

WACCAMAW HOME CONSORTIUM



2016

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: FEBRUARY 23, 2016 5pm

HOUSING DEVELOPMENT APPLICATION

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

1. Applications are being accepted for the following proposed activities: 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, and funding for tenant-based rental assistance.
2. WHC seeks an applicant to administer the Waccamaw Tenant Based Rental Assistance (TBRA) program. Applicants interested in administering should complete this application. The scope of work will include the development of standard policies and procedures as well as the administration of the 2016 PILOT program. Supplemental forms may also be required as a part of the application process.
3. 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.
4. 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.
5. 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.
6. All activities must be consistent with the Consortium's 5-Year Consolidated Plan.
7. Technical assistance may be provided upon request and by appointment on Tuesday February 16, 2016. Contact Courtney Kain to schedule an appointment.

Staff Contact	Phone Number	Fax Number	E-mail Address
Courtney Kain	(843) 436-6126	(843) 527-2302	ckain@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 CHDO operating budgets for current year and forecasted for the period: July 1, 2016 to June 30, 2017.

C. Debarment/Legal Has the Applicant organization or partner/member received an unsatisfactory rating 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
- Rehabilitation/Renovation
- Conversion of Commercial to Residential-Rental
- Tenant Based Rental Assistance

C. Development Type

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

D. Project Description (Exhibit A): Clearly describe, in narrative form, the entire project you propose to undertake. Explain the reasons why you are proposing this project. Identify the goal(s) from the 2011-2015 Consolidated Plan and Refer to the 2011 Waccamaw Housing Needs Assessment located at the wrkog website. Indicate how the project will be achieved and illustrate how HOME funds will be utilized. Would the project proceed without HOME funding? Provide the anticipated level of environmental review required for the project including status. **(Exhibit E)** Please note that construction may not begin and no payments will be made until environmental review is completed.

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

Characteristic:	Total Housing Units in Project	Efficiency	Single Room Occupancy	1-Bedroom	2-Bedroom	3-Bedroom
Number:						
Characteristic:	4-Bedroom	Energy Star (Required)		Section 504 Compliant	Handicap-Assessable	LEED-Cert Green
Number:						

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

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

E. Target Population

Please provide a one-page summary of the following as **(Exhibit A)**:

- Identify the type(s) of population(s) that will be residents of the project (e.g. homeless families with children, physically disabled, elderly, persons with HIV/AIDS, large families, victims of domestic abuse, etc.). If relevant, please identify number or percentage of units reserved for certain populations.
- Your organization's intake, client and procurement procedure

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* units 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							
Total Units							

*Source shall be from: www.huduser.org/portal/resources/utilallowance.html

C. Capacity/ Previous Performance (Exhibit C)

Describe your capacity, experience and accomplishments as a developer/sponsor/provider of affordable housing. Demonstrate your capacity to develop projects similar to the one proposed herein. Demonstrate the capacity of key staff members and your overall development team. Applicants with previous Consortium funding awards older than 24 months, which are not programmatically closed out at the time of this application, must provide a progress update on the previous award/project. Failure to make substantial progress toward the completion of a previously awarded project may constitute grounds not to award additional projects during this round.

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

Project Hard Costs	Project Soft Costs	Total Project Funds Requested	Administrative Funds Requested
		\$	\$

B. ADDITIONAL PUBLIC FUNDS COMMITTED TO PROJECT

	Amount
Other Federal Funds	
Contribution amount of other federal funds (ex. CDBG, USDA-Rural Development, HUD Housing Counseling)	
State Funds from Non-Federal Sources	
Contribution amount of other state funds (ex. Housing Trust Fund)	
Local Government Funds	
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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D. PROJECT DESCRIPTION: Describe your organizations experience administering rental assistance programs including tenant selection process, program marketing, self-sufficiency plan. (provide on separate page/ with attachments as required).

V. PROJECT TIMELINE

STARTING WITH THE TIME OF THIS PROPOSAL SUBMITTAL, layout a proposed project schedule, using the chart below as a guideline.

PROPOSED ACTIVITIES	COMPLETION DATES		Comments
	Start	End	
Other Financing Applications ---filing ---award			
THIS PROPOSAL			
Closing on Financing			
Site Plans			
Architectural/Engineering Plans			
Zoning/Variances			
Other Local Approvals			
Other Local Permits			
State Permits			
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

Exhibit H. Financial: Complete the excel spreadsheets included in the application and attach as Exhibit H:

1. Development Budget & 5 Year Proforma: If applicable, debt service ratios should be between 1.15 and 1.3
2. Funding Source Documentation

VII. SIGNATURE OF AUTHORIZED OFFICIAL

By signing below, the Applicant certifies that the information provided in this application, along with its attachments, is true and complete.

By: _____

Name: _____

Title: _____

Date: _____

WHC HOME APPLICATION REQUIRED EXHIBITS

Clearly label each exhibit as required depending on whether your project is rental or homeowner housing unit construction. There are several items requested as parts of each exhibit. As noted in the body of the application, the type of applicant and project will determine whether certain items are required. Please refer to the body of the application and exhibit instructions within for specific guidance on what is required.

Please check off each item attached, note with "n/a" if you are certain a particular item is not required for your application, and if you are uncertain, please contact Waccamaw HOME Consortium staff for assistance.

- Exhibit A - Application Narratives: Project Description, Experience, and Targeted Audience
- Exhibit B - If the organization has not certified as a CHDO by WHC in the past 6 months provide evidence of legal existence (Article of incorporation, Bylaws, IRS documentation, Current Board members listing, etc).
- Exhibit C - Provide a listing of those persons (name and title) who will directly be involved in this proposal/Project.
- Exhibit D - Provide a copy of the applicant's most recent financial statement.
- Exhibit E - Provide status of environmental review (environmental forms available on the WRCOG website)
- Exhibit E - Evidence of site control (Sales contract/option, deed etc.)
- Exhibit F - Location map of site(s) Site Plan, Architectural plans, if available
- Exhibit G - Photographs (front and back if buildings exist)
- Exhibit H - Development Budget and Proforma, Project Funding Source
- Exhibit I - Market Study

PROJECT EVALUATION CRITERIA

Project Scope: Fulfills a priority unmet need as documented in the Waccamaw Regional Housing Needs Assessment	15 points
Project Design: Targeted Service Population/ Quality of Design	20 points
Organization Capacity and Experience: Organization or Staff has capacity and experience with similar projects within the last 5 years	20 points
Feasibility: 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)	20 points
In relation to other projects, what is the return on investment? (Impact of HOME funding based on project viability)	10 points
Match/Leverage: Does the project leverage at least 40% of the total amount of funding from other sources? How much?	10 points
Project Timeline/ 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*

APPLICATION PROCEDURES/ GUIDELINES

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
ckain@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 February 23, 2016 by 5pm. 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: Courtney Kain

PROJECT NAME _____ **APPLICANT NAME** _____

SUBMISSION FORMAT

Please submit one (1) signed original, one (1) copy, and email of all application materials to ckain@wrcog.org.

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 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
Courtney Kain HOME/ Community Development Planner	(843) 436-6126	(843) 527-2302	ckain@wrcog.org

APPLICATION REVIEW PROCESS

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 all 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. Reservations for HOME awards will be issued not later than ninety (90) days after the application deadline. 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.

GENERAL REQUIREMENTS

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	
Rental Unit Renovation (acquired for provision of affordable housing units)	Dependent upon project structure
Homeowner or Rental Unit New Construction	
Minimum HOME Consortium Funding	\$5,000
Maximum HOME Consortium Funding	Dependent upon project structure: \$10,000 to \$45,000/Unit
General – Match and Project Size	
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, and 5% Net Profit (Annually, for Affordability Period)
For Profits	2% Interest Loan, 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

FY 2015 Income Limits Summary

FY 2015 Income Limit Area	Median Income Explanation	FY 2015 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Georgetown County	\$57,900	Very Low (50%) Income Limits (\$) Explanation	20,300	23,200	26,100	28,950	31,300	33,600	35,900	38,250
		Extremely Low Income Limits (\$)* Explanation	12,150	15,930	20,090	24,250	28,410	32,570	35,900*	38,250*
		Low (80%) Income Limits (\$) Explanation	32,450	37,050	41,700	46,300	50,050	53,750	57,450	61,150

FY 2015 Income Limits Summary

FY 2015 Income Limit Area	Median Income Explanation	FY 2015 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Horry County	\$50,800	Very Low (50%) Income Limits (\$) Explanation	17,800	20,350	22,900	25,400	27,450	29,500	31,500	33,550
		Extremely Low Income Limits (\$)* Explanation	11,770	15,930	20,090	24,250	27,450*	29,500*	31,500*	33,550*
		Low (80%) Income Limits (\$) Explanation	28,500	32,550	36,600	40,650	43,950	47,200	50,450	53,700

FY 2015 Income Limits Summary

FY 2015 Income Limit Area	Median Income Explanation	FY 2015 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Williamsburg County	\$40,300	Very Low (50%) Income Limits (\$) Explanation	16,550	18,900	21,250	23,600	25,500	27,400	29,300	31,200
		Extremely Low Income Limits (\$)* Explanation	11,770	15,930	20,090	23,600*	25,500*	27,400*	29,300*	31,200*
		Low (80%) Income Limits (\$) Explanation	26,450	30,200	34,000	37,750	40,800	43,800	46,850	49,850

2015 HOME PROGRAM RENT LIMITS

U.S. DEPARTMENT OF HUD 03/2015
STATE: SOUTH CAROLINA

		----- 2015 HOME PROGRAM RENTS -----						
	PROGRAM	EFFICIENCY	1 BR	2 BR	3 BR	4 BR	5 BR	6 BR
Georgetown County, SC								
	LOW HOME RENT LIMIT	507	526	652	753	840	926	1013
	HIGH HOME RENT LIMIT	522	526	711	943	1074	1167	1259
	For Information Only:							
	FAIR MARKET RENT	522	526	711	943	1188	1366	1544
	50% RENT LIMIT	507	543	652	753	840	926	1013
	65% RENT LIMIT	663	711	856	980	1074	1167	1259
Myrtle Beach-North Myrtle Beach-Conway, SC MSA								
	LOW HOME RENT LIMIT	481	515	618	715	797	880	962
	HIGH HOME RENT LIMIT	606	644	783	896	980	1062	1145
	For Information Only:							
	FAIR MARKET RENT	640	644	801	998	1171	1347	1522
	50% RENT LIMIT	481	515	618	715	797	880	962
	65% RENT LIMIT	606	651	783	896	980	1062	1145
Williamsburg County, SC								
	LOW HOME RENT LIMIT	372	453	543	628	701	773	845
	HIGH HOME RENT LIMIT	372*	513	608	781	848	968	1042
	For Information Only:							
	FAIR MARKET RENT	362	513	608	781	848	975	1102
	50% RENT LIMIT	423	453	543	628	701	773	845
	65% RENT LIMIT	555	596	717	819	894	968	1042

