



SDHDA Neighborhood Stabilization
Program (NSP) Application Form



February 2009



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**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY
2009 NEIGHBORHOOD STABILIZATION PROGRAM (NSP) APPLICATION**

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EXHIBITS

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- B. Project Rehabilitation Checklist
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- D. NSP Occupant Questionnaire
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Alternative formats of this document are available to persons with disabilities upon request.



**SOUTH DAKOTA HOUSING DEVELOPMENT AUTHORITY (SDHDA)
2009 NEIGHBORHOOD STABILIZATION PROGRAM (NSP) APPLICATION**

This application was created to be utilized with the Neighborhood Stabilization Program Plan. 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 NSP Funds Requested: \$ _____ (Grant \$ _____ Loan \$ _____)
Type of NSP Activity (check **all** that apply). You must also provide a narrative describing the project in detail:
_____ Financing Mechanisms for Homeownership Assistance to Purchase Foreclosed Homes
_____ Purchase and Rehabilitation of Abandoned or Foreclosed Homes and Residential Properties:
_____ For resale as affordable housing
_____ For rental as affordable housing
_____ Redevelop
_____ Demolish Blighted Structures
_____ Redevelop Demolished or Vacant Property

II. APPLICANT AND OWNER INFORMATION

The Owner must be either a legal entity (e.g. partnership, corporation etc.) or an individual for whom the NSP funds will be committed. If the Owner is not known yet or to be formed, the applicant must be the Project Developer and the Ownership entity must be formed within the allotted time frame (120 days). (If the Owner is already in existence, it may also be the Applicant).

- 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: _____

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- C. Legal Status of Owner
 _____ Incorporated _____ Registered _____ Chartered
 _____ State Entity _____ Unit of Local Government
- 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

A. Per Section 2301 (c)(2) of the Housing and Economic Recovery Act (HERA), NSP funds will be distributed to the areas of greatest need. NSP projects must meet minimum requirements and adhere to affordability restrictions. Please refer to the NSP plan for the defined areas of greatest need and program and activity requirements.

NSP funding must meet the national objective of benefiting low and moderate income persons (please check one of the following for this project):

- _____ Area Benefit (*Provides benefits to all residents of an area*)
 _____ Limited Clientele (*Provides benefits to a specific group of persons rather than everyone in an area*)

NSP projects meeting the national objective of Area Benefit must be located in a census tract meeting the middle, low to moderate income eligibility. The HUD data file located at www.sdhda.org/files/hud_risk_score.xls provides eligibility by census tract.

Provide the Census Tract Number(s) for where the project(s) is located: _____

- _____ 1. Total number of units/homes in the project.
 _____ 2. Number of NSP units/homes in the project.
 0 Bdr_____ 1 Bdr_____ 2 Bdr_____ 3 Bdr_____ 4 Bdr_____
- Complete 3 - 5 for rental projects only
- _____ 3. No. of Section 504 accesssible 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 | _____ Single Family |
| _____ Housing for Older Persons (55 or Older) | _____ Congregate Care Facility |
| _____ Housing for Older Persons (62 or Older) | _____ Assisted Living Facility |
| _____ Transitional Housing | _____ Public Facility |
| _____ Other (Explain) _____ | |

- C. Type of Units / Homes
- _____ Apartments _____ Townhomes _____ Single Family _____ Other
 _____ Single Room Occupancy

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- D. Targeting of Units / Homes (Indicate type and % of units)
- | | |
|---|--|
| <input type="checkbox"/> Families with Children | <input type="checkbox"/> Persons with physical disabilities |
| <input type="checkbox"/> Housing for Older Persons | <input type="checkbox"/> Persons with mental disabilities |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Persons with developmental disabilities |
| <input type="checkbox"/> Frail Elderly (Assisted Living or Congregate Facility) | <input type="checkbox"/> 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 (Homebuyer/Resale Projects – skip to B)

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: PHA _____ Utility Company _____ HUD _____ USDA _____
 Effective Date: _____

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For an NSP unit, 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 NSP units and the targeted AMI in the Tenant % of Area Median Income (AMI) Column (ie NSP – 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)	NSP or Market Tenant / % of AMI
Totals		XXXXXXXX		XXXXXXX	XXXXXXX	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		XXXXXXX	XXXXXXX	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.

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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 \$ _____

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B. Homebuyer/Resale Projects Only

NOTE: The sales price of the property cannot exceed the cost to acquire and redevelop or rehabilitate the home or property to a decent, safe, and habitable condition. The maximum sales price is determined by adding all costs of acquisition, rehabilitation, and redevelopment (including related activity delivery costs, which generally include, among other things, costs related to the sale of the property, but do not including holding costs). See the NSP Plan for additional information.

Please check the appropriate assistance level to be provided to homebuyers:

- _____ \$ 5,000 Households of 120% or less AMI
_____ \$10,000 Households of 80% or less AMI
_____ \$14,999 Households of 50% or less AMI

What is the anticipated resale value of the property? _____ (subject to appraisal)
Attach additional sheet for additional sites, if necessary.

V. SITE INFORMATION

A. Applicant controls site by (select one and attach document):*

- _____ Deed - attached _____ Option - attached (expiration date _____)
_____ Purchase Contract - attached _____ Long term Lease - attached
(expiration date _____) (expiration date _____)
_____ 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.

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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. Immediately adjacent land uses:
 1. North: _____
 2. South: _____
 3. East: _____
 4. West: _____

L. Provide photographs of the site(s) and/or building(s).

VI. ACQUISITION/REHABILITATION INFORMATION OF ABANDONED OR FORECLOSED HOMES AND RESIDENTIAL PROPERTIES

A. Acquisition

Are NSP 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 FHA 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

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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) _____	

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VIII. PROJECT COSTS AND USES

List all project costs (including non-NSP units, but excluding commercial). **(Specify what ALL "other" costs are)**

Itemized Costs	NSP Funds	Other Funds	Total
LAND AND BUILDINGS			
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)			
1. SUBTOTAL			
PROFESSIONAL FEES			
Architect Fee			
Attorney Fee			
Real Estate Agent			
Engineer / Survey			
Physical Needs Assessment			
CPA – Cost Certification (Rental)			
Property Appraisal			
Market Study			
Environmental Reports			
Other (Specify)			
2. SUBTOTAL			
FINANCING			
Payment / Performance Bond			
Construction Insurance			
Construction Interest			
Origination Fee			
Title and Recording			
Credit Report			
Other (Specify)			
3. SUBTOTAL			
OTHER COSTS AND FEES			
Developer Fee			
Consultant Fee			
Reserve Amounts			
Other (Specify)			
4. SUBTOTAL			
TOTALS			

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 / Sale of First Home
_____	Occupancy of all NSP 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 NSP 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. _____

XIII. APPLICANT CERTIFICATION

The undersigned hereby acknowledges the following:

1. That this application form and all Exhibits, provided by SDHDA to applicants for NSP funds, including all sections herein relative to project costs, operating costs, and determinations of the amount of NSP 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 NSP funds; and that any notations herein describing the NSP 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 NSP 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 NSP 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 NSP 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 NSP 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

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**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 NSP 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:

Sources:

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.

Sources:

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.

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**EXHIBIT D
NSP OCCUPANT QUESTIONNAIRE**

(Complete all sections requested, If a question does not apply, please put N/A)

Project Name _____ Initial Certification Date _____

Unit No. _____ Bedroom Size _____ Annual Recertification Date _____

Tenant Name _____

Address _____
Street, Box No. City State Zip

1. List all occupants of the unit

Occupant	Relationship	Social Security Number	Date of Birth	Sex
(a) _____	<u>Head of House</u>	_____	_____	_____
(b) _____	_____	_____	_____	_____
(c) _____	_____	_____	_____	_____
(d) _____	_____	_____	_____	_____
(e) _____	_____	_____	_____	_____
(f) _____	_____	_____	_____	_____

2. Are all members of the household U.S. Citizens? Yes () No ()

3. Head of Household: Hispanic or Latino: Yes () No ()

4. Race of Head of Household:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native & Black African American |
| <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander | |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> Other Multi-Racial |

5. The following question is optional. However, the information supplied may be used to determine any special needs you may have.

Do any family members have a disability? Yes () No ()
If so, what type of special accommodations may be needed? _____

6. CURRENT RENT Monthly \$ _____ **CURRENT UTILITY ALLOWANCE** Monthly \$ _____

7. Do you currently receive rental assistance? Yes () No ()
Amount Per Month _____
If yes, are you receiving: Section 8 Certificate () _____
Section 8 Voucher () _____
Other () _____

8. Please answer each of the following questions. For each "Yes" answer provide details in the chart below.

	Yes	No
Is any member of your household employed, full-time, part-time, or seasonally?	_____	_____
Does any member of your household expect to work for any period during the next 12 months?	_____	_____
Does any member of your household work for someone who pays them in cash?	_____	_____

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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? _____

NEIGHBORHOOD STABILIZATION PROGRAM (NSP) APPLICATION

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: _____

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: _____



NEIGHBORHOOD STABILIZATION PROGRAM (NSP) APPLICATION

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. Please refer to the NSP Program Plan and application for clarification of any submission items.

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 (see page 10 of application)	_____
5. Utility Allowance Calculation and Documentation	_____
6. Rental Pro forma (See page 3 of application)	_____
7. Documentation of Operating Expenses (See page 4 of application)	_____
8. Site Control	_____
9. Photographs	_____
10. Architectural site plan	_____
11. Architectural floor and unit plan	_____
12. Zoning letter and project plat (see page 6 of application)	_____
13. Local area map	_____
14. Service provider letters (see page 3 of application)	_____
15. Documentation of financing	_____
16. Detailed rehabilitation listing	_____
17. Current tenant rent roll	_____
18. Documentation of federal subsidy	_____
19. Appraisal (if available)	_____