**Note that this application fully corresponds to the application requirements enumerated in the Program Description. This application must be submitted with the MRLF Application Model, and any required Exhibits.**

|  |
| --- |
| **Project Title** |
|  |
| **Project Type (Existing Affordable or Existing NON Affordable):** |
|  |
| **Project Address** |
|  |

**CONTACT PERSON**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Title | Office Phone | | Cell Phone | |
| Department/Organization | E-mail Address | | | |
| Street or P. O. Box | City | Applicant | State  LA | ZIP Code |

**FILE NAME OF ACCOMPANYING ‘LIVE’ EXCEL APPLICATION MODEL**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Pool Selection** |  |
| **Existing Affordable?** |  |
| **Existing Non-Affordable?** |  |
| **Located in HUD Declared Most-Impacted Parish** |  |
| **Located in FEMA Declared Parish?** |  |
| **PHA?** |  |
| **More than 20 Multifamily Units?** |  |
| **Outside Special Flood Hazard Area?** |  |
| **If Inside Special Flood-Hazard Area, Was Insured?** |  |

**SUBMIT AN ORIGINAL & ONE COPY OF THE FORM AND ALL REQUIRED DOCS TO:**

Louisiana Housing Corporation

ATTN: Recovery Department

2415 Quail Drive

Baton Rouge, LA 70808

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 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| **SECTION I: PROGRAM OBJECTIVE FOR MULTIFAMILY RESTORATION LOAN FUNDING PROGRAM** *(\*see Program Description/NOFA p.1 section IA)* I.A. For Existing Multifamily Housing with Existing Affordability Commitments: MRLF Program’s objective is to finance the rehabilitation of flood-impacted multifamily housing units in developments located within FEMA Disaster-Declared Parishes and HUD Designated Most Impacted Parishes.I.B. For Existing Non-Affordable Housing without an Existing Affordability Commitment: MRLF Program’s objectives are as follows:  * to finance the rehabilitation of flood-impacted multifamily housing units in developments located within FEMA Disaster-Declared Parishes and HUD Designated Most Impacted Parishes; * to ensure physical and economic viability of such developments throughout a period to be required by a new Restoration Affordability Commitment; and * to increase Affordable Housing Units within the FEMA Disaster-Declared Parishes and HUD Designated Most Impacted Parishes.   **SECTION II: DETAILED PROJECT DESCRIPTION**    Provide a detailed narrative of the flood-impact to damaged units. The narrative must include the following:   * Total number of units in project (indicate the number of units that were affordable (income-restricted) and the number of units that were market (unrestricted). * Total number of units damaged and description of damage suffered * Status of repairs to affected units   **SECTION III: Project Summary**  1. Provide a brief narrative of the proposed project and identify the results that will be achieved through the completion of this application. For all applicants, the narrative must include the following:   * Number of units to be rehabilitated * Nature of and anticipated cost of repairs * Anticipated treatment of MRLF Loan within existing debt structure (or, for Existing Non-Affordable, within the proposed debt structure).   For Existing Non-Affordable Applicants: the narrative should additionally include a discussion of the proposed affordability, PCA and reserve requirements, resulting NOI, and new debt (if applicable).  **SECTION IV: TIMELINE**  Please provide a brief narrative regarding the program milestones and when they will be accomplished below. Be sure to indicate the current status of physical rehabilitation:   * Rehabilitation not yet begun * Rehabilitation started (provide brief overview of what has been completed, and what remains) * Rehabilitation completed   **SECTION V: IDENTIFICATION OF OTHER SOURCES**  *\*See Section VI.A (a) of Program Description/NOFA: For purposes of structuring the Application, Eligible Applicants should assume that MRLF Program Funds will close any funding gap after accounting for other funding received (subject to the limitations on MRLF Program Funds discussed herein) and that the amount of MRLF Program Funds will be limited to that funding gap.\**   |  |  |  | | --- | --- | --- | | **1. Identify all other non-MRLF financial sources for the proposed project; SBA, NFIP, FEMA, etc.**  *(“Committed” sources* ***must*** *have a current commitment letter noting the dollar amount, and other key terms.)* | | | | **Amount** | | | | Source: | | $ | | Source: | | $ | | Source: | | $ | | Source: | | $ | | Source: | | $ | | Source: | | $ | | **TOTAL FUNDING** | **$** | |   **NOTE:** Projects awarded funds under the MRLF Program, must provide documentation of any funds received from other sources (FEMA, SBA, NFIP, etc.) toward repair and rehab of flood-impacted units. These amounts, in full, will be applied as a source when computing the maximum loan or grant proceeds under the MRLF for which the project is eligible.  **SECTION VII: PRIOR OCD CDBG-DR FUNDED PROJECTS** *(\*See Section V.Q. (b) of Program Description/NOFA.\*)*   1. Does the applicant have any open CDBG-funded projects?   Yes  No     1. If yes above, is project currently in compliance with all State OCD rules and regulations?   Yes  No    By checking the boxes above, I am certifying that this information is true and correct. Further, by checking yes, I am certifying that all CDBG funded projects are in compliance with all State OCD rules and regulations, and have not been cited for non-compliance. If project has been cited, I will not receive a reservation of MRLF funds until non-compliance is cleared to the satisfaction of LHC/OCD in their sole discretion.    **SECTION VIII: EXISTING AFFORDABILITY COMMITMENTS**  If project is Existing Affordable, please provide a detailed narrative that lists and describes the current affordability commitments/regulatory agreements in place (entered into prior to 2017). Narrative must include:   * Number of units required to be set aside, and affordability requirements for each. * Remaining period of affordability   \*NOTE: If project is Existing Non-Affordable, please enter N/A below. \*  **SECTION IX: REQUIRED DOCUMENTATION**  Applicants will apply for funds utilizing the process as directed by the State and defined in the State of Louisiana Action Plan for the Utilization of CDBG funds in response to the Great Floods of 2016. For purposes of the application, the following documents must be attached. (Subsequent documents will be required according to HUD/CDBG requirements for implementation, approval of project applications, and the drawdown of funds). *\*See Program Description/ NOFA Section VIII.E. (b)\**   1. Application Model (Excel Document) 2. Copy of the Rent Rolls   as of 12/31/15 and 12/31/16 with each unit clearly identifiable as to number of bedrooms, scheduled rent, and applicable affordability restriction (if any).   1. Existing NON Affordable ONLY: 2. Physical Condition Assessment. Only for projects that have not started construction. 3. Commitment Letter from Lender 4. Debt Service Coverage Ratio: If applicant determines that an initial debt service coverage ratio above 1.20:1 is necessary, application must include an exhibit that supports the need for the higher ratio. 5. Existing Affordable ONLY: 6. True and correct copy of each regulatory agreement, use agreement or affordability agreement, that the project is subject to. 7. FEMA Proof of Loss, or similar documentation from SBA.      1. Lead Based Paint Risk Assessment & Lead Based Paint Inspection Report (ONLY for projects constructed prior to 1978) 2. Proof of flood insurance prior to storm (if project is located in a Special Flood Hazard Area).   *SFHAs are labeled as: Zone A, Zone AO, Zone AH, Zones A1-A30, Zone AE, Zone A99, Zone AR, Zone AR/AE, Zone AR/AO, Zone AR/A1-A30, Zone AR/A, Zone V, Zone VE, and Zones V1-V30.*  \*NOTE: Flood zones can be searched at: <http://maps.lsuagcenter.com/floodmaps/>   1. Three comparative bids from qualified Louisiana licensed contractors (ONLY required if: construction/rehabilitation work will be undertaken by an entity that has an identity of interest (“IOI”) with the developer or borrower.)   \*Further information and explanation is on p. 9 of this document.    To the best of my knowledge and belief, information in the Application Form is true and correct. Applicant also agrees to comply with requirements of 24 CFR Part 58.  I am aware that the proposed project activity may be removed from further consideration should it be determined that the application is materially incomplete, that there are significant discrepancies in the information provided, and/or false, inaccurate or incomplete information has been given.  Authorized Signature  Typed Name and Title    Date Appendix 1  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **OWNERSHIP INFORMATION** | | | | | | | | | | | | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | (Please note: | | | Commitments are not transferrable. Any changes in managing general partner is deemed a | | | | | | | | | | | | | |  |  | material change.) | | | |  | |  | |  | |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | | PHA | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | | For-Profit | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | | Non profit | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | | (Complete information below) | | | | | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | NAME OF PARTNERSHIP | | | | | |  | |  | |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | | | | | | | | | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | FEDERAL ID NUMBER | | | |  | |  | |  | |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | | | | | | | | | |  | | | | |  | | | DUNS NUMBER   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  | | | | | |  | | |  |  |  |  |  |  |  |  |  | |  | | | | | | | | | | | | | | | | |  | | | | | |  | | |  |  | NAME OF MANAGING GENERAL PARTNER | | | | | | | |  | |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | | | | | | | | | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | Telephone | | |  | | | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | | % Ownership | | 0.01% | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | I. PREVIOUS PARTICIPATION OF MANAGING GENERAL PARTNER | | | | | | | | | | |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | List all projects in which the managing general partner has requested and received | | | | | | | | | | | | |  | | | | |  | | |  |  | any funding from Louisiana Housing Corporation and CDBG-DR funds. Attach a separate | | | | | | | | | | | | | | | | |  | | |  |  | sheet with additional information if necessary. | | | | | | | |  | |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | | Project Name and Location | |  | |  | |  | Date | Application Status | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | | | | | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | | | | | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | | | | | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | II. DISCLOSURE OF IDENTITIES OF INTEREST RELATED PARTIES: | | | | | | | | | | |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | The undersigned duly authorized representative of the Developer/Taxpayer hereby certifies under penalty of perjury that the following persons are (i) members of the Corporation's Board of Commissioners or Corporation Staff who are related to or having any identity of interest with the Developer/Taxpayer or (ii) affiliates, employees, consultants or otherwise related to or having an identity of interest with the Developer/Taxpayer and who have applied for CDBG-DR Funds within which this Application has been submitted or who have any interests in any project receiving CDBG-DR Funds and/or project subject to compliance monitoring by the Corporation. | | | | | | | | | | | | | | | |  |  | Related Board Members and Staff: | | | | | |  | |  | |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | (1) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (2) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (3) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (4) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (5) | | |  | | | | | | | | | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | Related Affiliates, Employees, Consultants, Etc.: | | | | | | | |  | |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  | (1) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (2) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (3) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (4) | | |  | | | | | | | | | |  | | | | |  | | |  |  | (5) | | |  | | | | | | | | | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | For work that has not commenced as of the date of publication of the NOFA/Program Description, construction/rehabilitation work may only be undertaken by an entity that has an identity of interest (“IOI”) with the borrower provided that (a) the borrower has obtained three bids from qualified, Louisiana licensed contractors for the same work to be undertaken by the IOI entity, and (b) either (i) the IOI entity price is lower than any of the three bids, or (ii) the LHC in its sole discretion, accepts the IOI arrangement, notwithstanding the existence of lower bids from non-IOI bidders.  For work that has commenced as of the date of the publication, LHC will not require (retroactive) bids, but will impose a cost-reasonableness test to ensure that IOI-based construction and rehabilitation work does not exceed market costs.  **IDENTITY OF INTEREST**: An identity of interest is construed to exist when:   1. There is any financial interest of the Developer or Taxpayer in the Builder or any financial interest of the Builder in the Developer or Taxpayer. 2. Any officer, director or stockholder or partner of the Developer or Taxpayer who is also an officer, director or stockholder or partner of the Builder. 3. Any officer, director, stockholder or partner of the Developer or Taxpayer has any financial interest in the Builder; or any officer, director, stockholder or partner of the Builder has any financial interest in the Developer or Taxpayer. 4. The Developer or Taxpayer advances any funds to the Builder. 5. The Developer or Taxpayer supplies and pays, on behalf of the Builder, the cost of any architectural services or engineering services other than those of a surveyor, general superintendent, or engineer employed by a Developer or Taxpayer in connection with its obligations under the construction contract. 6. The Developer or Taxpayer takes stock or any interest in the Builder compensation as consideration of payment. 7. There exists or comes into being any side deals, arrangements, contracts or undertakings entered into or contemplated, thereby altering, amending, or canceling any of the required closing documents, except as approved by the LHC or the Corporation. 8. Any relationship (e.g., family) existing which would give the Builder or Developer or Taxpayer control or influence over the price of the contract or the price paid to any subcontractor, material supplier or lessor of equipment. 9. Any member of the Development Team advances any funds to the Developer or Taxpayer at any point prior to an allocation.   For purposes of determining an identity of interest between parties not identified in (i) through (ix), such parties will be identified as either the Developer and Taxpayer or the Contractor as appropriate to establish the identity of interest. The Corporation may reduce any allowable costs where an Identity of Interest has been found among the parties to transactions involving the sale, development and/or operation of the project. | | | | | | | | | |  | |  | | | | | | |  | |  | |  |  |  | |  |  |  | | | | | | | | | | | | |  | | | | |  | | | Contractor IS related to Developer or General Partner  Contractor IS NOT related to Developer or General Partner | | | | | | | | | | | | | | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  | Developer |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | |  | |  |  |  | |  | | | | |  | | |  |  |  | | |  | |  | | By: | |  |  |  | |  | | | | |  | |  Appendix 2  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **CERTIFICATION REGARDING DEBARMENT, SUSPENSION** | | | | | | | |  | |  |  | **INELIGIBILITY AND VOLUNTARY EXCLUSION** | | | | | | | |  | |  |  | **LOWER TIER COVERED TRANSACTIONS** | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  |  | *Instructions for Certification* | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | *1* | *By signing and submitting this proposal, the* | | | | |  |  |  | |  |  |  | *applicant is providing the certification set out below.* | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | *2* | *The certification in this clause is a material* | | | | |  |  |  | |  |  |  | *representation of fact upon which reliance was placed* | | | | | |  |  | |  |  |  | *when this transaction was entered into. If it is later* | | | | | |  |  | |  |  |  | *determined that the applicant knowingly rendered an* | | | | | |  |  | |  |  |  | *erroneous certification, in addition to other remedies* | | | | | |  |  | |  |  |  | *available to the Federal Government, the department or* | | | | | |  |  | |  |  |  | *Corporation with which this transaction originated may* | | | | | |  |  | |  |  |  | *pursue available remedies, including suspension and/or* | | | | | |  |  | |  |  |  | *debarment.* | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | *3* | *The applicant shall provide immediate written* | | | | |  |  |  | |  |  |  | *notice to the person to which this proposal is submitted* | | | | | |  |  | |  |  |  | *if at any time the applicant learns that its certification* | | | | | |  |  | |  |  |  | *was erroneous when submitted or has become erroneous* | | | | | |  |  | |  |  |  | *by reason of changed circumstances.* | | | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  | |  |  | *4* | *The applicant agrees by submitting this proposal* | | | | |  |  |  | |  |  |  | *that, should the proposed covered transaction be* | | | | | |  |  | |  |  |  | *entered into, it shall not knowingly enter into any lower* | | | | | |  |  | |  |  |  | *tier covered transaction with a person who is debarred,* | | | | | |  |  | |  |  |  | *suspended, declared ineligible, or voluntarily excluded* | | | | | |  |  | |  |  |  | *from participation in this covered transaction, unless* | | | | | |  |  | |  |  |  | *authorized by the Corporation.* | | | |  |  |  |  | |  |  |  |  | | | | | | |  | |  |  | *5* | *The applicant further agrees by submitting this* | |  |  |  |  |  |  | |  |  |  | *proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary* |  |  |  |  |  |  |  | |  |  |  |  | | | | |  |  |  | |  |  | *6* | *A participant in a covered transaction may rely* | | | | | |  |  | |  |  |  | *upon a certification of a prospective participant in a* | | | | | |  |  | |  |  |  | *lower tier covered transaction that is not debarred,* | | | | | |  |  | |  |  |  | *suspended, ineligible, or voluntarily excluded from the* | | | | | |  |  | |  |  |  | *covered transaction, unless it knows that the certifi-* | | | | | |  |  | |  |  |  | *cation is erroneous. A participant may decide the* | | | |  |  |  |  | |  |  |  | *method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List* |  |  |  |  |  |  |  | |  |  | *7* | *Nothing contained in the foregoing shall be* | | | | |  |  |  | |  |  |  | *construed to require establishment of a system of* | | | | | |  |  | |  |  |  | *records in order to render in good faith the certification* | | | | | |  |  | |  |  |  | *required by this clause. The knowledge and information* | | | | |  |  |  | |  |  |  | *of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.* |  |  |  |  |  |  |  | |  |  |  |  | | | | | |  |  | |  |  | *8* | *Except for transactions authorized under* | | | | | |  |  | |  |  |  | *paragraph 5 of these instruction, if a participant in* | | |  |  |  |  |  | |  |  |  | *a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or Corporation with which this transaction originated may pursue available remedies, including suspension and/or debarment.* |  |  |  |  |  |  |  | |  |  |  |  | | | | |  |  |  | |  |  |  |  | | | | | |  |  | |  |  |  |  | | | | | |  |  | |  |  | *9* | *Certification regarding Debarment, Suspension,* | | | | | |  |  | |  |  |  | *Ineligibility and Voluntary Exclusion- Lower Tier* | | | | | |  |  | |  |  |  | *Covered Transactions.* | | | | | |  |  | |  |  |  |  | | | | |  |  |  | |  |  | *(A)* | *The applicant certifies, by submission of this* |  |  |  |  |  |  |  | |  |  |  | *proposal that neither it nor its principals is presently* | | | | |  |  |  | |  |  |  | *debarred, suspended, proposed for debarment, declared* | | | | | |  |  | |  |  |  | *ineligible, or voluntarily excluded from participation in* | | | | | |  |  | |  |  |  | *this transaction by any Federal department or Corporation.* | | | | | |  |  | |  |  |  |  | | | | | |  |  | |  |  | *(B)* | *The applicant certifies herein that no taxpayer, its representative or agent, managing general partner, sponsor or management company included in the application has been deemed by the Corporation as being “not in good standing”..* | | | | | |  |  | |  |  |  |  | | |  |  |  |  |  | |  |  | *(C)* | *Where the applicant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.* |  |  |  |  |  |  |  | |  |  |  | Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  |  |  |  Appendix 3  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Financing Commitments** | | | | | | | | |  | | |  |  |  |  |  |  | |  | |  | | |  | The Applicant hereby certifies that the following amounts have been made available | | | | | |  | |  | | |  | to complete the Project and/or to assure that the housing units assisted with MLRF Funds are affordable: | | | | | | | | |  | | |  | **(Full documentation evidencing commitment must be attached.)** | | | | | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  | 1 | Non-federal cash from committed within 30 days from application submission date, and must extend 30 days past the anticipated closing date indicated on the application | | | | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  | 2 | All Insurance Proceeds | | |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  | 3 | Small Business Administration | | |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  | | | | |  | |  | |  | | | | |  | 4 | Any funds that do not fall into any category above | | | | |  | |  | |  | | | | |  |  |  | |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  | **TOTAL:** | | **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  | By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  |  | |  | |  | | |  |  |  |  |  | |  | |  | | | | |  | |  |  |  |  |  |  | |  | |  | |  Appendix 4  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **2017 ENVIRONMENTAL RESTRICTIONS CHECKLIST** | | | | | | | | | | | | | | | | |  | | | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Project Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | | | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | Project Location: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | |  |  |  | | *(street)* | | | | | |  | | *(city)* | | | | | |  | | | |  |  | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | LA | |  | | \_\_\_\_\_\_\_ | | *(parish)* |  | *(state)* |  | | *(zip)* | | | | | | | | | | | | | | | | |  | | | |  | Owner Name: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  | | | |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | Address: |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | | |  |  |  | | *(street)* | | | | | |  | | *(city)* | | | | | |  | | | |  |  |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |  | |  |  |  | | |  | | *(state)* | |  | |  | | *(zip)* |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Project Description: | | | | | |  | |  | |  | |  |  |  | | |  | |  |  | | | | | | | | | | | | | | | | |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **Environmental Review Findings** | | | | | | | |  | |  | |  | **YES** | **NO** | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **FLOOD PLAIN** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is the project located in a FEMA Special Flood Hazard Area? (Current flood plain maps should be found in each HUD field office or call FEMA at 1-800-358-9619, and FEMA's website URL is www.fema.gov/mit/tsd) | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Identify Map Panel and Date | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Does the project currently carry Flood Insurance? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Do any structures appear to be within or close to the floodplain? (If yes, then flood insurance is required.) | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **HISTORIC PRESERVATION (If yes, identify relevant restrictions below.)** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is the property listed in the National Register of Historic Places? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is the property located in a historic district listed in the National Register of Historic Places? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is the property located in a historic district determined to be eligible for the National Register? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **AIRPORT HAZARDS** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is the project located in the clear zone of an airport? (24 CFR Part 51 D. If yes, Notice is required.) | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **HAZARDOUS OPERATIONS** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is there any evidence or indication of manufacturing operations utilizing or producing hazardous substances (paints, solvents, acids, bases, flammable materials, compressed gases, poisons, or other chemical materials) at or in close proximity to the site (If Yes, Mitigation measures will be required). | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is there any evidence or indication that past operations located in or in close proximity to the property used hazardous substances or radiological materials that may have been released into the environment? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **EXPLOSIVE/FLAMMABLE OPERATIONS/STORAGE (24 CFR Part 51C)** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is there visual evidence or indicators of unobstructed or unshielded above ground storage tanks (fuel oil, gasoline, propane, etc.) or operations utilizing explosive/flammable material at or in close proximity to the property? (If Yes, Mitigation measures will be required). | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW:** | | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **TOXIC CHEMICAL AND RADIOACTIVE MATERIALS** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **Petroleum Storage** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is there any evidence or indication of the presence of commercial or residential heating activities that suggest that underground storage tanks may be located in the property? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If yes, are any such tanks being used? If yes, indicate below whether the tank is registered, when it was last tested for leaks, the results of that test, and whether there are any applicable state or local laws that impose additional requirements beyond | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Are there any out-of-service underground fuel storage tanks? If yes, indicate whether the tank was closed out in accordance with applicable state, local and federal laws. (If Yes, Remediation plan or mitigation measures will be required). | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **Polychlorinated Biphenyls (PCB)** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is there any evidence or indication that electrical equipment, such as transformers, capacitors, or hydraulic equipment (found in machinery and elevators, installed prior to July 1, 1884) are present on the site? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If yes, is any such equipment (a) owned by anyone other than a public utility company; and (b) not marked with a "PCB Free" sticker? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If yes, indicate below whether such equipment has been tested for PCBs, the results of those tests, and (if no testing has been performed) the proposed testing approach. (Electrical equipment need not be tested but will be assumed to have PCBs) | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If PCBs are found in non-electrical equipment over 50 ppm it must be replaced or retrofitted, otherwise any equipment with PCBs or assumed to have PCBs requires an O&M Plan. | | | | | | | | | | | | |  |  | | |  | |  |  | | | | | | | | | | | | |  |  | | |  | |  | **Asbestos Containing Materials (ACM)** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Is there any evidence or indication of ACM insulation or fire retardant materials such as boiler or pipe wrap, ceiling spray, etc., within the buildings on the property? If yes, the property is required to have an Operations and Maintenance Plan for asbestos. (If Yes, Remediation plan or mitigation measures will be required for PCB and ACM.). | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **Lead Based Paint** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Are there residential structures on the property that were built prior to 1978? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If yes, has the property been certified as lead-free? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If property has not been certified as lead-free, has a Risk Assessment been completed? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If yes, has the owner developed a plan including Interim Controls to address the findings of the Risk Assessment including Tenant notifications and an Operations and Maintenance Plan? | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | If yes, has a qualified Risk Assessor reviewed the Owner's plan and O&M plan for compliance with 24 CFR 35? (If Yes, Remediation plan or mitigation measures will be required). | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **EASEMENT AND USE RESTRICTIONS** | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | Are there easements, deed restrictions or other use restrictions on this property? (e.g. oil and gas well pumping, transformer boxes, units, navigation, microwave, rights of way (ROW), for high-voltage power transmission lines, interstate/intrastate gas a | | | | | | | | | | | | |  |  | | |  | |  |  |  | | |  | |  | |  | |  | |  |  |  | | |  | |  | **FOR YES RESPONSES, SUMMARIZE RESTRICTIONS BELOW** | | | | | | | | | | | | | | | | |  | | | |  |  | | | | | | | | | | | | | | | | |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |  |  | | | |

#### Appendix 5

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| Certification Regarding Comparability of Affordable and Market Rate Units*\*(Applicable to Existing Non-Affordable / Pool D applications only)\** |

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| --- | --- | --- | --- |
| **Market Units** | | | |
| # of Units | # of Bedrooms per Unit | # of Baths per Unit | Avg. SF per Unit |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Affordable Units** | | | |
| # of Units | # of Bedrooms per Unit | # of Baths per Unit | Avg. SF per Unit |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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The applicant hereby certifies that affordable units will be initially and over time dispersed throughout the property to the extent feasible, and that affordable units will not differ from market rate units in their size, features, access to amenities, or other aspects of operations, except with respect to rent and income qualifications for residency.

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| --- | --- | --- |
| By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |