

# WACCAMAW HOME CONSORTIUM



2017

## HOME INVESTMENT PARTNERSHIPS PROGRAM

### Housing Development Application Form

Proposing Organization:		Contact Person:	
Address:		Authorized Signature:	
Amount Requested:	Project Name:	# Units Developed:	HOME Cost per unit: \$

Waccamaw HOME Consortium  
c/o Waccamaw Regional Council of Governments  
1230 Highmarket Street  
Georgetown, SC 29440  
(843)436-6126

DUE: Tuesday, March 28, 2017 by 5:00 pm

## HOUSING DEVELOPMENT APPLICATION

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Instructions: Answer all questions on the form provided unless otherwise indicated.

1. Applications are being accepted for the following proposed activities: **acquisition and rehabilitation** of vacant housing for use as rental units; rental rehabilitation programs which are already fully operational and in compliance with WHC and HOME Program rules and regulations; new construction of housing for rental and homeownership units, owner-occupied rehabilitation and funding for tenant-based rental assistance.
  
2. All eligible projects must be within the counties of Georgetown, Horry, and Williamsburg and may only be within local jurisdictions that are HOME Consortium members. Projects may not be located in Briarcliffe Acres.
  
3. Eligible applicants include units of local government within Georgetown, Horry, and Williamsburg counties (includes counties, cities, and towns) which are also Waccamaw HOME Consortium members, Community Housing Development Organizations (CHDOs), nonprofit entities, and for-profit entities.
  
4. Eligible applicants with prior year WHC award activities that have been delayed must show capacity to complete such activities and any new activities being proposed within eighteen (18) months from date of application submission. The WHC reserves the right to decline applications that would result in overlapping years of funding where feasibility of activity completion is limited.
  
5. All activities must be consistent with the Consortium's 5-Year Consolidated Plan.
  
6. Technical assistance may be provided upon request and by appointment on Monday, March 6, 2017. Contact Tom Britton to schedule an appointment.

Staff Contact	Phone Number	Fax Number	E-mail Address
Tom Britton	(843) 436-6125	(843) 527-2302	tbritton@wrcog.org

I. APPLICANT/OWNER INFORMATION

A. Applicant Info

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Federal Taxpayer ID Number \_\_\_\_\_  
 DUNS Number \_\_\_\_\_  
 Contact Person/Title \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email \_\_\_\_\_  
 Person authorized to negotiate and sign legal contracts for the applicant: \_\_\_\_\_

Who will be the applicant's primary contact for the project? (if different from above)  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ fax \_\_\_\_\_ cell \_\_\_\_\_  
 Email \_\_\_\_\_

Type of Applicant:

- Nonprofit  CHDO
- For-Profit  General Partnership
- PHA  Limited Partnership
- Limited Liability Corporation  Unit of Local Government

B. CHDO Applicant

If the applicant is a Community Housing Development Organization (CHDO), will the CHDO be acting as (check which apply):

- Owner  Developer  Sponsor

If the CHDO is developing or sponsoring the project, what entity will own the project upon completion?

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person authorized to negotiate and sign legal contracts for the owner entity:

Name/Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email \_\_\_\_\_

if applicant is not a CHDO, please skip to C. Debarment/Legal

Are CHDO Operating Funds being requested in conjunction with proposed project?

Yes  No

If "Yes": Please provide the proposed amount: \_\_\_\_\_

Please attach detailed operating budgets for the period of period: July 1, 2017 to June 30, 2018.

**C. Debarment/Legal** Has the Applicant organization or partner/member received a monitoring finding on a public funded project or been debarred for any period of time?

Yes  No

Has the Applicant organization or partner/member been involved in any lawsuits?

Yes  No

Are there any outstanding judgments against the Applicant organization or partner/member?

Yes  No

If any of the above responses are "Yes," provide a short explanation:

**II. PROJECT** *(This data applies to entire project, HOME and non-HOME units)*

**A. Project Name** \_\_\_\_\_

Address/Location \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Census Tract: \_\_\_\_\_

Block Group: \_\_\_\_\_ Tax Map # \_\_\_\_\_

**B. Type of Project** Please choose the category that best describes the proposed project:

- New Construction for: → → →  Ownership Units  Rental Units
- Rental Acquisition & Rehabilitation
- Conversion of Commercial to Residential-Rental
- Tenant Based Rental Assistance
- Owner Occupied Rehabilitation

**C. Development Type**

- Multifamily (5 or more units in bldg)
- Single Family
- Single Room Occupancy
- Other (describe): \_\_\_\_\_

**D. Project Specific**

**1. For Owner-Occupied Rehabilitation and TBRA # of Families you will serve**

**2. For Rental or New Homeowner Housing Projects-** Type:  Rental Units  Homebuyer

<b>Characteristic:</b>	Total Housing Units in Project	Efficiency	Single Room Occupancy	1-Bedroom	2-Bedroom	3-Bedroom
<b>Number:</b>						
<b>Characteristic:</b>	4-Bedroom	International Energy Conservation Code Units		Section 504 Compliant	Handicap-Assessable	LEED-Cert Green
<b>Number:</b>						

Total Square feet in development \_\_\_\_\_ (all proposed units square footage)

Cost per Square Foot: \$ \_\_\_\_\_ (total development cost divided by total square feet)

**III. HOME OCCUPANCY REQUIREMENTS (This data refers to HOME-assisted units only)**

**A. Income Targets:**

- Number of units affordable to households earning below 30% AMI \_\_\_\_\_
  - Number of units affordable to households earning 30% but less than 50% AMI \_\_\_\_\_
  - Number of units affordable to households earning 50% but less than 60% AMI \_\_\_\_\_
  - Number of units affordable to households earning 60% but less than 80% AMI \_\_\_\_\_
- Total number of *Home-Assisted Families* in the project** \_\_\_\_\_

**B. Housing Units:** Describe the proposed project housing unit configuration (HOME-assisted Units Only):

# of Bedrooms	(a) Number of Units	(b) Square Ft Per Unit	(c) # of Bathrooms	(d) Purchase Price for Ownership	(e) Rent Charged to Tenant	(f) Utility Allowance*	(g) Total of (e) & (f) (not to exceed HUD rent limits)
Efficiency/SRO							
1 Bedroom							
2 Bedrooms							
3 Bedrooms							
4 Bedrooms							
<b>Total Units</b>							

\*Source shall be from: [http://www.schousing.com/HOME Investment Partnerships Program/HOME Utility Allowances](http://www.schousing.com/HOME_Investment_Partnerships_Program/HOME_Utility_Allowances)

**C. Capacity-Open Grants**

Does your organization currently have a project that was awarded Consortium HOME funding that is not complete? (this includes completed drawdowns and project final financial and beneficiary reporting and other project closing requests)

Yes       No

If yes, amount of HOME award: \$ \_\_\_\_\_

Amount drawn: \$ \_\_\_\_\_

Agreement dated \_\_\_\_\_ Agreement expires \_\_\_\_\_

**IV. TENANT BASED RENTAL ASSISTANCE**

The primary objective of the TBRA program is to assist eligible applicants to secure safe, decent, and sanitary housing in the private rental market in Horry, Georgetown and Williamsburg counties. This program allows individuals/families to choose a neighborhood in which they prefer to live and helps to upgrade and maintain the quality of neighborhoods. Complete **only** if your organization is requesting TBRA funds

**A. AMOUNT OF TBRA FUNDS REQUESTED**

Tenant Assistance	Income Det. Fees	Total Project Funds Requested
		\$

**B. ADDITIONAL PUBLIC FUNDS COMMITTED TO PROJECT**

	Amount
<b>Other Federal Funds</b>	
Contribution amount of other federal funds (ex. CDBG, USDA-Rural Development, HUD Housing Counseling)	
<b>State Funds from Non-Federal Sources</b>	
Contribution amount of other state funds (ex. Housing Trust Fund)	
<b>Local Government Funds</b>	
Enter the contribution amount from local government entities, such as city or county funds.	
Total Additional Public Funds Committed to Contract	

**C. HOUSEHOLDS SERVED**

How many households will be served under the Contract?	
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**V. PROJECT TIMELINE**

*STARTING WITH THE TIME OF THIS PROPOSAL SUBMITTAL*, layout a proposed project schedule, using the chart below as a guideline. **Include all activities that apply to the type of project**

PROPOSED ACTIVITIES	COMPLETION DATES		Comments
	Start	End	
Other Financing Applications ---filing ---award			
<b>THIS PROPOSAL</b>			
Closing on Financing			
Site Plans			
Architectural/Engineering Plans			
Zoning/Variances			
Other Local Approvals			
Other Local Permits			
Environmental Review			
Acquisition			
Demolition			
Rehabilitation			
Construction			
Permanent Financing			
Marketing			
Occupancy			



**VI. FINANCIAL**

**A. Funds Requested**

1.	Total Amount of HOME funds requested	\$
2.	Total Project Development Cost	\$
3.	HOME funding percentage of Project (#1 ÷ #2)	
4.	Total # housing units in Project	
5.	Total # of HOME-Designated Units	
6.	HOME per-unit Cost (#5 ÷ #1)	\$

**B. MATCH**

1. Applicants are required to provide 25% non-federal funding as a match. A match cannot be in the form of owner equity.

1. Total HOME funds requested	\$	2. Match Liability Minimum (#1 X .25)	\$
3. Amount of Match in Project	\$	4. Match Percentage (#3 ÷ #2)	%
5. Source(s) and Amount(s) of Match	Source	Amount	Received Anticipated
6. If Match will not be met, are you requesting waiver?	yes	no	

**VII. Narrative and Attachments:**

**A. Narrative:** Attach a written narrative that addresses the following:

1. Project Description: Clearly describe the entire project you propose to undertake. Explain the reasons why you are proposing this project. Indicate how the project will be achieved and illustrate how HOME funds will be utilized. Will the project proceed without HOME funding? Provide the anticipated level of environmental review required for the project including the status of said review.
2. Target Population: Describe the beneficiaries of the project
3. Priority Needs: How does the project address unmet needs in the region. Identify the goal(s) from the 2016-2021 Consolidated Plan and refer to the 2016 Housing Needs Assessment located at WRCOG.org website.
4. Project Location: Identify the geographic area where the project will occur. Be as specific as possible. At a minimum include which county. Note: For purposes of this application, scattered site projects must not cross county boundaries.
5. Capacity: Describe your capacity, experience and accomplishments as a developer/sponsor/provider of affordable housing or rental assistance.

**VIII. B. Attachments:** Refer to the list on page 10 which identifies the requirements for each project category. If there are any omissions in the application, provide an explanation.

**SIGNATURE BY AUTHORIZED OFFICIAL** By: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

# HOME APPLICATION REQUIRED ATTACHMENTS

Note: If you are not providing a required item, please give an explanation why.

<i>Checklist Item</i>	<i>Rental Project</i>	<i>Homeowner/Rehab or Development Project</i>	<i>TBRA</i>
<b>Project Narrative</b>	Yes	Yes	Yes
<b>Environmental Review</b> Phase 1 Site Assessment Google Earth aerial map FEMA FIRM Map(flood) Location Map with directions from COG (MapQuest or like) Photos of Site Wetland Inventory Map Topography Map	If available Yes Yes Yes Yes Yes Yes Yes	No Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
<b>Organization Info: (For-Profits-Submit Financial Statement only)</b> Non Profit Articles of Incorporation By Laws 501 c (3) or c (4) Designation List of Board of Directors Most recent audit or financial statement	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes	Yes Yes Yes Yes Yes
<b>Site Control</b> Current Form of Site Control cited on Application Zoning Certification from Municipality Appraisal and Notice to Seller	Yes Yes If property is to be acquired	Yes Yes If property Is to be acquired.	No No No
<b>Capacity</b> List of Affordable Housing Projects Key Staff Resumes and HOME Project Responsibilities	Yes Yes	Yes Yes	Yes Yes
<b>Design and Construction</b> Site Plan Floor Plans Elevations	Yes Yes Yes	Yes Yes Yes	No No No
<b>Program Information</b> Intake and Selection Procedures Procurement Policy Management Plan Affirmative Marketing Plan	Yes Yes Yes Yes	Yes Yes No Yes	Yes No Yes Yes
<b>Project Financials</b> Development Budget Proforma Other funding source commitments	Yes Yes Yes	Yes No Yes	Yes No Yes
<b>Market Study</b>	Yes	Yes-Except owner occupied rehab	No

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**PROJECT EVALUATION CRITERIA**

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<b>Project Scope:</b> Fulfills a priority unmet need as documented in the Waccamaw Regional Housing Needs Assessment	20 points
<b>Project Design:</b> Targeted Service Population/ Quality of Design	20 points
<b>Organization Capacity and Experience:</b> Organization or Staff has capacity and experience with similar projects within the last 5 years	15 points
<b>Feasibility:</b> Does the applicant have the financial resources committed to carry out the project?, i.e. will it cash flow (rental), (points will be reduced if funds have been applied for but not received, and further reduced if they have not yet been applied for)	15 points
In relation to other projects, what is the return on investment? (Impact of HOME funding based on project viability)	10 points
<b>Match/Leverage:</b> Does the project leverage at least 40% of the total amount of funding from other sources? How much?	10 points
<b>Project Timeline/</b> Feasibility of project projected timeframe	10 points

*\*\*The project must be consistent with HUD HOME requirements including min/max rents, policies, procedures, intake, fair housing, maximum sales price, population served*

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**APPLICATION PROCEDURES/ GUIDELINES**

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**PURPOSE AND INTENT**

The Waccamaw HOME Consortium's (the Consortium) HOME Program is designed to promote partnerships among the U.S. Department of Housing and Urban Development (HUD) and other federal entities, state and local governments, and those in the nonprofit and for-profit sectors who build, own, manage, finance, and support affordable housing initiatives. HOME provides the flexibility needed to fund a wide range of affordable housing initiatives through creative and unique housing partnerships. The HOME Program was created under Title II of the Cranston-Gonzalez National Affordable Housing Act of 1990.

**CONSORTIUM HOME POLICIES**

1. Only one Consortium HOME award will be made for each project.
2. If an applicant proposes a project that is also requesting State HOME Program funds and/or State/Entitlement CDBG funds, and/or State Housing Trust Funds, Low-Income Housing Tax Credits, and/or funds from another source (public or private) the applicant must have a commitment letter from these sources, proof that funds have been applied for, or specific detail about application due dates and funding announcements

**ELIGIBLE APPLICANTS**

Eligible applicants include Units of Local Government within Georgetown, Horry, and Williamsburg counties (includes counties, cities, and towns) who are also Waccamaw HOME Consortium members, Public Housing Authorities, Community Housing Development Organizations (CHDOs), Nonprofit entities, and For-Profit entities.

**INCURRING COSTS**

Any cost incurred by the applicant in the preparation, transmittal, or presentation of any proposal or material submitted in response to this application package shall be borne by the applicant. Project costs incurred prior to a funding commitment being made by the Consortium will not be eligible for reimbursement under this program.

**APPLICATION REQUESTS**

Applications may be obtained by writing, faxing or emailing a request to:

Waccamaw Regional Council of Governments  
ATTN: HOME Application Package Request  
1230 Highmarket Street  
Georgetown, SC 29440  
Fax – (843) 527-2302  
tbritton@wrcog.org

Applications are also available on the Waccamaw Regional Council of Government's web page at:  
<http://wrcog.org/transportation-planning/home-consortium/>

**SUBMISSION METHOD**

Applications must be received by **Tuesday, March 28, 2017** by 5:00 p.m. Applications will be accepted during regular business hours during the cycle (9:00 a.m. to 5:00 p.m., Monday-Friday). Applications may be delivered by mail, other shipping service, or by hand. Facsimile transmissions **will not** be accepted. Applications should be submitted in a package labeled "HOME Program Application" to:

Waccamaw Regional Council of Governments  
1230 Highmarket Street  
Georgetown, SC 29440  
Attn: Tom Britton, Planning Director

**PROJECT NAME** \_\_\_\_\_ **APPLICANT NAME** \_\_\_\_\_

**SUBMISSION FORMAT**

Please submit one (1) signed original, one (1) copy and one (1) digital copy (disk, flash drive or email).

Attachments must be included as separate items in numerical order separated with colored paper or flat tabs.. Please use a binder clip or rubber bands. **Please, do not use binders, sheet protectors, paper clips or staples.**

All applications must be self-contained. The Consortium will not rely on any previously submitted information, written or verbal, to evaluate the applications in any given application period.

**APPLICATION QUESTIONS**

For questions concerning the application, contact the HOME Program staff by phone, fax, or e-mail.

Staff Contact	Phone Number	Fax Number	E-mail Address
Tom Britton Planning Director	(843) 436-6125	(843) 527-2302	tbritton@wrcog.org

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**APPLICATION REVIEW PROCESS**

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Consortium staff will complete an initial review of each application.

1. Applications will be reviewed first for compliance with threshold criteria (HUD regulations).
2. Applications **not** meeting threshold criteria or compliance with federal, state, and local laws, or program requirements will be rejected and returned to the applicant with a reason.
3. Consortium staff will review applications for completeness. Applicants will be notified of any deficiencies in their applications and will be given one (1) opportunity to correct any correctable items. A list of missing and/or incomplete documents will be provided to the applicant by email. The applicant will have five (5) business days from the date of notification to provide the missing and/or incomplete documents to the Consortium. The Consortium will exercise sole discretion when deciding to accept proposals for further review or reject for noncompliance. The Consortium may approve all, some or none of the applications received.
4. Consortium staff and the Technical Review Committee may conduct site evaluations for each application. If the Consortium determines any detrimental site characteristics exist on, adjacent to, or within unallowable distances from the site, the Consortium may reject the application.
5. Successful applications which are deemed to be financially feasible, requiring subsidy, and are consistent with HOME policies will be recommended until available funding is depleted. The highest ranking proposals will be funded first and the amount requested may be different than the amount awarded. 15% of 2017 Consortium funds are set-aside for CHDO-owned, developed or sponsored projects and are scored compared to other CHDO applications. Any unused funds will automatically be applied to other activities or combined with the following year's allocation until all funds are exhausted. In an effort to provide funding in all Consortium areas, the Consortium may, on occasion, award extra points based on geographic location (i.e. underserved area).
6. Consortium staff has developed an objective set of criteria to be used in making funding recommendations. The criteria are used to review and rank proposals received for funding.
7. The Technical Review Committee, consisting of representatives from all counties participating in the Consortium, will make recommendations to the HOME Consortium Board regarding which projects to pursue.
8. The ultimate decision regarding the distribution of HOME funds rests with the HOME Consortium Board of Directors.
9. WHC reserves the right to accept or reject any or all bids/proposals or part thereof, to accept one or more items of a bid/proposal without obligation as to other items, and to waive any informalities or irregularities.

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## GENERAL REQUIREMENTS

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### Davis-Bacon Labor Requirements

There are no limits on the number of units per project and properties may be privately or publicly owned. However, if 12 or more units are part of the same HOME-funded project, the project will be subject to the provisions of Davis-Bacon.

### Ineligible Properties

- Public housing units
- Projects assisted under Title VI of NAHA (*prepayment of mortgages issued by HUD*)
- Commercial properties (*except when converted to residential*)
- Homeless or other shelters

### Relocation

The Consortium will not fund any project that requires permanent relocation.

### Property Standards

Applicants must adhere to the written standards and specifications developed by the Consortium and to all local standards in order to use HOME funds for any activity. All units rehabilitated with HOME funds, in whole or in part, must be brought up to standard code. New construction must also meet the International Energy Conservation Code. (*Refer to the HOME Construction Manual*)

### Matching Requirements

Each recipient of WHC funds will be required to match their allocation with 25 percent funding from non-federal sources (unless a waiver is granted). These contributions to the project must be permanent. Any match reported in excess of the 25 percent requirement will be retained by the Consortium and banked for use with future HOME projects. Evidence of match must be submitted with the application.

Eligible sources of match include:

- Cash or cash equivalents- such as bank financing (not from the owner, investor or recipient of HOME assistance)
- The value of waived taxes, fees or charges (for HOME projects only)
- The value of donated land/real property (100% counted if end-use is rental)(Value minus factored property cost to homebuyer)
- The cost of infrastructure improvements for HOME-assisted units. (either through private or locality general revenue/infrastructure funding)
- The value of donated material and labor
- The value of sweat equity
- The direct costs of supportive services to residents of HOME-assisted units
- The direct costs of homebuyer counseling to HOME-assisted units

### Waccamaw HOME Consortium Policies, Procedures and Guidelines

Please review the Policies, Procedures and Guidelines for HOME program specifics including new requirements in compliance with the 2013 HOME Final Rule.

**CONSORTIUM HOME FUNDING PARAMETERS**

FUNDING THRESHOLDS	
Minimum Home project Award	Minimum \$5,000/Unit
Rental Unit New Construction-Acquisition/Rehabilitation	Maximum \$60,000/Unit
Owner-Occupied Rehabilitation	Maximum \$50,000/Unit
Homeownership-New Construction	Maximum \$30,000/Unit
<b>General – Match and Project Size</b>	
Minimum Matching Contribution	25% of Consortium HOME funds provided
Minimum HOME-Assisted Units per Project	2 units-Homeowner/2 units-Rental
Maximum HOME-Assisted Units per Project	11, unless proposed project gets HOME Consortium approval for Davis-Bacon project.

Eligible Applicants	Type of Assistance
CHDOs, Local Governments and Non-Profits, PHA's	0% Interest Loan (Forgivable Loan), 1% Interest Loan, OR 5% Net Profit (Annually, for Affordability Period)
For Profits	2% Interest Loan, AND 5% Net Profit (Annually, for Affordability Period)

HOME PROGRAM AFFORDABILITY PERIOD		
Project Type	HOME Investment per Unit	Period of Affordability
Homebuyer Housing Unit	Less than \$15,000	5 years
Homebuyer Housing Unit	\$15,000 to \$40,000	10 years
Homebuyer Housing Unit	Over \$40,000	15 years
Rental Housing Rehab	Less than \$15,000	5 years
Rental Housing Rehab	\$15,000 to \$40,000	10 years
Rental Housing Rehab	Over \$40,000	15 years
New Construction Rental Units	Any Amount	20 years
Owner Occupied Rehab	Any Amount	5 years