



# 2011 Lake County Consortium Application

*HOME/CDBG Housing Fund*



Lake County Consortium

## PY2011 Instructions

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### Before You Begin...

This packet contains information necessary to apply for affordable housing funding under the following programs: Lake County Consortium's PY 2011 HOME Investment Partnerships (HOME) Program, and Lake County's PY 2011 Community Development Block Grant (CDBG) Program. Applications for CDBG funding for projects not related to housing require a separate form available from the Lake County Community Development Division of the Planning, Building & Development Department at (847) 377-2150. Before completing this application you should become familiar with the Lake County Consortium's 2011 HOME/CDBG Program Guidelines and appropriate federal regulations. Please contact the Lake County Community Development Division if you have any questions regarding this application process.

### Letter of Intent

**A Letter of Intent is REQUIRED for Housing Fund Applications. The Letter of Intent form may be found immediately following these instructions. The Letter of Intent is due by 4:00 p.m. on Friday, October 1, 2010.**

### Submission Requirements

**The Housing Fund Application must be submitted by 4:00 p.m. on Friday, October 29, 2010 to the Lake County Community Development Division, 18 North County Street, 9th Floor, Waukegan, Illinois 60085.**

Each applicant is required to submit the **original and five copies** of the application. Applications must be three-hole punched and should not be bound. **An electronic version must also be submitted to** [communitydevelopment@lakecountyil.gov](mailto:communitydevelopment@lakecountyil.gov).

Please do not submit additional information that has not been requested as all applications will be sanitized of these elements to ensure fair review.

### Programs and Projects

Eligible activities for this application are divided into two major categories: programs and projects.

A program is a set of activities designed to provide assistance to income-eligible families where the beneficiaries determine the location of the activities. Examples of programs include first-time homebuyer's assistance and homeowner rehabilitation.

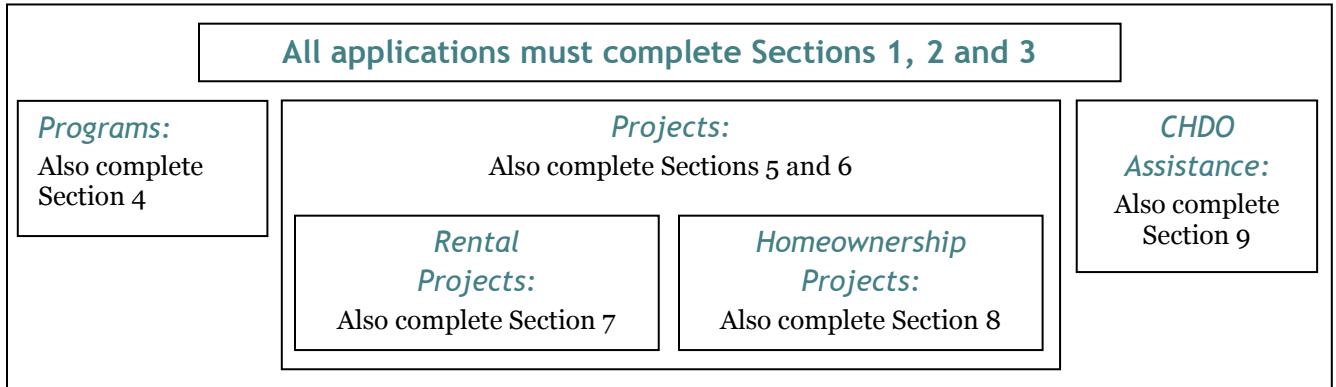
A project, on the other hand, is site-specific and typically involves the acquisition, rehabilitation and/or new construction of housing. Projects are further subdivided between rental and homeownership projects.

A third category exists for certain qualified non-profit entities, Community Housing Development Organizations (CHDO's). A portion of the Consortium's HOME funds are specifically reserved for CHDOs and CHDO-sponsored programs/projects.

### Which Sections Do You Need to Complete?

The application contains 9 sections, and only certain sections need to be completed depending on the type of application being submitted. All applicants must complete Sections 1, 2 and 3.

The following diagram illustrates which sections are required for each type of application.



## Section Overviews

### Section 1 - Application Summary

Please provide general information about the applicant, the type of project or program, and the overall funding requested. Attach the additional material requested in the Sponsor/Developer Information Checklist.

### Section 2 - Certification

All applications must include this document signed by the Chief Executive Officer of your organization. This document states that the information in the application is true and correct and the project will comply with all current HOME and CDBG regulations.

### Section 3 - Project/Program Narrative

Use this space to describe the project you wish to undertake. Be as complete as possible and include additional sheets as necessary. Your answers to these questions can give the Consortium a better understanding of your proposal and how it addresses Lake County's identified needs for affordable housing.

### Section 4 - Program Information

If you are proposing a housing program designed to provide assistance to income-eligible families where the beneficiaries determine the location of the activities, please use this section.

### Section 5 - Project Sponsor and Development Team

Use this space to list all project sponsors and participants in the development, construction and management.

### Section 6 - Site and Building Information

All projects must comply with environmental review and labor regulations. No project work may be initiated nor will any funds be disbursed until all environmental requirements are met as indicated by a Notice to Proceed. Please see the Lake County Consortium's 2011 HOME/CDBG Program Guidelines for additional guidance. Answer all of these questions using the sources listed as necessary. Provide thorough descriptions as requested and include requested documentation. You will be required to certify the accuracy of this information.

## Section 7 - Rental Project Information

Part A – Development Specifications

Part B - Development Financial Information

Part C – Unit Mix & Rental Income Information

All applications for rental housing are required to submit a pro forma that covers the period of affordability applicable to the project.

## Section 8 - Homeownership Projects

Part A – Development Specifications

Part B – Development Financial Information

Part C – Resale/Recapture Provisions

## Section 9 - Community Housing Development Organizations (CHDOs)

Part A – Operating Funds

Fill out all questions to the best of your ability for the type of activity you propose.

The Lake County Consortium reserves the right to request additional information regarding any application submitted for HOME and/or CDBG funding.

## Section 1 - Application Summary

Proposal Name: \_\_\_\_\_

Proposal Location:  
(mark with an "X")

North Chicago

Waukegan

Remainder of Lake County

Proposal Address  
(if available)

\_\_\_\_\_

Sponsor/Developer  
Name:

\_\_\_\_\_

Sponsor/Developer  
Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Name:

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

DUNS #:

\_\_\_\_\_

Total Proposal Cost:

\_\_\_\_\_

Sponsor/Developer  
Match:

\_\_\_\_\_ % of Proposal \_\_\_\_\_

Funding Request:

\_\_\_\_\_ % of Proposal \_\_\_\_\_

Total Number of Units	_____
Total Number of Beneficiaries	_____
Number of Very Low Income Units/Households ( $\leq 50\%$ AMI)	_____
% of Very Low Income Units/Households ( $\leq 50\%$ AMI)	_____
Number of Low Income Units/Households ( $\leq 80\%$ AMI)	_____
% of Low-Income Units/Households ( $\leq 80\%$ AMI)	_____
Total Estimated Cost Per Unit	_____
Total HOME/CDBG Cost Per Unit	_____

### CHDO Requests

CHDO Operating Request (HOME)

Grant Request: \_\_\_\_\_

## Project Type

(Mark with an "X")

### Homebuyer/Homeowner Assistance..... (complete Sections 1, 2, 3 & 4)

- Homebuyer Assistance
- Homeowner Rehabilitation

### Rental Housing Development..... (complete Sections 1, 2, 3, 5, 6 & 7)

- Acquisition only
- Rehabilitation only
- Acquisition & Rehabilitation
- New Construction

### Homeownership Development..... (complete Sections 1, 2, 3, 5, 6 & 8)

- Acquisition/Rehabilitation/Resale
- New Construction

### CHDO Assistance..... (complete Sections 1, 2, 3 and 9)

- CHDO Operating Funds

## Sponsor/Developer Information Checklist

All applicant agencies **must provide proof of Central Contractor Registration** with their application submittal.

Please mark one and include all listed information when you submit the application

(Mark with an "X"):

- Unit of Local Government
- Public Agency
- Public Housing Authority
- Community Housing Development Organization
  - All CHDOs must complete Section 9, Part A to be eligible for the CHDO project set-aside, CHDO operating funds,
- Other Not-For-Profit Organization (only one copy of the following documents are necessary)
  - evidence of 501(c)(3) or 501(c)(4) status
  - articles of incorporation and by-laws
  - Board of Directors questionnaire and roster
  - certified financial statement (or recent certified audit)
- Private For-Profit Organizations (only one copy of the following documents are necessary)
  - if a corporation, Articles of Incorporation and by-laws; if a partnership, Partnership Agreement and, if applicable, Certificate of Limited Partnership
  - Board of Directors questionnaire and roster
  - certified financial statement
    - nature of ownership entity (partnership - evidence of current ownership percentages of partners, sole proprietorship, or corporation)

## Board of Directors

### Questionnaire

<i>A. How often does your Board of Directors meet?</i>	
<i>B. What are the standing Board Committees? (add more lines as necessary)</i>	
<i>Committee Name</i>	
1	
2	
3	
4	
5	
6	
7	
8	
<i>C. Board President:</i>	
Name	
Mailing Address	
Start Date	
Term Expiration Date	
<i>D. Identify any unique characteristics of Board Members as they relate to the Agency's mission (i.e.: persons with disabilities, persons who were prior agency clients, formerly homeless persons, etc.)</i>	
<i>E. Explain any recent changes to the composition of the Board, such as turnover, a new President, etc.</i>	

Board Roster

Name	Sex		Race/Ethnicity							Town of Residence	# of Years on Board	# Meetings attended in past year	From the numbers in "B," what committees are they on?
	Male	Female	Caucasian/Non-Hispanic	Black/Non-Hispanic	Asian/Pacific Islander	Hispanic/Caucasian	Hispanic/Black	American Indian/Alaskan Native	Other				



## Section 2 - Certifications

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The undersigned, as an essential part of the Application for funds under the U.S. Department of Housing and Urban Development's HOME Investment Partnerships Program (HOME), and the Community Development Block Grant Program (CDBG), hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this Application may disqualify the Proposal for HOME or CDBG funds. The information given by the Applicant may be subject to verification by the Lake County Consortium and its members, the Lake County Community Development Commission, the Lake County Affordable Housing Commission, or the Lake County Community Development Division of the Planning, Building & Development Department serving in its capacity as administrator of the Lake County Consortium HOME/CDBG Housing Fund. Submission of this Application shall be deemed an authorization to the Consortium to undertake such investigations as it deems necessary to determine the accuracy of this Application and the appropriateness of providing HOME or CDBG funds to the Proposal. If any information changes after submission of this Application the undersigned agrees to notify the Consortium immediately. In addition, any change in scope of proposal, use of funds, and/or costs must be reported to the Consortium immediately.

The undersigned also agrees that any commitment by the Consortium to provide HOME or CDBG funding that may be forthcoming from this Application is conditioned by the Lake County Consortium PY2011 HOME/CDBG Program Guidelines, the Lake County Community Development Commission's policies for the CDBG Program, and the Applicant's continued compliance with those guidelines and any HUD regulations governing the HOME program.

The undersigned also hereby certifies that the governing body of the Applicant has formally authorized the undersigned to execute the documents necessary to make this Application.

Legal Name of Applicant:

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Signature:

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Name: *(please type)*

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Title:

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Date:

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## Section 3 - Project/Program Narrative

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1. Describe the project/program and the target population to be served.
  - General overview of proposed project/program
  - Target population to be served (e.g. elderly, disabled, homeless, large families, etc.)
  - Process for selecting beneficiaries, including any special eligibility criteria
  - Supportive housing services to be provided, if any (e.g. first-time homebuyer counseling, job training, etc.)

2. Explain how this project/program is consistent with the local priorities established in the PY 2010-2014 Consolidated Plan for Lake County, Waukegan or North Chicago, and other pertinent policy documents (e.g. the Lake County Continuum of Care Strategy for homeless services).

Funding preference will be given for projects/programs that:

- Are located in close proximity to public transit - i.e. allowing easier access to available jobs
- Incorporates environmental sustainability practices through energy efficiency improvements that will reduce long-term operating costs
- Provides housing for larger families, as indicated by number of bedrooms (specify how many 3 or 4 bedroom units)
- Provides an adequate amount of affordable units, as indicated by total amount of affordable units in project (not exclusively HOME units)
- Encourages and supports the provision of education and counseling that helps ensure long-term housing stability
- Exceeds minimum affordability requirements

3. Document the need for the proposed housing.
  - Include evidence of need obtained from market studies, rent surveys, vacancy information, etc.

4. Describe the community support for this proposal.
- Include the names of local government officials, neighborhood groups, public agencies and/or private individuals who are familiar and supportive of this proposal
  - Include letters of support

5. Describe the project sponsor's development experience, including details of project financing. Also describe the relevant experience of the other key participants in this program/project.
- Include job descriptions of key program staff (see Section 4)
  - Include experience providing housing counseling services. If a HUD certified Housing Counseling agency, provide certificate and/or supporting documentation.
  - *NEW APPLICANTS*: Include 3 reference contacts (who have knowledge of your performance with projects similar in size and scope)

6. Provide a time schedule for the program/project.

## Section 4 - Program Information

Please carefully read the HOME Program guidelines for definitions of programs and projects. If the applicant is seeking funding to assist with a **program**, please complete Section 4. If the applicant is seeking funding to assist with a **project**, please proceed to Section 5.

### Part A - Program Specifications

#### Type of Assistance

Indicate the type of assistance to be provided through this program (mark all that apply with an "X"):

	Homebuyer Assistance Downpayment assistance Closing cost assistance Interest rate write-down
	Homeowner Rehabilitation

### Part B - Program Budget

	Total Cost	Cost per beneficiary
<i>Direct benefit costs</i>		
Homebuyer down payment/closing cost assistance		
Homeowner rehabilitation		
Subtotal		
<i>Program delivery costs</i>		
Verification of beneficiary eligibility		
Loan document preparation		
Rehab Specification/Bidding/Oversight		
Other (Please specify)		
Subtotal		
<b>Program Total</b>		

### Part C- Program Match

Matching Funds are leveraged non-Federal funds as defined in 24 CFR §92.218 through §92.222. Each HOME assisted project must provide a 25% match to their HOME award.

Eligible forms of match include: cash contributions from non-federal sources (must be a permanent contribution), forbearance of state or local taxes and fees in a manner that achieves affordability, donated real property (not acquired with federal resources), reasonable value of donated site-preparation and construction materials, the value of donated or voluntary labor or professional services, value of sweat equity.

Anticipated Source of Matching Funds:

### Part D - Program Partners

*If the program will involve other entities (financial institutions, social service providers, etc.), please list them and provide a brief description of their roles in the program. Use additional sheets if necessary.*

**Name:** \_\_\_\_\_  
Role: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Role: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_  
Role: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 5 - Project Sponsor & Development Team

Complete the following information for each proposed development:

1. Sponsor Organization: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If this project is a co-venture and/or if this project will be syndicated, please list the co-partner and/or the owner organization. Please indicate if they are a Minority Business Enterprise (MBE) and/or a Women Business Enterprise (WBE).*

- 1a. Co-Partner \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 MBE/WBE?  "X" if yes Certification #: \_\_\_\_\_

- 1b. Owner \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 MBE/WBE?  "X" if yes Certification #: \_\_\_\_\_

2. Attorney: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 MBE/WBE?  "X" if yes Certification #: \_\_\_\_\_

3. Contractor: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 MBE/WBE?  "X" if yes Certification #: \_\_\_\_\_

4. Architect: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 MBE/WBE?  "X" if yes Certification #: \_\_\_\_\_

5. Management Agent: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 MBE/WBE?  "X" if yes Certification #: \_\_\_\_\_

6. Supportive Service Provider \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 MBE/WBE?  "X" if yes Certification #: \_\_\_\_\_

Attach this information for other key entities involved in the project.

\*Please use an asterisk to disclose any potential conflict of interest

## Section 6 - Site & Building Information

Provide the following information for each proposed development. Make multiple copies of these pages if you plan more than one development.

### Part A - General Site Information

Has a site been determined for this project? (Mark with an "X")  Yes  No

If "no", please answer the following question and proceed to Section 7 or 8 as appropriate.

What are the plans for identifying and obtaining a site?

If "yes", please complete the remainder of Section 6 before proceeding to Section 7 or 8.

Address	City	Size (acres or ft2)	Acquisition Cost	Number of Units	Year Built	Style of Construction*

\*Style of Construction Codes (list all that apply):

- |                   |                     |                     |                  |
|-------------------|---------------------|---------------------|------------------|
| 1) Townhouse      | 3) Garden Apartment | 5) Crawl Space      | 7) Full Basement |
| 2) Detached Units | 4) Slab on Grade    | 6) Partial Basement | 8) Elevator      |

Address/Unit*	Studio	One Bedroom	Two Bedroom	Three Bedroom	Four Bedroom

\*Unit Type by Bedroom Size (indicate all that apply):

Please attach a copy of appraisal or current market evaluation with comparables.

Number of buildings: \_\_\_\_\_

Net Floor Area of all buildings (sq. ft.): \_\_\_\_\_

If more than one building, are they within a 4 block area?

Yes  No

### Part B - Site Control

1. Does Applicant have site control?  Yes  No

If yes, form of control:

<input type="checkbox"/>	Deed	Date acquired:	_____
<input type="checkbox"/>	Contract	Expiration date of contract:	_____
<input type="checkbox"/>	Option to Purchase	Expiration date of option:	_____

If no, describe plan for attaining site control:

Total cost of Land: \_\_\_\_\_ Site area size: \_\_\_\_\_ Acres or sq. ft.

Seller's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Is the seller related to the sponsor?  Yes  No

### Part C - Zoning & Utilities

1. Is the site properly zoned for your development?  Yes  No

If no, is site currently in process of rezoning?  Yes  No

When is the zoning issue expected to be resolved?       mm/dd/yyyy      

Explain: \_\_\_\_\_

2. Are utilities presently available to the site?  Yes  No

If no, which utilities need to be brought to the site?

Electric  Water  Phone  Gas  Sewer  Other: \_\_\_\_\_

*Attach evidence of site control, evidence of proper zoning and sketch plan of site. Attach schematic drawing if new construction, and picture of building if rehabilitation.*



## Part D - Relocation

If there are existing structures, will the current tenants be displaced?  Yes  No

Existing Structure	# Current Tenants	Households to be Displaced	Estimated Cost

*If yes, describe how you will provide for relocation, including estimated costs. (Please review the County's Relocation Policy, Appendix A in the Program Guide.)*

## Part E - Environmental Review

In order to assist the County in determining the effects on the environment of your proposal, please submit with your application a site map indicating the location of your project in relation to any existing or proposed buildings, infrastructure and facilities, roadways, airports, at-grade or elevated transit lines or railroads, any significant noise sources (e.g. industrial/manufacturing facilities, power generating stations), rivers, streams, wetlands and industrial facility storage or processing tanks.

Please answer the following questions regarding your proposal and attach additional sheets of description and documentation as necessary.

1. Does the project area and environs contain any properties listed on the National Register of Historic places?  Yes  No  
*If yes, please list addresses:*

2. Is the property on which you will build/rehabilitate your project located a designated wetland area? (The Army Corps of Engineers or the County can assist you with this determination.)  Yes  No  
*If yes, please describe:*

*Include a copy of the Army Corps of Engineers (ACE) permit, proof that the EPA has not overruled the ACE and plans showing the provision of "substitute" wetlands and the plans for the maintenance of these substitute wetlands for the required period of time.*

3. Has your prime lender for this project or your lender at the time you acquired the property required, or is requiring, the submission of at least a Phase I Environmental Audit for due diligence purposes under the Comprehensive Environmental Response, Compensation and Liability Act of 1980, as amended?  Yes  No  
*If yes, a copy must be submitted with this Application.*

4. Have you been required to conduct a Phase II Audit in relation to the property?  Yes  No  
*If yes, a copy of the Phase II Audit must be submitted with this Application.*

*If the answer is no to either of the above two questions, please explain why.*

5. Is the project located in the vicinity of a monitoring station where air quality violations have been registered? (Contact the Illinois EPA)  Yes  No  
*If yes, please describe:*

6. Will the existing or planned solid waste disposal system adequately service the proposed development?  Yes  No  
*If no, please describe your solution:*

7. Will the project be located on or directly adjacent to land that is categorized as prime, unique, or of State or local importance? (Contact U.S. Dept. of Agriculture, Soil Conservation Service)  Yes  No  
*If yes, please describe:*

8. Is your property located on a floodplain? (The County has floodplain maps from the Federal Emergency Management Agency (FEMA).)  Yes  No  
*If yes, please describe:*

*A certificate of flood plain insurance will be required at the time of closing or the County will be unable to close on the project.*

*Submit a copy of the FEMA map highlighting your site location and a copy of the front panel of the FEMA map showing the identification number.*

*Attach pictures of the property and the surrounding area with appropriate labels.*

### Underground Storage Tank Questionnaire

Does the property have any underground storage tanks (UST's) as defined in the Illinois Responsible Property Transfer Act (at least 10% underground including piping)?

	Yes		No
--	-----	--	----

If the property has any UST's, as defined, are the UST's:

a. a residential tank of 1,000 gallons or less capacity used for storage or motor fuel oil for noncommercial purposes?

	Yes		No
--	-----	--	----

b. a heating oil storage tank for on premises consumptive use?

	Yes		No
--	-----	--	----

c. a septic tank?

	Yes		No
--	-----	--	----

d. a pipelines facility regulated under the Act set out as exempt?

	Yes		No
--	-----	--	----

e. a surface improvement, pit, pond or lagoon?

	Yes		No
--	-----	--	----

f. a storm water or waste water collection system?

	Yes		No
--	-----	--	----

g. a flow through process tank?

	Yes		No
--	-----	--	----

h. liquid traps or associated gathering lines directly related to oil or gas production and gathering?

	Yes		No
--	-----	--	----

i. a storage tank situated in an underground area (such as a basement, cellar, mineworking drift, shaft, or tunnel) where the storage tank is situated upon or above the surface of the floor?

	Yes		No
--	-----	--	----

j. Other?

	Yes		No
--	-----	--	----

Please describe tank:

***Please note that, after review of the Application, the County may require you to submit a disclosure form under the Illinois Responsible Property Transfer Act***

## Section 7 - Rental Project Information

### Part A - Development Specifications

If available, please provide a copy of plans and specifications for the proposed development.

Type of Development (mark all that apply with an "X"):

- Acquisition only   
  Rehab only   
  Acq & Rehab   
  New Construction  
 Single Family   
  Multi-Family   
  Congregate Facility  
 Concrete Block   
  Brick   
  Wood Frame   
  Metal Frame

Equipment to be Included in Each Unit (mark all that apply with an "X"):

- Range                                     
  Refrigerator                                     
  Disposal  
 Air Conditioning                                     
  Microwave                                     
  Dishwasher  
 Washer/Dryer on site                                     
  Laundry Facilities                                     
  Window Treatments  
 Other (Specify) \_\_\_\_\_

#### Energy Efficiency and Environmentally Friendly Green Building Elements

Describe any steps being taken to make the property more energy efficient and reduce the overall energy costs of the building(s) and experience with and/or installation of Green Building elements.

#### Accessibility and Adaptability

Describe any design and construction considerations to make the project more accessible or adaptable for physically disabled individuals.

#### Development Amenities

1. On-site Parking?  Yes     No  
     If yes, # of spaces     Current     Proposed  
 2. On-site recreational/common facilities?  Yes     No  
     If yes, please explain

#### Commercial Space

Do you plan to have commercial facilities/space?  Yes     No  
 If yes, please describe

## Part B - Development Financial Information

### Development Budget

	\$ COST	\$ COST PER UNIT
<b>ACQUISITION</b>		
Purchase of Land		
Purchase of Existing Building		
Other Expenses		
Sub Total		
<b>HARD COSTS</b>		
Site Work		
Demolition		
Rehabilitation/Construction		
General Requirements		
Contractor/Overhead/Profit		
Construction Contingency		
Other (list on separate sheet)		
Sub Total		
<b>DEVELOPMENT EXPENSES</b>		
Architect Fee – Design		
Architect Fee – Supervision		
Engineering Fees		
Soil Testing		
Survey		
Legal Fees		
Accounting Fee		
Other Professional/Fees (list)		
Appraisal		
Market Study		
Environmental Report		
Title & Recording Expenses		
Permit Fees		
Relocation Expenses		
Real Estate Transfer Fee		
Construction Insurance		
Construction Interest		
Construction Loan Fees		
Construction Utilities		
Bond Premium		
Permanent Loan Fees		
Real Estate Taxes (Construction)		
Tax Credit Fee		
Tax Opinion		
Other Financing Costs (list)		
Organizational (Partnership)		
Bridge Loan Fees and Expenses		
Bridge Loan Interest		
Real Estate Taxes Escrow		
Insurance Escrow		
Developer's Fee		
Other		
Sub Total		

	\$ COST	\$ COST PER UNIT
<b>PROJECT RESERVES*</b>		
Rent-Up Expenses/Marketing		
Rent-Up Reserve Account		
Operating Reserve Account		
Replacement Reserve		
Other Costs (list)		
Sub Total		
<b>Total Project Costs</b>		

*\*When used for new construction, HOME funds may be used for the cost of funding an initial operating deficit reserve, which is a reserve to meet any shortfall in project income during the period of project rent-up (not to exceed 18 months) and which may only be used to pay operating expenses, reserve for replacement payments, and debt service. Any HOME funds placed in an operating deficit reserve that remains unexpended when the reserve terminates must be returned to the County.*

### Project Pro Forma

All applications for rental housing are required to submit a pro forma which covers the period of affordability (determined by amount of HOME investment per unit) applicable to the project.

HOME-assisted rental units must remain affordable for the following terms based on the average HOME subsidy per unit:

Rehabilitation of less than \$15,000	5 years
Rehabilitation of \$15,000 - \$40,000	10 years
Rehabilitation of over \$40,000	15 years
New construction (any amount)	20 years

When preparing the project pro-forma, applicants must keep factors relevant to project feasibility (i.e., owner rate of return, vacancy rate, per unit development costs, etc.) reasonable to minimize the amount of Lake County Consortium HOME/CDBG Housing Funds requested. In reviewing and rating applications for funding a “Layering Analysis” will be conducted to certify that the Consortium is not investing any more HOME or CDBG funds in combination with other governmental and/or non-governmental assistance than is necessary to provide affordable housing.

## Funding Sources

Name of Source 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Name of Source 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Name of Source 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Name of Source 4: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Funding Summary	Acquisition	New Construction	Rehabilitation	Total
HOME & CDBG Funds	\$	\$	\$	\$
Source 1	\$	\$	\$	\$
Source 2	\$	\$	\$	\$
Source 3	\$	\$	\$	\$
Source 4	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

**IMPORTANT - Attach documentation for each funding source, i.e. commitment letter, etc.**

**Tax Credit Status (if applicable)**

Allocation Status \_\_\_\_\_ (submitted, conditional, pending, etc.)  
 Reservation Date \_\_\_\_\_  
 Annual Tax Credit \_\_\_\_\_  
 Equity to be raised \_\_\_\_\_  
 Owners Equity \_\_\_\_\_  
 Equity/Syndicator Entity \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

Have you received commitment from the syndicator?  Yes  No

**Part C - Unit Mix & Rental Income Information**

Rent limits, Income limits, and fair market rents for Lake County are found in the Appendix of the **2011 Lake County Consortium HOME/CDBG Program Guidelines**. Utility Allowance can be calculated using the Utility Allowance Schedule also provided in the Appendix.

**All Units**

# of Bedrooms	# of Units
0	
1	
2	
3	
4	
<b>Total</b>	

**Very Low Income Units (≤50% of Area Median Income)**

# of BR	# of Units	Average Square Feet	Monthly Contract Rent*	+	Utility Allowance	=	Monthly Gross Rent*
0				+		=	
1				+		=	
2				+		=	
3				+		=	
4				+		=	

At least 20% of HOME-assisted rental units must have gross rents that do not exceed the Low HOME rent limits in Appendix G of the 2011 HOME Program Guidelines for projects containing 5 or more units.

**Low Income Units (≤80% of Area Median Income)**

# of BR	# of Units	Average Square Feet	Monthly Contract Rent*	+	Utility Allowance	=	Monthly Gross Rent*
0				+		=	
1				+		=	
2				+		=	
3				+		=	



4				+		=	
---	--	--	--	---	--	---	--

All HOME-assisted rental units must have gross rents that do not exceed the High HOME rents as listed in Appendix G of the 2011 HOME Program Guidelines.

**Market Rate Units (>80% of Area Median Income)**

# of BR	# of Units	Average Square Feet	Monthly Contract Rent*	+	Utility Allowance	=	Monthly Gross Rent*
0				+		=	
1				+		=	
2				+		=	
3				+		=	

**Utilities Included in Rent**

(Mark all that apply with an "X")

	YES	NO
Electricity		
Heat		
Air Conditioning		
Water		
Sewer		
Trash		

## Section 8 - Homeownership Projects

### Part A - Development Specifications

If available, please provide a copy of plans and specifications for the proposed development.

Type of Development (mark all that apply with an "X"):

- Acquisition only   
  Rehab only   
  Acq & Rehab   
  New Construction  
 Single Family   
  Multi-Family   
  Congregate Facility  
 Concrete Block   
  Brick   
  Wood Frame   
  Metal Frame

Equipment to be Included in Each Unit (mark all that apply with an "X"):

- Range                                   
  Refrigerator                                   
  Disposal  
 Air Conditioning                                   
  Microwave                                   
  Dishwasher  
 Washer/Dryer on site                                   
  Laundry Facilities                                   
  Window Treatments  
 Other (Specify) \_\_\_\_\_

#### Energy Efficiency and Environmentally Friendly Green Building Elements

Describe any steps being taken to make the property more energy efficient and reduce the overall energy costs of the building(s) and experience with and/or installation of Green Building elements.

#### Accessibility and Adaptability

Describe any design and construction considerations to make the project more accessible or adaptable for physically disabled individuals.

#### Development Amenities

1. On-site Parking?  Yes  No  
     If yes, # of spaces  Current  Proposed
2. On-site recreational/common facilities?  Yes  No  
     If yes, please explain \_\_\_\_\_
- 
3. Homeowners' Association?  Yes  No  
     If yes, please explain \_\_\_\_\_

#### Commercial Space

- Do you plan to have commercial facilities/space?  Yes  No  
     If yes, please describe \_\_\_\_\_

## Part B - Development Financial Information

### Development Budget

	\$ COST	\$ COST PER UNIT
<b>ACQUISITION</b>		
Purchase of Land		
Purchase of Existing Building		
Other Expenses		
Sub Total		
<b>HARD COSTS</b>		
Site Work		
Demolition		
Rehabilitation/Construction		
General Requirements		
Contractor/Overhead/Profit		
Construction Contingency		
Other (list on separate sheet)		
Sub Total		
<b>DEVELOPMENT EXPENSES</b>		
Architect Fee – Design		
Architect Fee – Supervision		
Engineering Fees		
Soil Testing		
Survey		
Legal Fees		
Accounting Fee		
Sales/Marketing		
Other Professional/Fees (list)		
Appraisal		
Market Study		
Environmental Report		
Title & Recording Expenses		
Permit Fees		
Relocation Expenses		
Real Estate Transfer Fee		
Construction Insurance		
Construction Interest		
Construction Loan Fees		
Construction Utilities		
Bond Premium		
Real Estate Taxes (Construction)		
Other Financing Costs (list)		
Real Estate Taxes Escrow		
Insurance Escrow		
Developer's Fee		
Other		
Sub Total		
<b>TOTAL PROJECT COSTS</b>		

## Funding Sources

Name of Source 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Name of Source 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Name of Source 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Name of Source 4: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount	Interest Rate	Amortization Period	Loan Term	Annual Debt Service
\$ _____	% _____	Years: _____	Years: _____	\$ _____

Status: \_\_\_\_\_

Date Application Submitted: \_\_\_\_\_ Date of Commitment: \_\_\_\_\_  Conditional  Firm

Funding Summary	Acquisition	New Construction	Rehabilitation	Total
HOME & CDBG Funds	\$	\$	\$	\$
Source 1	\$	\$	\$	\$
Source 2	\$	\$	\$	\$
Source 3	\$	\$	\$	\$
Source 4	\$	\$	\$	\$
<b>TOTAL</b>	\$	\$	\$	\$

**IMPORTANT - Attach documentation for each funding source, i.e. commitment letter, etc.**

## Section 9 - Community Housing Development Organizations

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***To be eligible for funding as a Community Housing Development Organization (CHDO) an organization must have previously applied for CHDO Certification within the past year.***

### Part A - Operating Funds

Up to 5% of the Lake County Consortium's HOME allocation will be available for the operating expenses of CHDOs. These funds may not be used to pay operating costs incurred by a CHDO acting as a subrecipient or contractor under the HOME Program.

In order to receive funding for operating expenses a certified CHDO must submit:

- A written proposal identifying how operating funds will be used in relationship to a current or proposed HOME funded project.
- A detailed operating budget identifying all sources and uses of funds.
- Year-to-date financial statement
- Certified audit for the preceding year

A CHDO may not receive HOME funding for any fiscal year in an amount that provides more than 50% of its operating budget or \$50,000, whichever is greater.