

Application

Applicant Information

Name of Applicant (owner): _____

Address of Applicant: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____

Applicant DUNS #: _____

Property Details

Project Name: _____

Address(es) of Development and units proposed for PBV (use an additional page if needed):

Census Tract: _____ Block #: _____ Lot #: _____ Poverty Rate of the Census Tract: _____
(Data is available at <https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>)

If the project is located in a census tract with a poverty level above 30%, please explain how the units are in a "neighborhood of opportunity" (See 24 CFR 983.57(b) or Threshold Criteria above): _____

Total # of units: _____ Proposed # of units for assistance: _____ Proposed Term of Assistance: _____ yrs.

Total # of buildings: _____ Proposed # of units for assistance in each building: _____

List the number of units for each type of unit, based on unit size and bedroom size (if various 2brs will have the same proposed rent but have a range of square footage, they can be listed below on a single line with the range of sq ft provided).

Unit Address and #	Unit Size (sqft)	# Bedrooms	# Bathrooms	Handicap Accessible?	Proposed Contract Rent

Are you requesting that this proposal be considered for VASH PBVs? (Note: if you mark yes, you may still be considered for regular PBVs if VASH are not available. Applicants should not mark yes unless you intend for the units to be dedicated to formerly homeless veterans and have experience and services for this population)

_____ Yes _____ No

Will any of the units qualify for a HUD exception to the per project caps of 25 units or 25 percent of the project? _____ Yes _____ No

If yes, which exemption would they qualify for? ___ Elderly ___ Supportive Services ___ Low Poverty Census Tract (40% of units allowed)

Are utilities included in the contract rent? _____ Yes _____ No

Using the chart in Appendix 4 (Utility Designation Chart), the owner shall indicate which utilities and appliances are provided or paid for the the owner and which by the tenant. If units proposed for PBV have different utility payment arrangements and/or appliances, please complete and submit a separate version of the Utility Designation Chart for each group of units with the same utility arrangements.

Aside from utilities, describe any other services, equipment or amenities included in the contract rent above (excluding supportive services): _____

Using additional pages as necessary, please describe the supportive services that will be provided.

Will the property be () constructed or () rehabilitated prior to occupancy? Yes No

If yes to either option above, please describe the proposed property to be constructed and/or the existing conditions of the property and scope of work for the rehabilitation (use additional pages as necessary). _____

Timeline

Please project key milestones for your units in the table below.

Milestone	Projected Completion
1, Zoning variances obtained	
2. Permitting for project	

3. All funding secured	
4. All Subsidy Layering Review Element documents are provided to PHA. It is estimated that HUD requires 60 – 90 days to complete a Subsidy Layering Review.	
5. Signing of AHAP	
6. Start of construction / renovation	
7. End of construction / renovation	
8. Signing of HAP	
9. Initial lease-up	
10. Full occupancy	
11. Expiration of HAP Contract (1-20 yrs)	

Occupancy & Relocation – Required for substantial rehabilitation if residents are to be displaced

How many households currently occupy the property? _____

Are you planning to relocate existing families for rehabilitation? __ Yes __ No

What is the estimated cost of relocation? _____

What is the source of your relocation funding? _____

Who will oversee relocation services? _____

If you have current tenants, do you have a plan to relocate any existing tenants who are ineligible for occupancy of a project based voucher unit? _____

Property Management

Name of Property Management Company: _____

Describe property management company's experience managing PBV or like programs:

Describe your approach to tenant selection and how it meets the PBV program goal of providing housing to very low income families. If you wish to propose any preferences for those selected from the PHA's project based waiting list for your PBV units, please state what those are: _____

If your tenant selection plan looks at credit (other than debt to past landlords or ability to turn on utilities if they are paid for by tenants) or criminal history beyond five years, please state if you are willing to adjust these provisions for PBV admissions:

Certification

The undersigned specifically agrees that the vouchers requested by this application will be secured by a Housing Assistance Payment contract on the property described herein and that Providence Housing Authority, its agents, successors and assigns make no representations or warranties, express or implied, to the Applicant regarding the property, the condition of the property or the value of the property.

Title 18, Section 1001 of the US Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the US Government including the Dept. Of Housing & Urban Development (HUD) , a public housing authority (PHA) and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment. I verify that the information in this application is true and correct. I understand that false statements herein are subject to the penalties of Rhode Island Law relating to unsworn falsification to authorities.

Organization Name: _____

By: _____ Title: _____
Print or type name

Signature: _____ Date: _____