
The State Housing Fund

Application for Owner-Occupied Housing Rehabilitation Programs



1110 West Washington Street, Suite 310, Phoenix, Arizona 85007

Telephone (602) 771-1000 Facsimile (602) 771-1002 TTY (602) 771-1001

www.housingaz.com

The State Housing Fund (Home and Housing Trust Fund) is a program of the Arizona Department of Housing (the "Department"). For more information contact (602) 771-1000.

Title II of the Americans with Disabilities Act prohibits discrimination on the basis of disability in the programs of a public agency. Individuals with disabilities who need the information contained in this publication in an alternate format may contact the Department at (602) 771-1000 or our TTY number, (602) 771-1001 to make their needs known. Requests should be made as soon as possible to allow sufficient time to arrange for the accommodation.



APPLICATION INSTRUCTIONS

The State Housing Program Summary and Application Guide

Because understanding the State's Housing Program policies is key to completing a successful application, applicants must read the *SHF Program Summary and Application Guide*. The Summary and Application Guide is intended to serve as a tool for applicants applying for funding and contains the information necessary to evaluate whether a proposed project can meet all aspects of the State Housing Fund programs.

Submission Deadlines

Submission deadlines will be provided in the Notice of Funding Availability (NOFA).

Applications are due (must be in the possession of the Department) no later than 4:00 p.m. on the deadline dates noted in the NOFA. Applications must be mailed or hand delivered to:

**Attn: State Housing Fund
Arizona Department of Housing
1110 West Washington Street, Suite 310
Phoenix, Arizona 85007**

Funding Decisions

The Department will make every effort to make its funding decisions within 60 days, depending on the number and complexity of the applications received.

Two (2) copies of the completed application (original & 1 copy)

Applicants must complete their application packages as described under Application Format, completing all required sections and required supporting documentation, submitting one original and one copy (2 copies total). Incomplete applications, application packages missing documentation or application packages not filed in the quantity indicated will not be accepted for review. This application package and any subsequent revisions or clarifications, if approved for funding, will become part of the agreement with the Department.

Application Format

Applications *must be typewritten or computer generated*. **Applicants are not to revise the formatting of these forms in any way.** A copy of this application is available by US Mail, on diskette, by e-mail, or at the Department's website: www.housingaz.com.

Application material must be:

- **8 ½ x 11 format**
- **single-sided**
- **inserted in a 3 ring binder**
- **indexed and tabbed to correspond with the application checklist**

In instances where the tab documentation is not applicable to a project, the tab must still be included and a single sheet indicating "N/A" should be included in the designated space with an explanation of why the information is not applicable. The tabulation format should not be altered in any way.

**1. APPLICATION CHECKLIST AND INDEX – OWNER-OCCUPIED HOUSING REHABILITATION
AND OWNER OCCUPIED HOUSING EMERGENCY REPAIR**

TAB	Attachment	✓	DESCRIPTION
			Cover Letter
			Checklist/Index (Table of Contents)
			Application Forms
A	✓		Applicant Eligibility.
B			Project Description
C			Organizational Capacity
D			Commitments for Financing
E			<ul style="list-style-type: none"> • Owner-occupied Housing Rehabilitation Program Policies • Copy of the Governing Body Resolution or Motion to adopt the Program Policies.
F			Loan Instruments
G			Market Demand
H			Community Revitalization
I	✓		Environmental Review
J	✓		State Housing Fund Self Score Sheet

Instructions for completion of Application Tabs can be found at section 5 of this Application form.

2. GENERAL APPLICANT AND PROJECT/PROGRAM INFORMATION

2.1. Applicant Information

Applicant: Gila County Division of Community Services

Contact Name: Malissa Buzan

Contact Title: Community Action Housing Services Manager
5515 S. Apache Ave, Suite 200

Mailing Address: _____

Street Address Same as mailing
(if different from mailing)

City/State/Zip Globe, Arizona 85501

Telephone (928) 425-7631 , Ext. 8693 Facsimile (928) 425-9468

E-mail Address mbuzan@co.gila.az.us

Legal Status of Applicant:

- | | |
|--|--|
| <input type="checkbox"/> State-Certified CHDO | *Private development agencies |
| <input type="checkbox"/> *Non-Profit (<i>non-CHDO</i>) | <input type="checkbox"/> General Partnership |
| <input checked="" type="checkbox"/> Local Government | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Tribal government | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Council of Government | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Public Housing Authority | <input type="checkbox"/> Individual |
| <input type="checkbox"/> State Agency | |

Federal Tax ID No. 86-6000444

*Required materials: Attach articles of incorporation, by-laws, partnership agreement or other relevant entity organizational information, determination letter and Certification of Good Standing from the Arizona Corporation Commission. Non-profits must also submit a copy of a recent IRS nonprofit designation letter in Tab A.

An Applicant must be an existing legal entity authorized to conduct business in Arizona. Prior to making application, both governmental, and non-profit applicants must adopt a resolution of their governing board authorizing the submission of an application and acceptance of the entity's Owner Occupied Housing Rehabilitation or Emergency Repair Program Guidelines.

2.2. Location of Project

State and Federal Legislative Congressional Districts: *Complete district number and name of Representative*

Federal	U.S. Representative: Ann Kirkpatrick	Number: District #1
State:	Senator: Sylvia Allen Representative: Bill Konopnicki	Number: District #5

Project Name: Gila County Owner Occupied Housing Rehabilitation

Address: 5515 S. Apache Avenue, Suite 200

City/Town: Globe, County: Gila Zip: 85501

Project Description: Describe the project in detail using Attachment B at Tab B.

2.3. Amount of State Housing Funds Requested

Use of Funds	Grant/Loan
Owner-occupied Housing Rehabilitation (use this one OR use the Owner-occupied Housing Emergency Repair below. Only one per application)	\$ 300,000.00
General Administrative Funds (up to an additional 10% of line 1 above)	\$ 30,000.00

2.4. Type of funding applicant is willing to accept (check all that apply):

Check all types of funding you are willing to accept, if funded.

Federal Funds State Funds

2.5. Type(s) of Property

Check all that apply:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Single-family detached | <input type="checkbox"/> Condominium Units |
| <input type="checkbox"/> Single-family attached, incl. Townhouses | <input checked="" type="checkbox"/> Manufactured Housing |

2.6. Relocation Information:

Yes No Maybe

Will this Program involve temporary relocation of homeowners?
If yes or maybe, costs must be reflected in the Program Budget at 3.1.2.

2.7. Proposed Beneficiaries

 Competitive Scoring: Very-low income targeting.

Targeted Populations by Income Level	Total Number of Units in Program	% of Units in Program	Number of State-assisted Units in the Program	% of State-assisted Units
Households at or below 50% of AMI	3	20	3	20
Households at or below 60% of AMI				
Households at or below 80% of AMI	4	80	4	80
Other: Hshlds at or below ___% of AMI				
Total Number of Units in Program:	7	100%	7	100%

2.8. Priority Population Set-Asides

Complete only if the Program will specifically set-aside units for a priority population. Set-asides will be enforced through contract provisions. For a definition of qualifying populations, see description of priority populations under *Definitions*, in the *Program Summary and Application Guide*.

 Competitive Scoring: Special Needs Populations targeting.

Priority Population	No. of Units	% of Units
Physically disabled persons (<i>design elements must be accommodating</i>)	3	60
Families with children under 18 years of age	2	20
Elderly (62 years of age and older)	2	20
Special needs populations identified in <i>Definitions in Program Summary and Application Guide</i>		
Other special needs groups (<i>must be pre-approved by the State</i>)		
UNITS NOT SET-ASIDE FOR PRIORITY POPULATIONS		
Total Number of SHF Assisted Units in Program:	7	100%

2.9. Type of Assistance to Households:

Program design includes (check all that apply. This should be reflected in your Program Policy):

- Deferred, forgivable loans**
- Repayable loans**

2.10. Amount of Funds Invested Per Unit

Maximum amount of **total** subsidy funding (State funds and any other public funding available. See Appendix E of the Program Summary and Application Guide; you can go lower but NOT higher) to be invested in any one unit: \$ 90,000.00

Maximum amount of **State Housing Funds** to be invested in any one unit: \$45,000.00

2.11. Method to Determine "After Rehab Value"

Describe how the after rehabilitation value of assisted units will be determined to ensure that units do not exceed maximum property values (95% of the FHA 203(b) insuring limits)

A copy of the home assessment will be obtained from the Gila County Assessor's Office prior to the project

commencement. The cost of the rehabilitation will be added to the assessed value of the property and the result will be the "After Rehab Value". The "After Rehab Value" will not exceed 95% of the FHA 203(B) insuring limits.

2.12. Recapture Period

If the program will include recapture provisions, please indicate required terms, including recapture period (i.e, repayable if property sold within 5 years of investment, etc.)

If the loan amount is: Up to \$15,000, the recapture period will be 5 years; \$15,001 to \$40,000 the recapture Period will be 10 years ; \$40,001 and above the recapture period will be 15 years.

2.13. Form of Ownership to be Assisted

Applicant must hold either: 1) fee simple title to the property; or 2) a 99 year leasehold on the property.

2.14. Property Standards

- Properties will meet the state's rehabilitation standards and all applicable local codes, ordinances, and zoning ordinances at the time of project completion.
- Properties will meet the state rehabilitation standards and, in the absence of a local code for new construction or rehabilitation, properties will meet the following (check choice below):
 - Uniform Building Code (ICBO)
 - National Building Code (BOCA)
 - Standard Building Code (SBCCI)
 - the Council of American Building Officials (CABO) one or two family code;
 - the Minimum Property Standards (MPS) in 24 CFR 200.925 or 200.926.

2.15. Waiting List

Applicant currently:

Maintains a waiting list of eligible households **

Number of households on waiting list 95 Average length of wait for assistance (months) 60

Date waiting list commenced: 07-01-2001

***Provide a spreadsheet of income qualified households who have applied to receive assistance and the household demographics including but not limited to household size, race, ethnicity, income, % AMI, etc. with the Market Demand analysis at TAB F of this application.*

Does not maintain a waiting list

2.16. Basis of Loan

Describe the basis for the loan terms proposed.

The amount of assistance over a ten year period would give the best benefit to the homeowner and also The Federal Government for the assistance.

2.17. Program Team

Complete for each project or program team member. Identify the name of the responsible party and the experience that they have in this role. Team members identified after the application are subject to review.

Function	Responsible Party	Experience
Project Manager	Malissa Buzan	Six years experience in CDBG and HOME Rehabilitation programs; fourteen years in emergency home repairs; eight years in grant management.
Program Coordinator	Estelle Belarde	Six years on HOME and CDBG rehabilitation programs; HTF programs; Weatherization and Home repairs.
Rehabilitation Specialist	Gabe Eylicio	Twelve years experience in the construction/maintenance trades. Has completed certifications for the WAP program; five years in CDBG, HTF and emergency repair programs.
Loan Servicing Specialist	B. Chris Kell	__ years experience in handling title loans; 30 years accounting experience. 6 months in CDBG, WAP, and emergency repair programs.
Fiscal Manager	Bree'na York	Bachelor's Degree in Applied Sciences and Office Technology. Nine years experience with CDBG, HOME and Emergency Repair Program fiscal management.
Consultants	Christine Lopez	17 years experience in CDBG, HOME, and Emergency Repair programs. 20 years case management and social services experience.

Function	Responsible Party	Experience
Other:		
Other:		

2.18. Program Timeline:

Projected start date 04-01-2011 **Projected completion date** 03-31-2013
 (Approximately 120 days after the date the of the application deadline)

Applicants must provide a schedule for the Program that lists major program activities and indicates when they will be executed. Additional information such as contractor selection, final inspection, loan closing, etc. should be included when known.

Program Schedule												
Major Program activities:	1 st quarter			2 nd quarter			3 rd quarter			4 th quarter		
	<i>(each box represents one month)</i>											
Execute Contract	X	X										
Identification of Units				X	X	X	X	X	X			
ERR		X	X									
Initiate Project Set-Ups								X	X	X	X	X
Rehabilitation								X	X	X	X	X
Quarterly Program Progress reporting.			X			X			X			X
Quarterly Performance Measurement Outcomes reporting			X			X			X			X
Individual Project Close out												
Contract Close out												

Program Schedule												
Major Program activities:	5 th quarter			6 th quarter			7 th quarter			8 th quarter		
	<i>(each box represents one month)</i>											
Rehabilitation	X	X	X	X	X	X	X	X	X			
Quarterly Program Project Reporting			X			X			X			X
Quarterly Performance Measurement Outcomes Reporting			X			X			X			X
Individual Project Closeout	X	X	X	X	X	X	X	X	X			
Contract Closeout										X	X	X

3. BUDGET STATEMENTS

3.1.1. Program Budget Sources

Full disclosure of all financing sources available is required. *Letters of Commitment must be attached at Tab C.* If after submittal of the application, *additional* financing sources are obtained, these sources must be immediately reported to Housing. Additionally, Housing may require a final uses and sources review if all sources are not firm at the time of application.

- Column A** Identify **all** sources of program financing.
- Column B** Include here only funding sources that are **firmly committed** at the time of application submittal.
- Column C** Include here only funding sources that are **tentative (including funding requested in this application)** that is tentative at the time of application submittal.
- Column D** Indicate whether this commitment is a *grant or a loan* that must be repaid. All commitment letters included at *Tab C* should clearly state the *terms of repayment* of any loans.
- Column E** Include date(s) other tentative funding sources were applied for.
- Column F** Include the date(s) of expected award notification for other tentative funding sources.

Program Funding					
A	B	C	D	E	F
Source	Funds Committed	Tentative	Loan or grant	Date applied	Date of notification
State Housing Funds (<i>Do NOT include general administrative funding</i>).		\$300,000.00			
1. U.R.R.D./ACAA	\$14,000.00		Grant		
2. SW Gas/WAP	12,000.00		Grant		
3. APS/WAP	42,000.00		Grant		
4. LIHEAP/WAP	14,000.00		Grant		
Total Amount of funding <i>(total of columns B and C)</i>	\$382,000.00				

3.1.2. Program Budget Uses

- Column A.** If a specific use of funds is not listed, indicate the type of use in "Other" box.
- Column B.** Indicate the amount of State Housing Funds being requested for this specific use.
- Column C.** Indicate amount financed by all other funding sources.
- Column D.** Indicate the total amount of columns B and C for the specified use.
- Column E.** Spell out the source(s) name for sources indicated in column C (e.g., bank loan, CDBG)

A	B	C	D	E
Activity	State Housing Funds	Other Sources	Total All Sources	Source(s)
Site Improvements and Demolition				
On-site				
Landscaping				
Demolition				
Rehabilitation Costs				
Direct Construction	247,202.00	82,000.00	329,202.00	URRD, APS, SWG, LIHEAP/WAP
Lead Paint Inspection/Clearance	7,000.00		7,000.00	
Permits/Fees				
Other				
Professional Fees				
Arch. Design/Supervision				
Environmental Review (if linked to a unit)				
Legal Fees				
Loan Financing Fees				
Title & Recording	798.00			
Credit Reports				
Miscellaneous Soft Costs				
Temporary Relocation				
Rent or Lodging				
Meals & Misc.				
Project Specific Administration				
Rehabilitation Specialist	45,000.00			
Travel	0			
Other:	0			
Subtotal Program Project Costs	300,000.00	82,000.00		
General Admin from 2.3.	30,000.00			
Totals	\$330,000.00	\$ 82,000.00	\$ 382,000.00	

4. STATE HOUSING FUND APPLICANT AFFIDAVIT, RELEASE AND CERTIFICATION FORM

The undersigned Applicant hereby applies to the Arizona Department of Housing, its successors and assigns (the "Department"), for a commitment of State Housing Funds. The *undersigned is responsible for ensuring that the program will assist only qualified low income housing* as described in the application, and will *satisfy all applicable State and Federal requirements in the rehabilitation* or construction to receive a commitment of State Housing Funds. The Applicant represents and certifies that the *application has not requested more State Housing Funds than is necessary* to provide the assistance described in this application. In planning this project or program, the Applicant certifies that it has provided for and will continue to encourage the participation of citizens, particularly persons of low income who are residents of areas in which the State Housing Funds are proposed to be used.

The Applicant understands that the Department will determine the eligibility of the project or program based, at least in part, on the information in and submitted with the application by the Applicant and the readiness of the program to proceed, as presented in the application. The Applicant is responsible for the accuracy of all information submitted. Misrepresentations, mistakes or omissions may be the basis for the cancellation of an award.

The Applicant understands and agrees that should the Department commit more funds than the State of Arizona is entitled to award in any given fiscal year (whether State or Federal), and funding is not available as awarded, the Department shall be held harmless by the Applicant, the Applicant's investors and anyone else relying upon the commitment.

The Applicant acknowledges and agrees that it will at all times cooperate with regard to request(s) for submittal of additional requests for information from the Department as necessary.

The Applicant acknowledges and agrees to fully comply and cooperate with all monitoring activity of the Department after the date of commitment. The Applicant will give the State, the U.S. Department of Housing and Urban Development, and any State authorized representative access to and the right to examine all records, books, papers, or documents related to the application and any resulting funding awards.

By executing this authorization and release, the Applicant does hereby authorize the Arizona Department of Housing, its successors and assigns, to obtain and furnish and release, to all proper institutions and/or agencies, full and complete records, reports and/or information pertaining to the Applicant and its application under the State Housing Fund program.

The Applicant agrees In compliance with State and Federal laws regarding conflict of interest. No elected or appointed officer or employee of the Applicant may seek or accept any gifts, service, favor, employment, engagement, emolument or economic opportunity which would tend improperly to influence a reasonable person in that position to depart from the faithful and impartial discharge of the duties of that position. No officer or employee may use his or her position to secure or grant any unwarranted privilege, preference, exemption or advantage for himself or herself, any member of his or her household, any business entity in which he or she has a direct or indirect financial interest, or any other person. No officer or employee may participate as an agent of Applicant in the negotiation or execution of any contract between Applicant and any private business in which he or she has a direct or indirect financial interest. No officer or employee of Applicant may suppress any report or other document because it might tend to affect unfavorably his/her financial interests.

The Applicant agrees that the Arizona Department of Housing, its successors and assigns, its agents, employees, attorneys, contractors and representatives will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities of whatsoever nature or kind (including, but not confined to, attorneys' fees, litigation and court costs, amounts paid in settlement, and amounts paid to discharge judgments, and any loss from such judgments or assessments) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of the Applicant's application for funding.

The Applicant hereby represents and certifies under penalty of A.R.S. 13-2311 and 39-161 that the information set forth herein, and all material submitted by the Applicant to the Department, are to the best of the Applicant's knowledge, true and complete and accurately describe the proposed project. The undersigned is duly authorized to execute this instrument on behalf of the Applicant and possesses the legal authority to apply for an allocation of State Housing Funds and to execute the proposed program.

Further, the Applicant represents that its governing body has duly adopted or passed an official act of resolution, motion or similar action authorizing the filing of the application, including all understandings and assurances required, and directing and authorizing the applicant's chief executive officer and/or other designated official representative to act in connection with the application and to provide such additional information as may be required.

The Applicant understands that all representations made herein, and all documentation submitted, is subject to verification by the Department, and that any misrepresentations or inaccuracies, whether intentional or not, may subject the project to a loss of competitive scoring points or to disqualification. For the purposes of verification, the Applicant and Developer hereby authorize the Department to request information on entities and individuals closely related to this transaction from any lender, investor, or other institution or entity named in this application. Such information includes but is not limited to audits, financial statements, credit history, copies of income tax returns, and other information deemed necessary by the Department.

The Applicant has caused this document to be duly executed in its name as of this _____ day of _____, 20_____.

Applicant Name: Gila County Community Action Housing Services

By: _____
(Michael A. Pastor, Chairman, Gila County Board of Supervisors)

APPROVED AS TO FORM:

ATTEST:

Bryan Chambers, Chief Deputy County Attorney

Marian Sheppard, Chief Deputy Clerk of the Board of Supervisors

attachments - instructions

Required attachments as specified in the Application Checklist and the Application Forms must be included and appropriately tabbed. Following are detailed instructions for attachments that are not self-explanatory or otherwise included in the application packet.

Attachment	DESCRIPTION and INSTRUCTIONS
A	<p>Applicant Eligibility</p> <ul style="list-style-type: none"> • An Applicant must be an existing legal entity authorized to conduct business in Arizona. Only an authorized representative may sign any documentation that requires the signature of the Applicant. The Department will reject forms signed in the name of an entity that does not legally exist or by a representative without authority. • For Non-Profit or governmental applicants – Provide a Resolution to Apply for Funding. See the sample Attachment A included at page 13 of this application form. • Attach articles of incorporation, by-laws, partnership agreement or other relevant entity organizational information, determination letter and Certification of Good Standing from the Arizona Corporation Commission. If a non-profit attach a copy of the IRS nonprofit designation letter. Provide evidence of a 501(c)(3) or (4) status in the form of an Internal Revenue Service Proof of Nonprofit Status. Attach a copy of the IRS nonprofit designation letter. Provide evidence of a 501(c)(3) or (4) status in the form of an Internal Revenue Service
B	<p>Project Description</p> <p>Provide descriptive information about the project including the number of units, the expected condition of the homes, specific geographic targeting, steps required to implement the project successfully and the expected timeline to complete the project. (The applicant’s ability to fully describe the project is a key indicator of the applicant’s understanding of what is required to complete the project successfully.)</p>
C	<p>Organizational Capacity</p> <p>Provide documented evidence of Applicant and/or Program Team experience with one or more of the following:</p> <ul style="list-style-type: none"> • Written agreements with applicant outlining the responsibilities between parties. • Resumes. • 3rd party letters of recommendation. • Documentation of successful projects.
D	<p>Commitments for Financing</p> <ul style="list-style-type: none"> • Applicants with firm commitments for financing must include commitment letter(s) from the source of financing. Commitment letters must be on the letterhead of the organization providing the commitment. The letterhead must include the mailing address and phone number of the organization. The letter must include the name of the contact person, contact person phone number, eligible uses of committed funds, terms and conditions of the commitment, including but not limited to repayment provisions, loan period, interest rate, and loan-to-value and debt coverage ratios, expiration date of the commitment, if any, signature and typed title and name of authorized official. • If requesting State Housing Funds for projects with no other financing sources, include a copy of at least two denial letters from the other financing sources.
E	<p>Owner-occupied Housing Rehabilitation Program Policies</p> <ul style="list-style-type: none"> • Include Program Policies, as described in Section 5.13 of the SHF Program Summary and

	<p>Application Guide, for Owner Occupied Housing Rehabilitation.</p> <ul style="list-style-type: none"> • Include copy of Governing Body Resolution or Motion to adopt Program Policies.
F	<p>Loan Instruments</p> <p>Provide a copy of the Construction Contract, Deed of Trust and Promissory Notes that will be used to secure the rehabilitation loans.</p>
G	<p>Market Demand</p> <p>1. Describe the market demand based on a demographic analysis of the target area, the target population and information on the condition of the housing stock and rehabilitation needs. Describe the degree to which comparable programs and services are available to the proposed service area.</p> <p>2. Provide a spreadsheet of income qualified households who have applied to receive assistance and the household demographics including but not limited to household size, race, ethnicity, income, % AML, etc.</p>
H	<p>Community Revitalization</p> <p>Provide evidence proposed project addresses an identified planning need or objective of the local government with one or more of the following:</p> <ul style="list-style-type: none"> • correspondence between project principals and local government originating at least 9 months prior to application deadline; • a local governing body resolution or ordinance dated at least 9 months prior to application; • a planning document approved by the local governing body at least 9 months prior to application. • Federal Empowerment Zones or Federal Enterprise Communities • Established HUD Neighborhood Revitalization Strategy Areas • Established Colonias as designated by the United States Department of Agriculture or HUD • Geographic areas or parcels of property that are established by the local government as part of a comprehensive affordable housing plan. • Revitalization area designated by the local government
I	<p>Environmental Review</p> <ul style="list-style-type: none"> • Projects must <u>complete Attachment G “Environmental Review Determination Form”</u>. • Provide Flood Plain Map where project is located detailing the flood zone. • Provide completed Environmental Review requirements pursuant to 24 CFR Part 58, up to Part III HUD Appendix A 2004
J	<p>Complete the State Housing Fund Self Score Sheet</p>



E-1 PROJECT NARRATIVE

Recipient: Gila County Housing Services
ADOH Contract No.: CDBG, HOME, HTF, SSP, SHF

ADOH ENVIRONMENTAL REVIEW RECORD
PROJECT NARRATIVE

- 1. Project Title: Owner Occupied Housing Rehabilitation and Owner Occupied Emergency Repairs
2. Project Description: (attach additional pages as necessary) Gila County proposes to use in house services to procure construction services from local licensed contractors to rehabilitate and/or provide emergency repairs to owner-occupied, single family homes throughout the County.

Complete item a and b if the information is not included in the attachment.

- a. Geographic Location (street names, compass direction, relation to town limit): Gila County, excluding flood plain areas, and Indian Reservations.
b. Size and/or Area (sq. ft. of building, size and length of pipe, no. of units): Individual homes that will be assisted are of varying sizes.
c. Existing Environmental Conditions (i.e., no sewer system, river contamination, unpaved streets, residential area, fully developed): A majority of the homes are located in residential areas. Some homes receiving assistance may be in unincorporated areas of the County and will not be tied into a sewer sytem, but on septic systems. Most areas will have paved street,s although some remote areas lack paved streets.
d. Purpose (i.e., to improve traffic and driving conditions by widening roads): To improve the health, safety, energy affordability and efficiency of single family homes by providing rehabilitation and/or emergency repairs.

Table with 3 columns: Cost type, Source, and Amount. Rows include Federal Funds (\$36,000.00), Leverage/Other (LIHEAP WAP \$36000.00).

Leverage/Other Source: _____

TOTAL \$72,000.00

- 4. Map attached with project site clearly marked: Yes [X]



5. Prepared By:

Name: **Malissa Buzan**

Signature: _____



E-3.1 LEVEL OF ENVIRONMENTAL REVIEW DETERMINATION (2004)

Project Name / Description: Gila County CDBG, HOME, HTF, SHF, SSP

Level of Environmental Review:

(Exempt per 24 CFR 58.34, Categorically excluded not subject to statutes per § 58.35(b), Categorically excluded subject to statutes per §58.35(a), Environmental Assessment per § 58.36, or EIS per 40 CFR 1500)

STATUTES AND REGULATIONS LISTED AT 24 CFR 58.6

FLOOD INSURANCE / FLOOD DISASTER PROTECTION ACT

- 1. Does the project involve the acquisition, construction or rehabilitation of structures, buildings or mobile homes?
[X] No. Flood insurance is not required. The review of this factor is completed.
[] Yes; continue.
2. Is the structure or part of the structure located in a FEMA designated Special Flood Hazard Area?
[] No. Source Document (FEMA/FIRM floodplain zone designation, panel number, date): (Factor review completed).
[] Yes. Source Document (FEMA/FIRM floodplain zone designation, panel number, date): (Continue review).
3. Is the community participating in the National Insurance Program (or has less than one year passed since FEMA notification of Special Flood Hazards)?
[] Yes. Flood Insurance under the National Flood Insurance Program must be obtained and maintained for the economic life of the project, in the amount of the total project cost. A copy of the flood insurance policy declaration must be kept in the Environmental Review Record.
[] No. (Federal assistance may not be used in the Special Flood Hazards Area).

COASTAL BARRIERS RESOURCES ACT

- 1. Is the project located in a coastal barrier resource area? (See www.fema.gov/nfip/cobra.shtm).
[X] No. Cite Source Documentation: (This element is completed).
[] Yes. Federal assistance may not be used in such an area.

AIRPORT RUNWAY CLEAR ZONES AND CLEAR ZONES DISCLOSURES

- 1. Does the project involve the sale or acquisition of existing property within a Civil Airport's Runway Clear Zone, Approach Protection Zone or a Military Installation's Clear Zone?
[X] No. Cite SD, page:
2. Project complies with 24 CFR 51.303(a)(3).
[] Yes. Disclosure statement must be provided to buyer and a copy of the signed disclosure statement must be maintained in this Environmental Review Record.

Prepared by (insert name and title)Malissa Buzan, Gila County Housing Services Manager

Signature

Date

Responsible Entity (insert name and title)Michael A. Pastor, Chairman, Gila County Board of Supervisors

Signature

Date



E-P.2 - NOTICE OF INTENT TO REQUEST RELEASE OF FUNDS

Date of Notice **12-16-10**

Name of Responsible Entity (RE) **Gila County Housing Services**

Street Address **5515 S. Apache Avenue, Suite 200**

City, State, Zip Code **Globe, AZ 85501**

Telephone number of RE Preparer Agency **(928) 425-7631**

On or about **January 14, 2011** the **Gila County Housing Services** will submit a request to the **Arizona Department of Housing** for the release of **Federal** funds under **Title 1** of the **Housing and Community Development Act of 1974**, as amended, to undertake a project known as **Owner Occupied Housing Rehabilitation** for the purpose of **providing housing rehabilitation to owner-occupied homes in Gila County**.

The activities proposed are Categorically Excluded under HUD regulations at 24 CFR Part 58 from National Environmental Policy Act requirements. For owner occupied rehabilitation projects, pursuant to 24 CFR 58.15, a specific review of the following items will be conducted on each proposed structure to be rehabilitated prior to beginning construction, and mitigation or project denial will be implemented as necessary: Historic Preservation, Airport Clearzones, Explosive and Flammable Operations, Toxic/Hazardous Materials, Contamination, Chemicals or Gasses; and Lead Based Paint. An Environmental Review Record (ERR) that documents the environmental determinations for this project is on file at **Gila County Housing Services** and may be examined or copied weekdays **8:00 A.M. to 5:00 P.M.**

PUBLIC COMMENTS

Any individual, group, or agency may submit written comments on the ERR to the **Gila County Housing Services**. All comments received by **January 1, 2011** will be considered by **Gila County** prior to authorizing submission of a request for release of funds.

RELEASE OF FUNDS

The **Certifying Officer** certifies to **Arizona Department of Housing** that **Michael A. Pastor** in his capacity as **Chairman, Gila County Board of Supervisors** consents to accept the jurisdiction of the Federal Courts if an action is brought to enforce responsibilities in relation to the environmental review process and that these responsibilities have been satisfied. **Arizona Department of Housing** approval of the certification satisfies its responsibilities under NEPA and related laws and authorities, and allows **Gila County** to use Program funds.

OBJECTIONS TO RELEASE OF FUNDS

Arizona Department of Housing will consider objections to its release of funds and the **Gila County** certification received by **January 18, 2011** or for a period of fifteen days following its actual receipt of the request (whichever is later) only if they are on one of the following bases: (a) the certification was not executed by the Certifying Officer of the **Gila County**; (b) **Gila County** has omitted a step or failed to make a decision or finding required by HUD regulations at 24 CFR Part 58; (c) the grant recipient or other participants in the project have committed funds or incurred costs not authorized by 24 CFR Part 58 before approval of a release of funds by **Arizona Department of Housing**; or (d) another Federal agency acting pursuant to 40 CFR Part 1504 has submitted a written finding that the project is unsatisfactory from the standpoint of environmental quality. Objections must be prepared and submitted in accordance with the required procedures (24 CFR Part 58) and shall be addressed to **Arizona Department of Housing at 1110 W. Washington Ave., Suite 310, Phoenix, AZ 85007**. Potential objectors should contact **Arizona Department of Housing** to verify the actual last day of the objection period.

Name and Title of Certifying Officer:
Michael A. Pastor
Chairman, Gila County Board of Supervisors

Signature of Certifying Officer