MARYLAND AFFORDABLE HOUSING TRUST

Application for Funding 7800 Harkins Road, Room 366 Lanham, Maryland 20706

MAHT ID NO.

Forty First Funding Round - Fall 2017

Application Due on August 31, 2017 in Triplicate (no binders please)

PLEASE REVIEW ALL PROGRAM GUIDELINES FOUND ON THE TRUST'S WEB SITE BEFORE SUBMITTING APPLICATION.

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, APPLICATION MUST BE SIGNED)

| 1. Applicant Identification - for capital projects, entity | owning the property must be an applicant |
|--|---|
| TYPE: Non-profit For-profit PuOther (specify): | blic Housing Authority Local government |
| Applicant: | |
| Address: | |
| City: | State Zip: |
| City: Email: | |
| Executive Director: | |
| Federal I.D. or Social Security Number: | |
| Contact Person for Award Notification: | IX. |
| I, the(title) of the orga certify that the information contained in this application. Signature | |
| 2. Funding Request | |
| MAHT amount requested: (a)\$To (NOT TO EXCEED \$75,000) | otal project cost (b)\$ |
| ACTIV | VITY TYPE |
| Capital | Non-Capital (MUST BE RELATED TO SPECIFIC PROJECT LISTED IN APPLICATION) |
| New Construction Rehabilitation | Operating Expenses Capacity Building |
| Preservation Acquisition | Self-Sufficiency/Support Services |
| Brief description of the project and the gap that MAHT | funds will be filling (limit 250 words) |
| | |
| | |
| | |
| | · |
| | <u> </u> |
| | |
| | |

| 3. Project Identification |
|---|
| Project name: |
| Project name: |
| City: State: Zip: |
| State Legislative District Number: |
| Congressional District Number: |
| If multiple sites, provide addresses and legislative districts for site. |
| Please attach a location map and site description (ATTACH AS ATTACHMENT A). 4. Housing Units |
| |
| The project consists of total housing units*, |
| of which will be funded through MAHT. |
| Of the MAHT funded units |
| will be affordable to households with incomes at or |
| below 30% of the area median income (AMI), and |
| will be affordable to households with incomes |
| between 31% and 50% of AMI Population to be served: |
| Families with minor children |
| Single Adults |
| Single Adults Other (list) |
| Number of years MAHT units will be committed to serving population above |
| (minimum 15 years) |
| FOR RENTAL PROJECTS ONLY, List monthly rents per unit by bedroom size |
| In the development Funded by MAHT |
| 0 BR units |
| 1 BR units |
| 3+ BR units |
| Single Room Occupancy units |
| FOR HOMEOWNERSHIP PROJECTS ONLY, List sales price of homes |
| |
| * For SRO, Emergency Shelters, etc, UNITS will be the number of beds funded. |
| |
| 5. Maryland Affordable Housing Trust Budget (MAHT dollars only) |
| MAHT Funds requested (complete section 7 also) Amount |
| Operating Assistance \$ |
| Capacity building |
| Self-sufficiency / Support services |
| Pre-Development |
| Acquisition |
| New Construction Rehabilitation |
| |
| Other (list): |
| TOTAL MAUT ELDING DEGLIEGTED (-) # |
| TOTAL MAHT FUNDS REQUESTED (a) \$ (must match total MAHT amount requested in 2(a) |

| 6. Total project development funding | g | | | |
|--|------------------|----------------------|---------------------------------------|----------------|
| NON-MAHT FUNDS SOURCE Other Maryland DHCD funding | | MITTED *APPL | | ù |
| Rental Hou | ısing \$ | \$ | | |
| LIHTC | | 57 A 415 | | |
| Transitiona | | | | |
| Group Hon | ne | | | |
| | | | | |
| (Specify ag | encv | | | |
| or progra | • | | | |
| Other State govt. funds | , | \$ | | |
| Federal govt. funds | | | | |
| Local govt. funds and | | | | |
| other subsidies | | | | |
| Private grants | | | | |
| Private loans | | | | |
| | _ | | · · · · · · · · · · · · · · · · · · · | |
| Applicant's funds | | | | |
| Other: | | | | |
| | | | | |
| TOTALS | (a) <u>\$</u> | (b)\$ | | |
| | | 1.0 | | |
| TOTAL Non-MAHT COMMITTED AN | D APPLIED FOI | R (a) + (b) above | *** | |
| TOTAL MAHT FUNDS REQUESTED | from 5(a) or 2(a | a) | + | |
| TOTAL PROJECT FUNDING FROM A | LL SOURCES | | \$ | |
| (TOTAL PROJECT COST in 2(b) MU | JST MATCH TO | OTAL PROJECT FU | NDING ABOVE) | |
| Please attach documentation verify | _ | - | | |
| interest rate, repayment period and | other terms go | verning these funds | s (Attach as Attachm | ent B) |
| 7. USE OF FUNDS | | | | |
| FOR SECTION 7, APPLICANTS ONL | V NEED TO | COMPLETE THE | E CLID SECTION A | - SECTIONS FOR |
| | | COMPLETE IN | E SOB-SECTION 0 | I SECTIONS FOR |
| WHICH FUNDING IS BEING REQUE | | Cupper Sarriage Pr | radavalanment or Canite | .1) |
| (i.e., Operating Assistance, Capacity Building, | | Support Services, Fr | redevelopment, or Capita | 11) |
| 7A. Operating Assistance request for | one (1) year | | The second second | |
| | | | | 373 |
| Operating Assistance for one (1) year | MAHT | OTHER | TOTAL | |
| * | FUNDS | FUNDS | COST | |
| Advertising and Marketing | | | | |
| Management Fee | | 10 | | |
| Office Supplies | | | | |
| Office Salaries | | | | |
| Legal Expenses (project only) | | | | |
| Auditing Expenses (project only) | | | | |
| Permits, Licenses and Misc. Taxes | | | | |
| Telephone and Answering Services | | | | |
| Accounting Services and Fees | | | | |
| Other | | | | |
| ADMINISTRATING TOTAL | ø | ø. | dt. | |
| ADMINISTRATIVE TOTAL | \$ | \$ | \$ | |
| (from categories above) | | | | |

Revised 06/2017

| Exterminating | | | | | | N. |
|--|----------------|------------------|----------------|---------------|----------------|------------|
| Heating & Air Conditioning | | | | | | |
| Maintenance | | | | | | |
| Garbage and Trash Removal | | | | | | |
| Painting | | | _ | | | |
| Electrical Repairs & Supplies | | | _ | 00 | | |
| Plumbing Repairs & Supplies | 200 200 | W | | | | |
| Roof Repairs | | - | | | | |
| Grounds Maintenance | | | _ | | | |
| Contract and Supplies | | | | | | |
| Janitorial Supplies | | | _ | | | |
| Costs associated with | | | _ | | | |
| lead-paint reduction or maintenance | | | _ | | | |
| Misc. Operating and Maintenance | | | | | | |
| Expenses (please specify) | | | | | | |
| Other | | | | | | |
| Office | | | | | | |
| MAINTENANCE TOTALS | \$ | \$ | | \$ | | |
| (from categories above) | Ψ | Ψ | | Φ | | |
| UTILITIES PAID BY OWNER | | | | | | |
| REAL ESTATE TAXES | | | | | | |
| GROUND RENT | - | | | | | |
| RESERVE FOR REPLACEMENT | | · — | | | | |
| | - | · — | | | | |
| OTHER (list) | | | - : | | | |
| TOTAL | <u> </u> | \$ | | | | |
| 7B. Capacity Building Request | | | | | | |
| Capacity Building (MAHT funding n | nust be relate | ted to the speci | fic housing | project nam | ned in this ap | plication) |
| Purpose/use of Funds: | | | | MAHT | OTHER | TOTAL |
| r dipose use of r dilds. | | | | FUNDS | FUNDS | FUNDS |
| | | | | LONDS | FUNDS | FUNDS |
| | | | | | 3 | |
| | | | | | | |
| | | | Total | | | |
| 7C. Self-sufficiency / Support service | es request | for one (1) ve | ar | | | |
| Check all that apply and enter funding | | | | other fees re | lated to prov | viding the |
| services to residents in the specific ho | | | | | nated to prov | iding the |
| services to residents in the specific no | using projec | MAHT | OTHER | и. ТОТА | T | |
| | | FUNDS | | | - | |
| | | FUNDS | FUNDS | COST | | |
| Job skills training | | \$ | \$ | \$ | | |
| Job search assistance | | — | <u> </u> | <u> </u> | | |
| Educational courses | | | | | | |
| Budget counseling | | | | - | | |
| Substance abuse aid | | | | | | |
| | | | | | | |
| Mental health care | | | | | | |
| Other health care | | | | | | |
| Child care | | | | | | |

Revised 06/2017

| Other project-s | specific costs: | | | | |
|--|--|---------------|-----------------|--------------------------|-------------|
| TOTAL | | \$ | <u> </u> | \$ | _ |
| | ed is for a New Positio | | | | _ |
| For services not to b | e provided by applicant, pleas | se list serv | ice and service | provider: | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | h-the-rubini labeliation | |
| | t request (list \$ amount req wards are usually made as zero in | | | | rangid when |
| The second secon | ng is acquired for the project. | iteresi, dere | Tea Ionns milen | are expected to be | repaid when |
| | Architect Fee | | | | |
| | Design | | 8 | | |
| | Supervision | | | | |
| | Legal Fees | | | | |
| | Packaging/Processing | | | | |
| | Marketing | | | | |
| | Surveys and Soil Borings | | | 47 | |
| | Appraisal | | | | |
| 13 | Environmental Study | | | | |
| | Market Study | *** | | | |
| | Other (list) | | | | |
| | Total for this section | | | | |
| MIN CI | (A | | % 1 1 010, /4 \ | | |
| | s (Acquisition, New Construte complete Sections 8 and 9 | | Kenadilitation) | | |
| Residential structur | es | | | | |
| Nonresidential struc | ctures | | | | |
| On Site improveme | ents | | | | |
| Off Site improveme | ents | | | | |
| General requirement | ats | | | | |

| Contractor Fees | |
|-----------------------------|------------------|
| *Developer's Fee | |
| Architect Fee | |
| Design | |
| Supervision | |
| Legal Fees | |
| Packaging/Processing | in. |
| Marketing | * |
| Surveys and Soil Borings | |
| Appraisal | |
| Environmental Study | |
| Market Study | |
| Total For this section | |
| General requirements: | % of Subtotal |
| Builder's General Overhead: | % of Subtotal |
| Builder's Profit: | % of Subtotal |

ALL APPLICANTS MUST COMPLETE SECTIONS 8 through 13

| 8. Project Readiness and Site Information |
|---|
| Identify form of site control: If no site control, please explain: |
| Is site properly zoned for your development? |
| |
| Attach evidence that the site is properly zoned for the proposed use or if a variance or exception is required, evidence that a request has been filed and a hearing date has been scheduled. Will you own the property directly |
| If property is to be owned by related entity, please provide name of entity and specify relationship (e.g., subsidiary corporation or partnership of which applicant is general partner) (name of entity and relationship) |
| PLEASE NOTE: ENTITY OWNING PROPERTY MUST ALSO BE AN APPLICANT |
| Are there liens or other encumbrances on the property that must be cleared by allocating funds to them? If YES, what are they? |
| IF NO, |
| Have you obtained: WHEN? |
| Blueprints ¹ |
| Zoning changes |
| Building permits |
| Utility hookups |
| Environmental report |
| Commitments from service |
| providers Also attach copies of unit floor plans |
| Is the construction company bonded? |
| is the construction company bonded? |
| Will the project require any displacement of current occupants? If yes, will you compensate or relocate those who are displaced? |
| Describe your proposed plan for relocation assistance: |
| |
| |
| |
| Please attach copies of supporting documents — evidence of zoning, deeds, permits, leases, options, sales agreements, etc. Projects requesting assistance for homeownership (rehab or acquisition) must include a current Home Inspection Report (Attach as Attachment C) |

| | Activity | Anticipated completion date | |
|---|---|--|---|
| | Financial Commitment | | |
| | for funding sources | 11 | |
| | Initial closing date | | |
| | Location survey complete | | |
| | Preliminary site plan complete | | |
| | Design, development and pricing | | |
| | Site plan approval | | |
| | Construction and bid documents | | |
| | Engineering plan approval | | |
| | Final pricing | | |
| | Building permit | · | |
| | Construction contract | | |
| | Start construction | | 91 |
| | Substantial completion | | |
| | Final completion | | |
| | | | |
| | | | |
| oosed hou existing he rided will CACH: co | MAHT funding (limit of 250 words): De sing project, e.g. why is there a funding gap ousing and economic conditions for the project address the need. orroborating information, such as: budge unding, appraisal, market study, waiting limits and the study. | ? Please describe the need for ject. Explain how the number at and financing information i | the total project and and type of units to ndicating gap in |
| | | \mathcal{B} | |
| | | <u> </u> | |

| 11. Site (limit of 250 words): Describe area in which the site is located, including types and condition of housing in the area; availability of public transportation; location of schools, shopping and employment centers, information on crime and other information relevant to the site. |
|---|
| |
| |
| |
| |
| 12. Community involvement (limit of 250 words): Explain how long and in what manner the applicant has |
| served the community in which the project will be located. Also describe any support the proposed project has received from local political officials, community groups, potential project residents and residents who live near project site. |
| ATTACH: - copies of any evidence of local support for the project (ATTACH AS ATTACHMENT E). |
| |
| |
| |
| |
| |
| |
| 12 Applicant ability 1 Describe the objective management structure and stoffing of your prescription 2. |
| 13. Applicant ability: 1.) Describe the objective, management structure and staffing of your organization, 2.) Explain your organization's experience and ability to implement and manage low-income housing, 3.) Summarize your prior experience in providing self-sufficiency services for the target population. If a third party will be involved in management or service provision, describe its role. ATTACH: - financial statements (ATTACH AS ATTACHMENT F) |
| - organizational documents or partnership agreement (ATTACH AS ATTACHMENT G) |
| |
| |
| |
| |
| |

| 14. Green Building and Sustainable Housing (limit of 250 words) Describe how this project addresses green building technologies and how your organization encourages sustainable development. Use criteria from Earthcraft, the National Association of Homebuilders Model Green Home Building Guidelines, U.S. Green Building Council (LEED) criteria or criteria from Green Communities Initiative of Enterprise Community Partners when submitting a response to this section. |
|--|
| ATTACH: Documentation will include checklists using criteria from any of the entities above (Attach as Attachment H) |
| |
| |
| |
| |
| |
| |
| |
| 15. Legal Documents |
| The following forms must be completed and attached to all applications: |
| - Incumbency Certificate * |
| - Corporate Resolution * |
| - MAHT Assurance of Compliance* |
| - Contract Affidavit* |
| - Access To Public Records Act Notice And Waiver* |
| * Instructions and documents are located in file labeled "Round 40 Legal Documents and Instructions" on MAHT's web site. |
| NOTE: A Certificate of Good Standing will only be required if this application receives funding (see Program Guidelines on web site) |
| (ATTACH LEGAL DOCUMENTS AS ATTACHMENT I) |

MAHT Application For Funding Checklist

Check all items that you have included with this application:

Note: If a subsidiary is an applicant include a second checklist and all applicable attachments relating to the subsidiary. If a subsidiary will own the property, they must be included as an applicant.

| | Attachment A: location map/site description |
|----|--|
| | Attachment B: documentation of loan terms |
| | Attachment C: deeds, permits, sales agreement, etc., Home Inspection Reports (now required for homeownership rehab or acquisition) |
| | Attachment D: appraisal, market study, housing waiting list, etc. |
| 14 | Attachment E: evidence of local support for the project |
| | Attachment F: financial statements |
| | Attachment G: organizational documents (must be submitted) ** |
| | Bylaws (|
| | Articles of Incorporation |
| | Attachment H: Green Building and Sustainable Housing Communities Criteria |
| | First optional checklist selected by applicant |
| | Second optional checklist selected by applicant (if necessary) |
| | Attachment I: legal documents |
| | Board resolution authorizing the application* |
| | Contract Affidavit* |
| | Incumbency Certificate* |
| | MAHT Assurance of Compliance* |
| | Access To Public Records Act Notice and Waiver* |
| * | These forms are in a file labeled "Round 41 Legal Documents and Instructions" and can be |
| | downloaded from MAHT's web site: |
| | http://dhcd.maryland.gov/HousingDevelopment/Pages/maht/default.aspx |
| ** | A copy of the organization's By-laws and Articles of Incorporation are required to be submitted with each application. |