HOME projects** to ensure that each project is financially sustainable over its affordability period. The subsidy layering requirements of the pre-2013 Rule still apply. The PJ's subsidy layering and/or underwriting must demonstrate that it is not investing any more HOME funds, alone or in combination with other funds, than are necessary to provide quality, affordable, and financially viable housing for at least the duration of the affordability period. The evaluation must determine a reasonable level of profit or return on the owner's or developer's investment in a project.

Property Address: _____

1. How does your organization assess the reasonableness of profit or return to the owner or developer for the size, type, and complexity of the project?

2. Please provide the budget resources and uses for each project, and determine whether the costs are reasonable.

3. What are the market conditions of the neighborhood where the project will be located?

4. What factors were considered for the developer's experience and financial capacity?

5. List the project's financial resources.

XVI. APPLICANT CERTIFICATIONS

Certification of Good Standing:

I certify that _____ (Organization Name) is in good standing with all Departments of the Unified Government of Athens-Clarke County, including, but not limited to the Tax Assessor, Public Utilities, Central Services and Building Inspections.

I understand that the following documentation and/or certifications are required to receive a HOME Investment Partnership Loan from the Unified Government of Athens-Clarke County:

- Articles of Incorporation & Bylaws
- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Board Resolution Authorizing Grant Signatories
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

Signature and Title

Date

Certification of Drug Free Workplace and Anti-Lobbying:

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that _____ (organization name):

Drug Free Workplace – Will begin or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
 - (a) Abide by the terms of the statement; and
 - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such

- conviction;
5. Notifying Athens-Clarke County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
 6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
 - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
 7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

Anti-Lobbying -- To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, 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 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;
2. 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, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying 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.

Section 3 -- _____ (organization name) will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

Signature (Authorized Official): _____

Title: _____ Date: _____

HOME Funds: Conflict of Interest Provisions (24 CFR 92.356)

A. Applicability: In the procurement of property and services by participating jurisdictions, State recipients, and sub-recipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, respectively, apply. In all cases not governed by these statutes, the provisions of this section apply.

B. Conflict prohibited: No persons described in paragraph (C) of this section who exercise or have exercised any functions or responsibilities with respect to activities assisted with HOME funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from a HOME-assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

C. Persons covered: The conflict of interest provisions of paragraph (B) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the participating jurisdiction, State recipient, or sub-recipient which are receiving HOME funds.

D. Exceptions-Threshold Requirements: Upon written request of the participating jurisdiction, HUD may grant an exception to the provisions of paragraph (B) of this section on a case-by-case basis when it determines that the exception will serve to further the purposes of the HOME Investment Partnerships Program and the effective and efficient administration of the participating jurisdiction's program or project. An exception may be considered only after the participating jurisdiction has provided the following:

1. A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
2. An opinion of the participating jurisdiction's attorney that the interest for which the exception is sought would not violate State or local law.

E. Factors to be considered for exceptions: In determining whether to grant a requested exception after the participating jurisdiction has satisfactorily met the requirements of paragraph (D) of this section, HUD will consider the cumulative effect of the following factors, where applicable:

1. Whether the exception would provide a significant cost benefit or an essential degree of expertise to the project which would otherwise not be available;
2. Whether the person affected is a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
3. Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question;
4. Whether the interest or benefit was present before the affected person was in a position as described in paragraph (C) of this section;
5. Whether undue hardship will result either to the participating jurisdiction or the person affected when weighed against the public interest served by avoiding the prohibited conflict;
6. Any other relevant considerations.

F. Owners and Developers:

1. No owner, developer or sponsor of a project assisted with HOME funds (or officer, employee, agent or consultant of the owner, developer or sponsor) whether private, for profit, or non-profit (including a Community Housing Development Organization (CHDO) when acting as an owner, developer or sponsor) may occupy a HOME assisted affordable housing unit in a project. This provision does not apply to an individual who receives HOME

funds to acquire or rehabilitate his or her principal residence or to an employee or agent of the owner or developer of a rental housing project who occupies a housing unit as the project manager or maintenance worker.

2. Exceptions: Upon written request of a housing owner or developer, the participating jurisdiction may grant an exception to the provisions of paragraph (F) (1) of this section on a case-by-case basis when it determines that the exception will serve to further the purposes of the HOME Program and the effective and efficient administration of the owner's or developer's HOME assisted project. In determining whether to grant a requested exception, the participating jurisdiction shall consider the following factors:

- i. Whether the person receiving the benefit is a member of a group or class of low-income persons intended to be the beneficiaries of the assisted housing, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- ii. Whether the person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted housing in questions;
- iii. Whether the tenant protection requirements of § 92.253 are being observed;
- iv. Whether the affirmative marketing requirements of § 92.531 are being observed and followed;
- v. Any other factors relevant to the participating jurisdiction's determination, including the timing of the requested exception.

I certify that I am complying with the conflict of interest provision of 24 CFR Part 92.356.

I further understand and agree that in the event that such conflict of interest is determined to exist, my application may be rejected. I also understand that I may be required to return any HOME funds previously awarded by Athens-Clarke County Housing and Community Development Department.

 Name of Applying Entity) (Legal

Signature: _____
 Executive Director Date
 _____ (Print Name)

Signature: _____
 Board Chairperson Date
 _____ (Print Name)

MANDATORY SUBMITTAL AT CONTRACTING

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for HOME Investment Partnership Program funds, as referenced in O.C.G.A. § 50-36-1, from Athens-Clarke County Housing and Community Development Department, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant:

Printed Name of Applicant:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

NOTARY SEAL

MANDATORY SUBMITTAL AT CONTRACTING

SECTION XVII – PROPOSAL FORMS

C: GEORGIA SECURITY & IMMIGRATION COMPLIANCE (GSIC) AFFIDAVIT

The Unified Government of Athens-Clarke County and Contractor agree that compliance with the requirements of O.C.G.A. § 13-10-91, as amended, are conditions of this Agreement for the physical performance of services.

If employing or contracting with any subcontractor(s) in connection with this Agreement, Contractor further agrees:

- (1) To secure from the subcontractor(s) an affidavit attesting to the subcontractor's compliance with by O.C.G.A. § 13-10-91(b), as amended; such affidavit being in a form similar to and containing the same information as the form attached hereto; and
- (2) To obtain such subcontractor affidavit(s) when the subcontractor(s) is retained. Contractor shall have such forms available for inspection and submit to the Owner, if so requested by the Owner.

The failure of Contractor to supply the affidavit of compliance at the time of the bid will be cause for the bid being deemed non-responsive. Failure of Contractor to continue to satisfy the obligations of O.C.G.A. § 13-10-91, as amended throughout the entire contract period shall constitute a material breach of the contract. Upon notice of such breach, Contractor shall be entitled to cure the breach within ten days, upon providing satisfactory evidence of compliance with the terms of this Agreement and State law. Should the breach not be cured, Athens-Clarke County shall be entitled to all available remedies, including termination of the contract and damages.

SEE AFFIDAVITS ON FOLLOWING PAGES

MANDATORY SUBMITTAL AT CONTRACTING

**CONTRACTOR AFFIDAVIT & AGREEMENT UNDER O.C.G.A. § 13-10-91(b)(1)
(effective July 1, 2013)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of The Unified Government of Athens-Clarke County, Georgia, has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the provisions and deadlines established in O.C.G.A. § 13-10-91, as amended.

Furthermore, the undersigned will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____ Federal Work Authorization User Identification Number _____ Date of Authorization

Name of Contractor: _____

Name of Project: _____

Name of Public Employer: The Unified Government of Athens – Clarke County Georgia

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20__ in _____.

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS, THE
_____ DAY OF _____, 20_____

NOTARY SEAL

NOTARY PUBLIC
My Commission Expires: _____

**PROPOSED MATCH FORM
Attachment A**

Total Match Required for Project Activities: \$ _____

Source of Match	Date of Contribution	Cash (non-federal sources)	Foregone Taxes, Fees and Charges

Source of Match	Date of Contribution	Land/Real Property Appraisal	Required Infrastructure

Source of Match	Date of Contribution	Site Preparation, Construction, Materials, Donated Labor	Bond Financing

Grand Total Match Provided: \$ _____

EXAMPLE BUDGET FORM

DESKGUIDE FOR HOMEOWNERSHIP SOURCES AND USES BUDGET				
NAME:		Project:		
SOURCES AND USES OF FUNDS		Total Units:	1	As a % of
		Total Amount Permanent		
USES OF FUNDS				
Program Administration Costs				
Program Management Services		\$ -		0.00%
Staff		\$ -		0.00%
Relocation Coordination		\$ -		0.00%
Relocation Direct Costs		\$ -		
Homeownership Counseling		\$ -		
Legal fees		\$ -		
Fair Market Value Assessment (if appraisal is not being performed by another party)		\$ -		% of Total Fund Use
	Subtotal	\$ -		0.00%
Acquisition Costs			Per Unit	
Land		\$ -	\$ -	
Building Acquisition		\$ -	\$ -	
Other: taxes, title, recording		\$ -	\$ -	
	Subtotal	\$ -	\$ -	
General Development Costs				
Construction Hard Costs- Residential		\$ 1	\$ 1	% of Hard Construction
Construction Costs- Nonresidential		\$ -	\$ -	
Contractor OH, Profit, and Gen. Conditions		\$ -	\$ -	0.00%
Hard Costs Contingency		\$ -	\$ -	
Environmental- inspection and remediation		\$ -	\$ -	
Demolition		\$ -	\$ -	
Site Planning		\$ -	\$ -	
Architect Fees		\$ -	\$ -	
Engineering Fees		\$ -	\$ -	
Survey, Permit, Tests		\$ -	\$ -	
Legal Fees		\$ -	\$ -	
Other Professional Fees		\$ -	\$ -	
Accounting and Cost Certification		\$ -	\$ -	
Title and Recording		\$ -	\$ -	
Market Study/Appraisal		\$ -	\$ -	
Real Estate Taxes		\$ -	\$ -	
Insurance		\$ -	\$ -	
Construction Period Interest		\$ -	\$ -	
Construction Financing Fees		\$ -	\$ -	
Marketing Expense		\$ -	\$ -	
Reserves		\$ -	\$ -	
Soft Cost Contingency		\$ -	\$ -	
	Subtotal	\$ 1	\$ 1	
Developer's Fee				% of Development Cost
Developer's Fee		\$ -	\$ -	0.00%
TOTAL PERMANENT USES OF FUNDS		\$ 1	\$ 1	
SOURCES OF FUNDS		Total Amount Construction	Total Amount Permanent	Permanent Per Unit
DEBT FINANCING				
First Mortgage		\$ -	\$ -	\$ -
Buyer Mortgages		\$ -	\$ -	\$ -
	Subtotal: Debt Financing	\$ -	\$ -	\$ -
SOFT LOANS, GRANTS, DOWNPAYMENT FUNDS				
Second/Third Mortgage		\$ -	\$ -	\$ -
City Funds		\$ -	\$ -	\$ -
Homebuyer Downpayments		\$ -	\$ 0	\$ 0
PHA funds		\$ -	\$ -	\$ -
	Subtotal: Grants and Soft Loans	\$ -	\$ 0	\$ 0
TOTAL SOURCES OF FUNDS		\$ -	\$ 0	\$ 0

PROJECT SCHEDULE OF COMPLETION
Attachment B

Month: 20____	Month: 20____	Month: 20____
Activities:	Activities:	Activities:
Expenditure: \$	Expenditure: \$	Expenditure: \$
Month: 20____	Month: 20____	Month: 20____
Activities:	Activities:	Activities:
Expenditure: \$	Expenditure: \$	Expenditure: \$
Month: 20____	Month: 20____	Month: 20____
Activities:	Activities:	Activities:
Expenditure: \$	Expenditure: \$	Expenditure: \$
Month: 20____	Month: 20____	Month: 20____
Activities:	Activities:	Activities:
Expenditure: \$	Expenditure: \$	Expenditure: \$

PROJECT DEVELOPMENT TEAM FORM
Attachment C

A. Architect: _____
Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

B. General Contractor: _____
Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

C. Appraiser: _____
Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

D. Engineer: _____
Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

E. Cost Estimator: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

F. Project Attorney: _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

G. Property Manager _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

H. Syndicator or Underwriter
(if applicable): _____

Primary Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Is there a direct, or indirect, financial or other interest with other team members or the applicant?

Yes No

If yes, describe the relationship(s) between entities and/or principles.

**EVIDENCE OF SITE OR PROPERTY CONTROL
Attachment D**

Address: _____

Site control is in the following form: Please attached

- | | | |
|--|---|---|
| <input type="checkbox"/> Warranty Deed | <input type="checkbox"/> Contract for Deed | <input type="checkbox"/> Purchase Option |
| <input type="checkbox"/> In Escrow | <input type="checkbox"/> Earnest Money Contract | <input type="checkbox"/> Long Term Contract for Lease |
| <input type="checkbox"/> Long Term Option to Lease | <input type="checkbox"/> Notice to Purchase/Offer | |

Expiration of Contract or Option: ____/____/____

Expiration of Feasibility Contingency: ____/____/____ (Applies to pre-development loans only)

Expiration of Financing Contract: ____/____/____

Anticipated Closing Date: ____/____/____

Site Description:

Proposed Structure Size: _____ Acres **AND** _____ Square feet

Is the property zoned for intended use? Yes No

Is the present use non-conforming under existing zoning restrictions? Yes No

Is the property in the process of rezoning? Yes No

Current zoning (describe permitted uses): _____

Flood Zone Designation: _____

Describe the Topography: _____

Mark all proposed on site or existing facilities:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Gas | <input type="checkbox"/> Storm Drains | <input type="checkbox"/> Water- Public |
| <input type="checkbox"/> Water- Private | <input type="checkbox"/> Sidewalks | <input type="checkbox"/> Street Lights | <input type="checkbox"/> Fire Hydrants |
| <input type="checkbox"/> Sewers- Public | <input type="checkbox"/> Sewers- Private | <input type="checkbox"/> Paved Streets | <input type="checkbox"/> Concrete Curbs |
| <input type="checkbox"/> Rolled Curbs | <input type="checkbox"/> Well | <input type="checkbox"/> Septic | |

Expected date of availability: ____/____/____

**OTHER FUND SOURCES
Attachment E**

Source 4: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Type of Funds	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Source 5: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

Type of Funds	Principal Amount	Interest Rate	Amortization	Term	Monthly Payment	Priority of Lien	Commitment Date

Source 6: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

***Attach extra forms as necessary**

HOME Application Checklist

Please make a thorough review of the checklist before submitting your application to ensure you have addressed each item required. Check off all applicable items. Please return the applicable items and checklist with the application.

<input type="checkbox"/>	Articles of Incorporation and Bylaws	
<input type="checkbox"/>	Non-Profit Determination (IRS 501(c)(3) documentation)	
<input type="checkbox"/>	List of Board Members (include name, address, phone number, office held, term, compensation, profession, qualification, race, gender, ethnicity)	
<input type="checkbox"/>	Designation of Authorized Officials	
<input type="checkbox"/>	Annual Financial Statements (most recent audit/audited financial statement within the past 18 months)	
<input type="checkbox"/>	Project Financial Feasibility (i.e. for the industry, the current market analysis and future market potential/demand, competition, sales estimations and prospective buyers)	<i>Application Page 4</i>
<input type="checkbox"/>	Marketing Strategy (not required for home buyer down payment assistance or homeowner rehabilitation projects)	<i>Application Page 4</i>
<input type="checkbox"/>	Attachment A: Proposed Match	<i>Application Page 16</i>
<input type="checkbox"/>	Proposed Project Budget	<i>Application Page 17</i>
<input type="checkbox"/>	Project Financing Letter(s) if applicable (i.e. construction financing, permanent financing)	
<input type="checkbox"/>	Attachment B: Project Schedule of Completion	<i>Application Page 18</i>
<input type="checkbox"/>	Attachment C: Project Development Team (not required for home buyer down payment assistance or homeowner rehabilitation projects)	<i>Application Page 19-20</i>
<input type="checkbox"/>	Attachment D: Evidence of Site Control (provide documentation in the form of a lease agreement, property deed, or purchase option)	<i>Application Page 21</i>
<input type="checkbox"/>	Attachment E: Other Funds Sources	<i>Application Page 22</i>
<input type="checkbox"/>	A report prepared by a professional construction consultant delineating the cost of rehabilitation and/or acquisition, if applicable.	
<input type="checkbox"/>	Relocation Plan if applicable (required for acquisition and rehabilitation projects that include occupied properties)	
<input type="checkbox"/>	Davis Bacon Federal Wage Rates, (construction/rehabilitation projects with 12 or more units assisted with HOME funds)	
<input type="checkbox"/>	Map of project, if applicable	
<input type="checkbox"/>	Copy of construction plans and site plans (<i>required for acquisition with new construction or rehabilitation, new construction, and rehabilitation projects</i>)	
<input type="checkbox"/>	Photographs of the project, if applicable	
<input type="checkbox"/>	Signed Applicant Certifications: Certification of Good Standing, Drug Free Workplace/Anti-Lobbying	<i>Application Page 9-10</i>
<input type="checkbox"/>	Conflict of Interest Provisions	<i>Application Page 11-12</i>
<input type="checkbox"/>	Signed and Notarized O.C.G.A. § 50-36-1(e)(2) Affidavit (<i>Only due at contracting</i>)	<i>Application Page 13-14</i>
<input type="checkbox"/>	Signed and Notarized GSIC Affidavit and O.C.G.A. § 13-10-91, as amended (<i>Only due at contracting</i>)	<i>Application Page 15</i>