
The State Housing Fund

FY2014-2015 Application for Owner-Occupied Housing Rehabilitation Programs



Arizona
Department
of Housing

1110 West Washington Street, Suite 310, Phoenix, Arizona 85007
Telephone (602) 771-1000 Facsimile (602) 771-1002 TTY (602) 771-1001

www.azhousing.gov

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, CD&R Division
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 ninety (90) days, depending on the number and complexity of the applications received.

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

Applicants must complete their application packages as described under Application Format, completing all required sections and required supporting documentation, submitting one (1) original and one (1) copy. 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.azhousing.gov.

Application material must be:

- **One (1) original plus one (1) copy**
- **8 ½ x 11 format**
- **Single sided**
- **Each copy must be two-hole punched at the top and bound by a metal fastener or large clip**
- **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

Tab	Attachment (form provided by ADOH)	✓	Description
		<input checked="" type="checkbox"/>	Cover Letter
		<input checked="" type="checkbox"/>	Checklist/Index (Table of Contents)
		<input checked="" type="checkbox"/>	Application Forms
A	✓	<input checked="" type="checkbox"/>	Applicant Eligibility
B		<input checked="" type="checkbox"/>	Project Description
C		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Owner-occupied Housing Rehabilitation Program Guidelines (HRG's) • Copy of the Governing Body Resolution or Motion to adopt the HRG's Policies
D		<input checked="" type="checkbox"/>	Loan Instruments
E		<input checked="" type="checkbox"/>	Market Demand
F		<input checked="" type="checkbox"/>	Environmental Review
G		<input checked="" type="checkbox"/>	Project Readiness
H		<input checked="" type="checkbox"/>	Organizational Capacity
I		<input checked="" type="checkbox"/>	Leverage Funding
J	✓	<input checked="" type="checkbox"/>	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 Community Services

Contact Name Malissa Buzan

Contact Title Director

Mailing Address 5515 S. Apache Ave., Suite 200

Street Address same
(if different from mailing)

City/State/Zip Globe, Arizona 85501

Telephone (928) 425-7631 **Facsimile** (928) 425-9468

E-mail Address mbuzan@gilacountyaz.gov

Legal Status of Applicant:

- State-Certified CHDO
- * Non-Profit (non-CHDO)
- Local Government
- Tribal government
- Council of Government
- Public Housing Authority
- State Agency

*** Private development agencies**

- General Partnership
- Limited Partnership
- Limited Liability Company
- Corporation
- Individual

Federal Tax ID # 86-60000444

DUNS # 2407139

Central Contractor Registry # 5LWX2

*** 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 non-profit 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: Congressional Rep Ann Kirkpatrick District # 1

State: Senator Barbara McGuire District # 8
Representative Franklin M Pratt & Thomas "T.J." Shope

Project Name Owner-Occupied Housing Rehabilitation

Address 5515 S. Apache Ave., 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 (project specific funding)	\$ 250,000.00
General Administrative Funds (up to an additional 10% of line 1 above)	\$ 25,000.00

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:

- Single family detached Condominium Units
 Single family attached, incl. Townhouses 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 Program	% of State- assisted Units in Program
Households at or below 50% of AMI	2	40 %	2	40 %
Households at or below 60% of AMI	2	40 %	2	40 %
Households at or below 80% of AMI	1	20 %	1	20 %
Other: Households at or below _____ % of AMI		%		0 %
Total Number of Units in Program	5	100 %	5	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	Number of Units	% of Units
Elderly (62 years of age and older)	2	40 %
Physically disabled persons (<i>design elements must be accommodating</i>)	1	20 %
Other Priority Population _____ households with children under 18 years old	2	40 %
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	5	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 (1) unit: \$ 80,000.00

Maximum amount of **State Housing Funds** to be invested in any one (1) unit: \$ 55,000.00

2.11. Method to Determine "After Rehab Value"

Describe how the after rehabilitation value of assisted units will be determined and documented to ensure that units do not exceed maximum property values (95% of the Median Purchase Price Limits for Single Family units).

Housing staff will research the current value of the property by using online property valuation websites, such as Trulia, Zillow and Home Snap to determine the value of the property prior to accepting the home as a project.

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 five (5) years of investment, etc.).

For DPL's less than \$15,000, the recapture period is 5 years, for DPL's \$15001 through \$39,999 recapture period is 10 years; and DPL's \$40,000 and over the recapture period is 15 years.

2.13. Form of Ownership to be Assisted

(i.e. fee simple, 99 year leasehold, 50 year leasehold for tribal land)

We will assist households holding a fee simple title or 99 year leasehold on their property. We will obtain a Simple Title Report for each household assisted with HOME and/or State Housing Fund dollars.

2.14. Property Standards

- Properties will meet the state's rehabilitation standards, International Energy Conservation Code or better, Energy Star, Arizona Governor's Office of Energy Policy Weatherization Standards and all applicable local codes, ordinances, and zoning ordinances at the time of project completion.
- 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. Wait List

Applicant currently: **Maintains a wait list of income qualified eligible households ****

Number of households on wait list 22 Average length of wait for assistance (months) 12 months

Date waiting list commenced 07/01/00

*** 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 E of this application.*

Does not maintain a waiting list

2.16. Basis of Loan

Describe the basis for the loan terms proposed.

OOHR will be offered in the form of Forgivable Loans. Each year a percentage of the total investment amount will be forgiven; based on the beneficiary's occupancy. In the event of the home ownership changing, a sale or foreclosure on the home, we

2.17. Program Team

Complete for each project or program team member. Identify the name of the responsible party, the years of experience that they have in this role and the date hired by the applicant. Provide support documentation (i.e. fully executed contractual agreements, personnel action forms) at TAB H. Team members identified after the application are subject to review.

Function	Name of Responsible Party	Years of Experience in Position	Hire Date	Responsible Party's Experience with Housing Rehabilitation Programs (narrative)
Project Manager	Gabe Eylicio	11	01/13/92	11 years OOHR experience
Program Coordinator	Christine Lopez	16	08/21/84	16 years OOHR experience
Rehab Specialist	Adrian Marks	6 months	09/15/14	6 months OOHR experience
Loan Servicing Specialists	Estelle Belarde	12	09/22/03	11 years OOHR experience
Fiscal Manager	Nick Montague	2	06/13/11	3.5 years OOHR Experience
Application Intake	Estelle Belarde	12	09/22/03	11 years OOHR experience
Homeownership Counseling	Estelle Belarde	12	09/22/03	11 years OOHR experience
BPI Energy Auditor	Gabe Eylicio / Adrian Marks	11/ 6 mos	01/13/92	GE =5 years BPI Cert, AM = 6 mos
Consultants	Malissa Buzan	15	11/01/93	15 years OOHR experience
Other				
Other				

2.15. Program Timeline

Projected Start Date: 12/20/15

Projected End Date: 11/20/17

(Approximately 120 days after the date the of the application deadline)

Applicants must provide a schedule for the Program that lists expected completion dates (“Contract Date”) for the major program activities. Units can be shown as a group or listed individually in the Program Schedule (i.e. “Unit 1 – 3” or “Unit 1”, “Unit 2”, etc.). If the applicant receives an award, this program schedule will become an attachment to the Funding Agreement. Columns 2 and 3 of the schedule would then become fillable.

Major Program Activities	Contract Date <small>(expected completion)</small>	Complete Yes/No	Modification Date
	<i>Include additional copy of this chart if more room needed</i>		
Execute Contract	11/20/15		
Unit # <u>1 & 2</u> Project Scope Out to Bid	02/20/16		
Unit # <u>1 & 2</u> ERR Appendix A & Initial Project Set-up to ADOH	03/20/16		
Unit # <u>1 & 2</u> Contractor Selection	03/20/16		
Unit # <u>1 & 2</u> Rehab Construction	04/05/16		
Unit # <u>1 & 2</u> Final Inspection	07/30/16		
Unit # <u>1 & 2</u> Rehab Loan Closing	08/15/16		
Unit # <u>1 & 2</u> Individual Project Close-out	11/15/16		
Unit # <u>3 & 4</u> Project Scope Out to Bid	10/01/16		
Unit # <u>3 & 4</u> ERR Appendix A & Initial Project Set-up to ADOH	11/01/16		
Unit # <u>3 & 4</u> Contractor Selection	11/15/16		
Unit # <u>3 & 4</u> Rehab Construction	11/30/16		
Unit # <u>3 & 4</u> Final Inspection	02/28/17		
Unit # <u>3 & 4</u> Rehab Loan Closing	03/15/17		
Unit # <u>3 & 4</u> Individual Project Close-out	05/15/17		
Unit # <u>5</u> Project Scope Out to Bid	12/01/16		
Unit # <u>5</u> ERR Appendix A & Initial Project Set-up to ADOH	01/01/17		
Unit # <u>5</u> Contractor Selection	01/01/17		
Unit # <u>5</u> Rehab Construction	02/15/17		
Unit # <u>5</u> Final Inspection	05/15/17		
Unit # <u>5</u> Rehab Loan Closing	06/01/17		
Unit # <u>5</u> Individual Project Close-out	08/01/17		
Contract Close-out	11/20/17		

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 I.* 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 <i>grant</i> or a <i>loan</i> that must be repaid. All commitment letters included at <i>Tab C</i> should clearly state the <i>terms of repayment</i> 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 Fundings

A	B	C	D	E	F
Source	Funds Committed	Tentative	Grant or Loan	Date Applied	Date of Notification
State Housing Funds <i>(Do NOT include general administrative funding)</i>		\$ 250,000			
1. LIHEAP/WAP	\$ 99,692.00	\$	Grant		05/29/14
2. APS WAP	\$ 106,429.00	\$	Grant		01/01/15
3. URRD	\$ 58,501.00	\$	Grant		07/01/14
4. SW GAS WAP	\$ 7,150.00	\$	Grant		06/17/14
Total Amount of funding <i>(total of columns B and C)</i>	\$ 521,772.00				

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 (i.e. bank loan, CDBG)

A	B	C	D	E
Activity	State Housing Fund	Other Sources	Total All Sources	Source(s)
Site Improvements and Demolition				
On-site	\$	\$	\$	
Landscaping	\$	\$	\$	
Demolition	\$	\$	\$	
Rehabilitation Costs				
Direct Construction	\$ 200,000.00	\$ 571,772.00	\$ 771,772.00	LIHEAP, DOE, APS, SWG, URRD
Lead Paint Inspection/ Clearance	\$ 5,500.00	\$	\$ 5,500.00	
Permits/Fees	\$	\$	\$	
Other	\$	\$	\$	
Professional Fees				
Architecture Design/ Supervision	\$	\$	\$	
Environmental Review (if linked to a unit)	\$	\$	\$	
Legal Fees	\$	\$	\$	
Loan Financing Fees				
Title and Recording	\$ 800.00	\$	\$ 800.00	
Credit Reports	\$	\$	\$	
Miscellaneous Soft Costs				
	\$	\$	\$	
	\$	\$	\$	
Temporary Relocation				
Rent or Lodging	\$	\$	\$	
Meals and Miscellaneous	\$	\$	\$	
Project Specific Administration				
Rehabilitation Specialist	\$ 41,700.00	\$	\$ 41,700.00	
Travel	\$ 2,000.00	\$	\$ 2,000.00	
Other	\$	\$	\$	
Subtotal Program Project Costs	\$ 250,000.00	\$ 571,772.00	\$ 821,772.00	
General Admin from 2.3.	\$ 25,000.00	\$	\$ 25,000.00	
TOTALS	\$ 275,000.00	\$ 571,772.00	\$ 846,772.00	

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 certifies that there was no participation in any aspect or manner of the due diligence, compilation, preparation, or submission process relating to this Application, or the project that is the subject of this Application, by any person(s) or entity(ies) in violation of applicable State of Arizona (such as those found at A.R.S. §§ 38-501 - 38-511) or federal (such as those found at 24 CFR 92.365 relating to the administration of HOME funds or 24 CFR 570.611 relating to the administration of CDBG funds) conflict of interest laws. Should ADOH determine that such a conflict exists; the Application will be discontinued from consideration of the award at issue. Further, violations of any other applicable state or federal law will similarly result in disqualification of the Application from consideration of said award.

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 3rd day of March, 2015.

Applicant Name: Michael A. Pastor, Chairman, Gila County Board of Supervisors

By: _____
(Signed by the same person who signed the Resolution)