

SDHDA Rural Housing Service 515  
Preservation Revolving Loan Fund  
(RHS 515 PRLF) Application Form



**May 2010**



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**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY  
RURAL HOUSING SERVICE 515 PRESEVATION REVOLVING LOAN FUND  
(RHS 515 PRLF) APPLICATION**

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Alternative formats of this document are available to persons with disabilities upon request.

For information regarding Section 504 Accessibility, contact the South Dakota Housing Development Authority 504 Coordinator, Steve Hughes, at 1-800-540-4241.

**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY (SDHDA)  
RURAL HOUSING SERVICE 515 PRESRVATION REVOLVING LOAND FUND  
(RHS 515 PRLF) APPLICATION**

Unless otherwise specified, the applicant must complete **ALL** applicable parts of the application form **FULLY** and include **ALL** documents and supplementary materials required.

**I. GENERAL PROJECT INFORMATION**

A. Project Name: \_\_\_\_\_  
Site Address(es): \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

B. Amount of RHS 515 PRLF funds Requested: \$ \_\_\_\_\_  
RHS 515 PRLF funds limited to rehabilitation of existing Rural Housing Service Section 515 multifamily projects. Minimum of \$2,500 per unit rehabilitation and maximum of \$40,000 per unit rehabilitation.

**II. APPLICANT AND OWNER INFORMATION**

**The Owner must be either a legal entity (e.g. partnership, corporation etc.) or an individual for whom the RHS 515 PRLF funds will be committed.**

A. Applicant: \_\_\_\_\_  
Applicant Federal Taxpayer ID No. \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

B. Contact Person During Application Process:  
Name / Company: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

C. Legal Status of Owner  
\_\_\_\_\_ Incorporated \_\_\_\_\_ Registered with South Dakota Secretary of State

D. Non-profit Status of Owner (if applicable)  
\_\_\_\_\_ 501(c)(3) \_\_\_\_\_ 501(c)(4) \_\_\_\_\_ 501(a) Exemption

E. Development Team  
Do any members of the development team, as listed on Exhibit A, or ownership entity have any direct or indirect, financial or other interest with any of the other project team members (including owner's interest in the construction company or subcontractors used)? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide a description of the relationship. \_\_\_\_\_

### **III. PROJECT CHARACTERISTICS**

- \_\_\_\_\_ 1. Total number of units in the project.  
\_\_\_\_\_ 2. Number of units by bedroom type.  
                  0 Bdr\_\_\_\_\_ 1 Bdr\_\_\_\_\_ 2 Bdr\_\_\_\_\_ 3 Bdr\_\_\_\_\_ 4 Bdr\_\_\_\_\_
- \_\_\_\_\_ 3. No. of Section 504 accessible units for the mobility impaired \_\_\_\_\_ and sensory impaired \_\_\_\_\_
- \_\_\_\_\_ 4. No. of employee-occupied or owner-occupied units.
- \_\_\_\_\_ 5. No. of Parking Spaces (Including Garages); No. of Garages \_\_\_\_\_

B. Project Type (End Use)

- \_\_\_\_\_ Multifamily Housing \_\_\_\_\_ Congregate Care Facility  
\_\_\_\_\_ Housing for Older Persons (55 or Older) \_\_\_\_\_ Assisted Living Facility  
\_\_\_\_\_ Housing for Older Persons (62 or Older)  
\_\_\_\_\_ Other (Explain) \_\_\_\_\_

C. Type of Units

- \_\_\_\_\_ Apartments \_\_\_\_\_ Townhomes \_\_\_\_\_ Single Family \_\_\_\_\_ Other  
\_\_\_\_\_ Single Room Occupancy

D. Targeting of Units (Indicate type and % of units)

- \_\_\_\_\_ Families with Children \_\_\_\_\_ Persons with physical disabilities  
\_\_\_\_\_ Housing for Older Persons \_\_\_\_\_ Persons with mental disabilities  
\_\_\_\_\_ Homeless \_\_\_\_\_ Persons with developmental disabilities  
\_\_\_\_\_ Frail Elderly (Assisted Living or Congregate Facility) \_\_\_\_\_ Other \_\_\_\_\_

E. Will support services be provided to the tenants? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, are they included in the rent? \_\_\_\_\_ Yes \_\_\_\_\_ No

Provide a description of the service(s) or special accommodations and letter of intent from service agencies, if applicable.

### **IV. FINANCIAL FEASIBILITY PROJECTIONS**

A. Rental Projects

Provide a projection of cash flow (Pro forma) using the income stated in Section A.2. and expense figures stated in Section A.3. for the entire affordability period. This Pro forma will be calculated using the following prescribed method: Potential Gross Income less Vacancy Loss equals Effective Gross Income, less Operating Expenses equals Net Operating Income, less Debt Service equals Cash Flow. Project the cash flow annually.

**Annual vacancy rate at 7%.**

**Trend annual increase in income at 2%**

**Trend annual increase in expenses at 3%.**

**For replacement reserves a minimum of \$350 per unit (including managers unit(s)), per year and trended at 3% annually.**

PROVIDE SAME CASH FLOW INFORMATION SEPARATELY FOR ANY COMMERCIAL SPACE

1. TENANT PAID UTILITY ALLOWANCE INFORMATION

Indicate which of the following type (electric, gas, etc.) and costs (if any) paid by the Tenant (T) or Owner (O) and fill in bedroom size:

	Type	Paid By	Bedroom	Bedroom	Bedroom
Heating	_____	_____	_____	_____	_____
Air Conditioning	_____	_____	_____	_____	_____
Cooking	_____	_____	_____	_____	_____
Lighting	_____	_____	_____	_____	_____
Hot Water	_____	_____	_____	_____	_____
Water/Sewer	_____	_____	_____	_____	_____
Trash	_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____	_____
Total Cost			_____	_____	_____

Source of Utility Allowance: USDA \_\_\_\_\_ Effective Date: \_\_\_\_\_

For RHS, the combination of tenant-paid monthly rent and utilities or utility allowance may not exceed the maximum allowable rents. **List employee unit(s) separately and show manager in the rent column.**

**Restricted Units: Designate the RHS 515 units and the targeted AMI in the Tenant % of Area Median Income (AMI) Column (i.e. RHS – 50%, etc.)**

Bdrm. Size	No. of Units (A)	Sq. Ft. Per Unit (B)	Total Sq. Ft. Per Unit = (A)*(B)	Gross Monthly Rent Per Unit (C)	Tenant Paid Utility (D)	Net Monthly Rent Per Unit (E) = (C)-(D)	Total Net Monthly Rent = (A)*(E)	RHS 515 or Market Tenant / % of AMI
Totals		XXXXXXXX		XXXXXX	XXXXXX	XXXXXXXX		XXXXXXXXXX

**Employee Units**

Bdrm. Size	No. of Units (A)	Sq. Ft. Per Unit (B)	Total Sq. Ft. Per Unit = (A)*(B)	Gross Monthly Rent Per Unit (C)	Tenant Paid Utility (D)	Net Monthly Rent Per Unit (E) = (C)-(D)	Total Net Monthly Rent = (A)*(E)
Totals		XXXXXXXX		XXXXXX	XXXXXX	XXXXXXXX	

2. PROJECT INCOME

TOTAL NET MONTHLY TENANT PAID RENT FOR ALL UNITS \$ \_\_\_\_\_

Miscellaneous **MONTHLY** Income Related to Residential Use (specify):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL MISCELLANEOUS MONTHLY INCOME \$ \_\_\_\_\_

TOTAL ANNUAL MISCELLANEOUS RESIDENTIAL INCOME \$ \_\_\_\_\_  
(Total Miscellaneous Monthly Income \*12)

TOTAL ANNUAL NET TENANT PAID RENT FOR ALL UNITS \$ \_\_\_\_\_  
(Total Net Monthly Tenant Paid Rent \*12)

TOTAL ANNUAL **RESIDENTIAL** INCOME \$ \_\_\_\_\_  
(NET TENANT PAID RENT + MISCELLANEOUS)

TOTAL ANNUAL **COMMERCIAL** INCOME \$ \_\_\_\_\_

TOTAL PROJECT INCOME FROM **ALL SOURCES** \$ \_\_\_\_\_

Vacancy Allowance (maximum of 7%) \$ \_\_\_\_\_

3. Annual Operating Expenses (Estimated as of the **end** of the first full year of operation); with copies of supporting documentation provided. **All** residential expenses must be broken out by line item. Category totals only **will not** be accepted.

ADMINISTRATIVE EXPENSES

Advertising \$ \_\_\_\_\_

Accounting/Audit \_\_\_\_\_

Legal/Partnership \_\_\_\_\_

Management Fee \_\_\_\_\_

Management Salaries/Taxes \_\_\_\_\_

Office Supplies/Telephone \_\_\_\_\_

Other (specify) \_\_\_\_\_

TOTAL ADMINISTRATION EXPENSES \$ \_\_\_\_\_

MAINTENANCE EXPENSES

Painting/Decorating/Cleaning \$ \_\_\_\_\_

Elevator \_\_\_\_\_

Exterminating \_\_\_\_\_

Grounds (Inc. Snow Removal) \_\_\_\_\_

Maintenance Salaries/Taxes \_\_\_\_\_

Maintenance Supplies \_\_\_\_\_

Repairs \_\_\_\_\_

Other (specify) \_\_\_\_\_

TOTAL MAINTENANCE EXPENSES \$ \_\_\_\_\_

OPERATING EXPENSES

Fuel Oil \$ \_\_\_\_\_  
Electrical \_\_\_\_\_  
Natural Gas or Propane \_\_\_\_\_  
Water & Sewer \_\_\_\_\_  
Trash Removal \_\_\_\_\_  
Other (specify) \_\_\_\_\_

TOTAL OPERATING EXPENSES \$ \_\_\_\_\_

FIXED EXPENSES

Real Estate Taxes \$ \_\_\_\_\_  
In Lieu of Taxes \_\_\_\_\_  
Insurance \_\_\_\_\_  
Other Taxes, Fees, Licenses \_\_\_\_\_  
Other (specify) \_\_\_\_\_

TOTAL FIXED EXPENSES \$ \_\_\_\_\_

TOTAL ANNUAL RESIDENTIAL OPERATING EXPENSE \$ \_\_\_\_\_

ANNUAL OPERATING EXPENSE PER UNIT \$ \_\_\_\_\_

ANNUAL REPLACEMENT RESERVES PER UNIT \$ \_\_\_\_\_

NUMBER OF UNITS: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL ANNUAL COMMERCIAL OPERATING EXPENSES \$ \_\_\_\_\_

**V. SITE INFORMATION**

- A. Applicant controls site by (select one and attach document):\*
- |  |  |
|--|--|
| <input type="checkbox"/> Deed - attached   | <input type="checkbox"/> Option - attached (expiration date _____)             |
| <input type="checkbox"/> Purchase Contract - attached<br>(expiration date _____) | <input type="checkbox"/> Long term Lease - attached<br>(expiration date _____) |
| <input type="checkbox"/> Other – attached  |  |

\*If more than one site for the project and more than one expected date of acquisition by Owner, please so indicate and attach separate sheet specifying each site, number of existing buildings on the site, if any, and type of control of each site.

- B. Name of seller (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

- C. Is the property located and administered within the city limits?  Yes  No

- D. Is site properly zoned?  Yes  No **If yes, include evidence of proper zoning.**  
If no, is site currently in the zoning process?  Yes  No  
Provide details (including the month and year to be resolved): \_\_\_\_\_  
\_\_\_\_\_

- E. Are all utilities presently available to the site?  Yes  No  
**If yes, include evidence of utility availability.** If no, provide explanation, including dates, when all utilities will be available. \_\_\_\_\_

- F. Has locality approved site plan?  Yes  No **Include site plan approved by locality**

- G. Has locality issued building permit?  Yes  No **Include building permit or documentation of status of approval.**

- H. Attached are the Plan and Specifications: \_\_\_\_\_ % complete.

- I. Are there any environmental issues related to the property?  Yes  No  
If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

- J. Legal description of the property that identifies it as the site in the site control document:  
\_\_\_\_\_  
\_\_\_\_\_

- K. Provide a location map, showing location of the site relative to the surrounding area. Provide photographs of the site(s) and/or building(s). Immediately adjacent land uses:
1. North: \_\_\_\_\_
  2. South: \_\_\_\_\_
  3. East: \_\_\_\_\_
  4. West: \_\_\_\_\_

**VI. ACQUISITION/REHABILITATION INFORMATION**

A. Acquisition

Are RHS 515 Funds being requested for acquisition of existing buildings?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No If no, go on to Rehabilitation.

1. Buildings acquired or to be acquired from:  
 \_\_\_\_\_ related party \_\_\_\_\_ unrelated party \_\_\_\_\_ USDA Rural Development

2. The buildings were last placed in service on this date: \_\_\_\_\_

Are the buildings currently vacant? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If the answer is No, you must submit the previous four months' occupancy information and may have to submit an occupant questionnaire for each occupant (Exhibit D))

The buildings were last occupied when? \_\_\_\_\_

The buildings were built in what year? \_\_\_\_\_

3. Project-Based Rental Assistance (rental projects only):

If there is existing Project-Based Rental Assistance, will it be continued? Yes \_\_\_\_\_ No \_\_\_\_\_

Source of Project-Based Rental Assistance: \_\_\_\_\_

Complete the following table and provide a copy of the latest approved rental assistance contract.

Effective Date	No. Of Units	Bedroom Size	Contract Rents	Utility Allowance	Gross Rents

B. Rehabilitation

Is the property in good to excellent condition? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any maintenance been deferred? \_\_\_\_\_ Yes \_\_\_\_\_ No

1. Historic Properties

a. Is this building in a historic district or designated a historic building? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Year built: \_\_\_\_\_

c. Please attach:

1. Photographs of the building. The photos should show all four exterior sides of the building and the inside of a typical unit.
2. Description of what type of exterior rehabilitation is necessary.
3. Description, by apartment unit, of what type of rehabilitation is necessary for the interior.
4. Description of condition and age of major building systems (ie: roof, heating, cooling, plumbing, electrical).

**VII. PROJECT FINANCING (SOURCES OF FUNDS)**

A. Financing

List all sources of funds, including grants and equity, and provide documentation of same. If the applicant plans to finance part or all of the project out of its own resources, the applicant must prove to SDHDA's satisfaction that such resources are available and committed solely for this purpose. Any owner equity contributions or deferred fees should also be listed below if the funds will provide a source of financing.

No.	Name of Lender or Other Source	Amount of Funds	Interest Rate	Term	Construction or Permanent?
1.		\$	%		
2.			%		
3.			%		
4.			%		
5.			%		
	Total Residential Construction Funds	\$			

(Please include commercial space on a separate sheet.)

**Make copies of this page and complete the following for each lender or source of funds.**

1. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify) _____	

2. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify) _____	

3. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify) _____	

4. Name of Lender/Source \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Type:	___ Amortizing Loan	___ Grant	___ Deferred Loan	___ Forgivable Loan
	___ Balloon	___ Owner Equity	___ Other (Specify) _____	

**VIII. PROJECT COSTS AND USES**

List all project costs (but excluding commercial). **(Specify what ALL "other" costs are)**

<b>Itemized Costs</b>	<b>Actual Costs</b>
<b>LAND AND BUILDINGS</b>	
Acquisition	
Demolition	
Site Improvements	
New Construction	
Rehabilitation	
General Requirements (max 6% hard costs)	
Contractor Profit (max 6% hard costs)	
Contractor Overhead (max 2% hard costs)	
Excise Taxes	
Building Fees & Permits	
Construction Contingency	
Other (Specify)	
<b>1. SUBTOTAL</b>	
<b>PROFESSIONAL FEES</b>	
Architect Fee	
Attorney Fee	
Real Estate Agent	
Engineer / Survey	
Physical Needs Assessment	
CPA – Cost Certification (Rental)	
Property Appraisal	
Market Study	
Environmental Reports	
Other (Specify)	
<b>2. SUBTOTAL</b>	
<b>FINANCING</b>	
Payment / Performance Bond	
Construction Insurance	
Construction Interest	
Origination Fee	
Title and Recording	
Credit Report	
Other (Specify)	
<b>3. SUBTOTAL</b>	
<b>OTHER COSTS AND FEES</b>	
Developer Fee	
Consultant Fee	
Reserve Amounts	
Other (Specify)	
<b>4. SUBTOTAL</b>	
<b>TOTALS</b>	

**IF PROJECT CONTAINS COMMERCIAL USE SPACE, PLEASE PROVIDE BREAKDOWN OF COMMERCIAL COSTS ON SEPARATE SHEET.**

### **IX. PROJECT TIMETABLE**

Indicate the actual or expected date by which the following activities will have been completed. In providing this schedule, be sure to take into consideration the requirement that the project must start construction or rehabilitation within 6 months of the date of SDHDA Board of Commissioners approval.

Actual or Scheduled Month/Year	Activity
_____	<u>Site</u>
_____	Acquisition
_____	Zoning / Plat Approval
_____	Tax Abatement
_____	Environmental Review Completed
_____	<u>Local Permits</u>
_____	Conditional Use Permit
_____	Variance
_____	Site Plan Review
_____	Building Permit
_____	Other (specify) _____
_____	<u>Other</u>
_____	Final Plans/Specs
_____	Closing and Disbursement of Construction Financing
_____	Construction Start
_____	Construction Completion
_____	Closing and Disbursement of Permanent Financing
_____	Placed in Service
_____	Occupancy of all Units

### **X. NOTIFICATION OF LOCAL OFFICIAL**

Applicants must submit a letter notifying the chief executive officer for the local political jurisdiction in which the project will be located that they are applying for RHS 515 PRLF funds. The letter must include the amount of funds being applied for, the physical location(s), number of units involved, the AMI targeting, and SDHDA contact information. SDHDA must be carbon-copied on the letter.

Name of Local Governing Body: \_\_\_\_\_

Name of Chief Executive Officer: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_

**XI. APPLICANT CERTIFICATION**

**The undersigned hereby acknowledges the following:**

1. That this application form and all Exhibits, provided by SDHDA to applicants for RHS 515 PRLF funds, including all sections herein relative to project costs, operating costs, and determinations of the amount of RHS 515 PRLF funds necessary to make the project financially feasible, is provided only for the convenience of SDHDA in reviewing applications; that completion hereof in no way guarantees eligibility for the RHS 515 PRLF funds; and that any notations herein describing the RHS 515 PRLF requirements are offered only as general guides and not as legal authority;
2. that the undersigned is responsible for ensuring that the proposed project will, in all respects, satisfy all applicable requirements of the RHS 515 PRLF Program and any other requirements imposed upon it by SDHDA at the time of conditional commitment, should one be issued;
3. that SDHDA may request or require changes in the information submitted herewith, and may substitute actual figures for any estimated figures provided therein by the undersigned and may conditionally commit RHS 515 PRLF funds, if any, in an amount different from the amount requested;
4. that conditional commitments are not transferable without prior approval by SDHDA;
5. that the requirements for applying for the RHS 515 PRLF funds and the terms of any conditional commitment thereof is subject to change at any time by federal or state law, federal, state, or SDHDA regulation, or other binding authority; and
6. that conditional commitments will be subject to certain conditions to be satisfied prior to loan closing.

**Further, the undersigned hereby certifies the following:**

1. The Applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap; and
2. that, to the best of its knowledge and belief, all factual information provided herein or in connection herewith is true and correct and all estimates are reasonable and can be obtained from any source named herein; and
3. that it will at all times indemnify and hold harmless SDHDA against all losses, costs, damages, expenses, and liabilities of any nature or indirectly resulting from, arising out of or relating to SDHDA's acceptance, consideration, approval, or disapproval of this request and the issuance or nonissuance of RHS 515 PRLF funds in connection herewith; and
4. that it provides SDHDA the right to exchange information with other state allocation agencies and with other parties as deemed appropriate by SDHDA.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on this \_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

I declare and affirm under the penalties of perjury that the claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

\_\_\_\_\_  
Legal Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**EXHIBIT A  
DEVELOPMENT TEAM EXPERIENCE**

**PROJECT NAME:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**1. NAME OF CONTRACTOR:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2. NAME OF MANAGEMENT COMPANY:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**3. NAME OF CONSULTANT:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**4. NAME OF CERTIFIED PUBLIC ACCOUNTANT:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**5. NAME OF TAX ATTORNEY:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**6. NAME OF ARCHITECT:** \_\_\_\_\_

Entity Type: \_\_\_\_\_ Federal Tax Identification No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EXHIBIT B**  
**PROJECT REHABILITATION CHECKLIST**

Projects involving rehabilitation must attach a description of the work to be completed. The description must list rehabilitation costs for the exterior and for the interior by apartment unit. Please indicate the following items that are included in the scope of the rehabilitation:

Exterior Work

- \_\_\_\_\_ Foundation
- \_\_\_\_\_ Porches
- \_\_\_\_\_ Steps, Stairs
- \_\_\_\_\_ Roof
- \_\_\_\_\_ Gutter, Drain
- \_\_\_\_\_ Windows
- \_\_\_\_\_ Doors
- \_\_\_\_\_ Siding
- \_\_\_\_\_ Paint
- \_\_\_\_\_ Sidewalk
- \_\_\_\_\_ Parking Lot
- \_\_\_\_\_ Masonry
- \_\_\_\_\_ Landscaping

Interior Work

- \_\_\_\_\_ Basement
- \_\_\_\_\_ Hallways
- \_\_\_\_\_ Ceilings
- \_\_\_\_\_ Walls
- \_\_\_\_\_ Electrical
- \_\_\_\_\_ Heating
- \_\_\_\_\_ Plumbing
- \_\_\_\_\_ Paint
- \_\_\_\_\_ Flooring
- \_\_\_\_\_ Cabinetry
- \_\_\_\_\_ Doors
- \_\_\_\_\_ Light Fixtures
- \_\_\_\_\_ Air Conditioning Units
- \_\_\_\_\_ Appliances
- \_\_\_\_\_ Window Coverings

**EXHIBIT C**  
**Historical Requirements**  
**for any RHS 515 PRLF assisted Project**

Please include the following information when submitting your application for project review under Section 106 of the National Historic Preservation Act (NHPA).

1) A description of your project that identifies and explains any work that will involve disturbance of the ground, or the demolition or modification of any existing buildings. If no ground disturbance, demolition, or modification of existing structures will take place, please indicate. If the area has been previously disturbed by activities other than agriculture please include this information:

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Sources:

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2) For projects that involve new construction on vacant lots, please include information as to what previously occupied the site and whether that site has any known historical or archaeological significance.

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Sources:

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3) Please enclose clear, original photographs of any affected buildings/structures constructed more than 49 years ago. An overall front view of each structure is required, as well as any other views necessary to fully describe the structures(s) and the proposed undertaking. Also include clear, original photographs of the subject property itself, whether there are any structures on it or not.



Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave? \_\_\_\_\_

Does any member of your household now receive or expect to receive unemployment benefits? \_\_\_\_\_

Does any member of your household now receive or expect to receive child support? \_\_\_\_\_

Is any member of your household entitled to child support that he/she is not now receiving? \_\_\_\_\_

Does any member of your household now receive or expect to receive alimony payments? \_\_\_\_\_

Is any member of your household entitled to alimony payments that he/she is not now receiving? \_\_\_\_\_

Does any member of your household receive or expect to receive welfare assistance? \_\_\_\_\_

Does any member of your household receive or expect to receive Social Security benefits? \_\_\_\_\_

Does any member of your household receive or expect to receive income from a pension or annuity? \_\_\_\_\_

Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? \_\_\_\_\_

Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds, or income from the rental of property? \_\_\_\_\_

**For each type of income that your household receives (include any welfare assistance), give the source of the income and the amount of income that can be expected from that source during the next 12 months.**

FAMILY MEMBER	SOURCE OF INCOME/ TYPE OF INCOME	ANNUAL INCOME

If additional space is needed attach a separate sheet.

**9. List all checking accounts (6 month average balances) and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members, including accounts disposed of during the past two years.**

FAMILY MEMBER	FINANCIAL INSTITUTION	ACCOUNT NUMBER	TYPE	BALANCE

List value of all stocks, bonds, trusts, pension contributions, or other assets: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you own a home or other real estate? \_\_\_\_\_

Did you have any assets in the last two years not listed above? \_\_\_\_\_

If yes, did you dispose of any assets for less than fair market value? yes or no \_\_\_\_\_  
(This means that the assets were either given away or sold at less than the allotted market value.) What were the assets, the market value at the time of disposition, the amount received, and date you disposed of the assets? \_\_\_\_\_  
\_\_\_\_\_

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

**RESIDENT'S STATEMENT:** I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner/manager to verify all information provided on this application and my signature is consent to obtain such verification. I certify that I have revealed all assets currently held or previously disposed of and that I have no assets other than those listed on this form (other than personal property). I further certify that the statements made in this application are true and complete to the best of my knowledge and belief and am aware that false statements are punishable under Federal law and grounds for eviction.

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Co-Occupant: \_\_\_\_\_ Date: \_\_\_\_\_

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**Project Use Only**

**Household Income from Section #7:** \_\_\_\_\_

**Actual Income from Assets:** \_\_\_\_\_

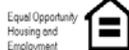
**Asset Value** \_\_\_\_\_ **X imputed rate of** \_\_\_\_\_ **=** \_\_\_\_\_

**(If \$5000 or greater then impute)**

**Greater of Actual or Imputed Income from Assets** \_\_\_\_\_

**Total Household Income:** \_\_\_\_\_

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**EXHIBIT E**  
**APPLICATION SUBMISSION CHECKLIST**

The following items, as applicable, must be submitted with the completed Application form to ensure a complete application is received by SDHDA.

Submission Item	Enclosed
1. Completed and signed Application form	_____
2. Housing Market/Needs Study (provide information regarding current local market conditions which show a need for the project, community demographics, economic development efforts, labor trends and the most recent general population projections)	_____
3. Project Narrative (including type of activity, amenities, income targeting)	_____
4. Notification of Local Official	_____
5. Utility Allowance Calculation and Documentation	_____
6. Rental Pro forma	_____
7. Documentation of Operating Expenses	_____
8. Site Control	_____
9. Photographs	_____
10. Architectural site plan	_____
11. Architectural floor and unit plan	_____
12. Zoning letter and project plat	_____
13. Local area map	_____
14. Service provider letters	_____
15. Documentation of financing	_____
16. Detailed rehabilitation listing	_____
17. Current tenant rent rolls	_____
18. Documentation of federal subsidy	_____
19. Rent Comparability Study / Appraisal (if available)	_____