

CITY OF ELIZABETH

Dept. of Planning & Community Development
 Elizabeth Home Improvement Program (EHIP)
 50 Winfield Scott Plaza- Room 109
 Elizabeth, New Jersey 07201

2016 Rental Housing Program Application

Small (1-4 units) Large (5+ Units) Troubled

Applicant Name: _____ Contact Person: _____

Address _____

Phone: _____ Fax: _____ E-Mail: _____

Project Address _____

Block _____ Lot _____ Census Tract _____

Is Project located in: Target Area? (see map) Yes No

Developer Name _____ Sponsor Name: _____ Owner Name: _____

Will proposed project be developed, owned, or sponsored by a Community Housing Development Organization CHDO? Yes No (If Yes, CHDO Checklist must be attached)

Does the project involve acquisition of property? Yes No (If yes, appraisals must be attached)

Has a recent appraisal been completed on the property? Yes No
 If yes, what is the appraised value of the property? _____

If you own the Property: Purchase Date ___/___/___ Purchase Price \$_____ (attach copy of deed)

Mortgage Holder _____ Current Mortgage Balance \$_____ (Attach proof mortgage is current)

Project Type	Definition	# Units
New Construction	Creation of dwelling units and/or the addition of dwelling units outside walls of the existing structure	R/C
Rehabilitation	Alteration, improvement, or modification of an existing structure	R/C
Reconstruction	Rebuilding a structure on the same lot of existing house; # of rooms may change, but # of units must remain the same.	R/C
Conversion	Changing existing non-residential structure to residential units	R/C
Acquisition	Purchase with no rehabilitation or construction	R/C
Troubled	Explain (i.e. rehab, reserves, etc.):	R/C

R= Residential C= Commercial

FUNDS REQUESTED:

Residential Funds \$_____ + **Residential Green Construction Supplement** \$_____ = \$_____ (Total Funds Requested)
 (\$52,500 per assisted unit) (\$7,500 per assisted unit)

Total Project Cost: \$_____

of Program Assisted Residential Units _____

Avg. Amount of Program Funds Requested Per Residential Unit \$ _____

Troubled Projects Only:

Existing: # assisted units _____ Per Unit Subsidy Amount \$_____ Period of Affordability _____

Proposed: # assisted units _____ Per Unit Subsidy Amount \$_____ Period of Affordability _____

OWNER /DEVELOPER BACKGROUND/EXPERIENCE

1. Do you own other rental properties? Yes No

If yes, please list:

Property Address	Rehab or New Const. (R/NC)	# Units	Res Comm. Or Mixed use (R/C/MU)	Current Value	Mortgage Balance	Taxes Current (Y/N)

2. If you have completed previous Elizabeth Program Units, are there any outstanding annual monitoring compliance issues that need to be resolved? Yes No
If Yes, Please explain and include the estimated date of resolution: _____

3. Is your (applicant's) firm a certified Minority-Owner Business Enterprise (MBE)?
 Yes No
If yes, list certificate number: _____

4. Is your (applicant's) firm a Certified Woman-Owner Business Enterprise (WBE)?
 Yes No
If yes, list certificate number: _____

5. Describe efforts you intend to take to engage Minority and Women Owned Businesses?

6. Please describe your (Applicant's) experience and capacity to undertake and complete this project including a description of the development team and consultants, if any:

7. Identify specific staff members who will manage this project during construction/rehab:

Name	Title	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

OWNER / DEVELOPER BACKGROUND/EXPERIENCE (Continued)

8. Please answer the following property management questions:

Name of company or name of specific management staff to be assigned to this project & describe their experience: _____

How many units do they manage:

Total # of Units	# HOME Assisted Units	# Other Units
_____	_____	_____

Describe how the roles of property management (*physical aspects*), asset management (*rent collections, insurance, audits, etc.*) & ongoing compliance (*tenant certifications, etc.*) will be delegated: _____

PROJECT DESCRIPTION

1. Copy of HMFA Site Evaluator Map & Census Info Attached Yes No
(http://njgin.state.nj.us/OIT_BusinessMap/index.jsp)
2. Photographs (*building exterior & interior + streetscapes*) are attached Yes No
3. Briefly describe the proposed project and how the funds requested will be utilized:
(Please include information regarding any special amenities. If troubled project, please describe your plan to turn around project & include a timetable for doing so)

- 3a. Troubled Projects Only: Describe project as it currently exists, including both physical and financial issues. _____
4. Will the NJ Energy Star Program be utilized? Yes No (*Mandatory for new construction projects*)

If No, why not? _____

 If Yes, anticipated date plans/specs will be submitted to NJ Energy Star office for review ____/____/____.
5. Will the Green Construction Supplement be utilized?

Yes No (*Mandatory for new construction projects*)

 If Yes, see attached the Green Construction Supplement form.

PROJECT DESCRIPTION (continued)

6. Will building be handicapped accessible or adaptable? Yes No

If Yes, please explain how this will be accomplished, indicate the number of units and their location within the structure:

How _____

Units _____ Location _____

7. Is on-site parking currently available? Yes No

Will on-site parking be provided as a result of this project? Yes No

If Yes, number of spaces _____

8. Does Project have either Planning or Zoning Approvals? Yes No (If Yes, attach resolution)

If No, anticipated date of approval: _____/_____/_____

9. Is site classified as a Brownfield? Yes No

If Yes, Proof is Attached

10. Will the project serve populations with special housing needs? Yes No

(i.e. the elderly, persons with disabilities, large families, etc.)

If Yes, please identify the population _____

And describe any related project features _____

11. Do you intend to provide supportive services to you tenants? Yes No

If Yes, Please describe: _____

12. Describe the impact your project will have on the neighborhood and provide an explanation for market demand. (How your project will address neighborhood needs.) Projects containing 5 or more units must also submit a Market Analysis demonstrating the need for the proposed project. Such an analysis may be conducted in-house or by a 3rd party professional.

(Is project compatible with existing environment, will it compliment other improvements recently made, will it improve the quality of life for residents in the neighborhood, what is the income range for your target market (Range of affordability), use census & other data to justify need, etc.)

13. Describe any community coordination that has taken place to date. Provide details of meetings or consultations with residents and/or neighborhood organizations pertaining to the proposed project.

PROJECT DESCRIPTION (continued)

14. Please complete the following charts for all units: (*See Monthly Rent/Utility Allowance Chart)

RESIDENTIAL SPACE:

Unit #	Sq. Ft.	# Bedrms and # Baths	Cost (per sq. ft.) to Rehab. or Construct [do not include acquisition]	Gross Rent	Utility Allowance *	Net Rent
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
Common Areas						

COMMERCIAL SPACE:

Unit #	Sq. Ft.	Cost to Rehab., Acq. or Construct (per sq. ft.)	Gross Rent
1			
2			
3			
4			

15. Do you have a tenant for the commercial space? No Yes NA

If Yes, what type of tenant/business is it and how many jobs will be created?

16. Affirmative Fair Housing Marketing Plan is attached? Yes No

17. LEP 4 Factor Analysis & LAP / Implementation Plan is attached? Yes No

PROJECT DESCRIPTION (continued)

18. Is the building vacant? Yes No

Residential Units Occupied _____ # Residential Units Vacant _____
Commercial Units Occupied _____ # Commercial Units Vacant _____

- If YES, when was it last occupied? _____
- If NO, please complete the attached "Tenant Information Summary Sheet" and include information on each tenant currently residing in the building.
- If NO, please attach copies of the General Information Notices (GINs) sent to each tenant.
- If NO, please explain how the proposed work will affect the tenants and if temporary and/or permanent relocation will be required:

NOTE: If there are currently any residential tenants residing in the building you must assure compliance with the Federal Uniform Relocation Act and related laws. This is very important and can have a large impact on your project's feasibility.

19. Describe your plan for hiring local businesses and/or residents during construction?
(Section 3)

20. Will Davis Bacon apply to this project? Yes No

If Yes, Describe your plan for ensuring payrolls and wage determinations are submitted to City in a timely manner?

21. How will lead based paint (LBP) be addressed – please check all that apply:

- Structure was built prior to 1978;
- Building contains no LBP – Proof/Lead testing results are attached;
- LBP will be presumed and standard treatments will be performed by a contractor who has completed Lead Safe Work Practices training & has EPA certification;
(Not an option if \$25,000 per unit of assistance is requested)
- Licensed Risk Assessor to test building and prepare a report & plan of action;
(If Risk Assessment was completed – attached. Risk Assessment is mandatory if assistance exceeds \$25,000 per unit)
- Licensed lead abatement contractor will be hired for demolition of LBP elements;
- Licensed professional will perform clearance tests after rehabilitation has been completed;
- Project is new construction – LBP is not applicable.

SCOPE OF WORK/COSTS BY TRADE

Trade Item	% R\%C	Quantity (Approximate)	Unit Cost	Total Cost
1. Demolition	_____	_____	_____	_____
2. Site Prep	_____	_____	_____	_____
3. Excavation	_____	_____	_____	_____
4. Footings	_____	_____	_____	_____
5. Masonry	_____	_____	_____	_____
6. Concrete Work	_____	_____	_____	_____
7. Structural Steel	_____	_____	_____	_____
8. Framing	_____	_____	_____	_____
9. Roofing	_____	_____	_____	_____
10. External Walls	_____	_____	_____	_____
11. Rough Plumbing	_____	_____	_____	_____
12. Rough Electric	_____	_____	_____	_____
13. HVAC	_____	_____	_____	_____
14. Windows/Doors	_____	_____	_____	_____
15. Insulation	_____	_____	_____	_____
16. Drywall	_____	_____	_____	_____
17. Spackling/Sanding	_____	_____	_____	_____
18. Wall/Floor Tile	_____	_____	_____	_____
19. Finish Carpentry	_____	_____	_____	_____
20. Painting	_____	_____	_____	_____
21. Finish Electric	_____	_____	_____	_____
22. Finish Plumbing	_____	_____	_____	_____
23. Finish HVAC	_____	_____	_____	_____
24. Finish Floors	_____	_____	_____	_____
25. Site Work	_____	_____	_____	_____
26. Other (describe)	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL HARD COSTS \$_____ (_____% Residential and _____% Commercial)

TOTAL SOFT COSTS \$_____ (_____% Residential and _____% Commercial)

PROJECT FINANCING

Please list all the financial resources that currently exist, or that you intend to utilize for this project:

Source: _____ Amount: \$_____ Date Submitted:_____/_____/_____

Rate _____% _____Term Annual Debt Service \$_____ Status:_____ Proof Attached
(a)

Source: _____ Amount: \$_____ Date Submitted:_____/_____/_____

Rate _____% _____Term Annual Debt Service \$_____ Status:_____ Proof Attached
(b)

Source: _____ Amount: \$_____ Date Submitted:_____/_____/_____

Rate _____% _____Term Annual Debt Service \$_____ Status:_____ Proof Attached
(c)

Source: _____ Amount: \$_____ Date Submitted:_____/_____/_____

Rate _____% _____Term Annual Debt Service \$_____ Status:_____ Proof Attached
(d)

Source: _____ Amount: \$_____ Date Submitted:_____/_____/_____

Rate _____% _____Term Annual Debt Service \$_____ Status:_____ Proof Attached
(e)

Source: _____ Amount: \$_____ Date Submitted:_____/_____/_____

Rate _____% _____Term Annual Debt Service \$_____ Status:_____ Proof Attached
(f)

Total Estimated Annual Debt Service: \$ _____

(a+b+c+d+e+f) [Also insert total on page 10 line 14]

Estimated "After" Rehab Value of Property \$_____ (Or Appraised Value of Acquisition Only Projects)

LTV Ratio: _____ (Total loans above + total program funds requested ÷ after rehab value)
(Residential + Green + Commercial)

Note: Troubled projects must submit Letters of Interest from existing investors/lenders.

PROJECT FINANCING (Continued)

Please complete the following sources/uses chart:

	ACTIVITY TYPE	FEDERAL FUNDS	STATE FUNDS	PRIVATE FUNDS	OWNER CONTRIB.	Program FUNDS*	TOTAL FUNDS
	Acquisition						
HARD COST	Lead/Asbestos Removal						
	Demolition						
	Construction						
	Rehabilitation						
SOFT COST	Architect						
	Engineering						
	Legal						
	Environmental						
	Closing Costs						
	Auditing						
	Relocation						
	Reserves						
	TOTAL						

(Investment)
 [Insert total
 On page 10 in
 Line 17 calculation]

* Funds
 requested in
 this application

PROJECT FINANCING (Continued)

Income & Expense Analysis

Income	Current	Proposed
1. Gross income from apt. rentals	_____	_____
2. Gross income from commercial rental	_____	_____
3. Total Gross Income (line1 plus line 2)	_____	_____
4. Collection Losses (Vacancy Rate)		
Residential _____%	_____	_____
Commercial _____%	_____	_____
5. Effective Gross Income (Line 3 - line 4)	_____	_____
Expenses		
1. Real Estate Taxes	_____	_____
2. Water & Sewer	_____	_____
3. Insurance	_____	_____
4. Fuel (heating)	_____	_____
5. Gas	_____	_____
6. Electricity (not metered to tenants)	_____	_____
7. Pest Control	_____	_____
8. Maintenance & Repairs	_____	_____
9. Replacement Reserves <i>(no less than 300, no more than 500)</i>	_____	_____
10. Property Management <i>(no more than 5-7% of gross rents)</i>	_____	_____
11. Other Expenses (Please attach explanation)	_____	_____
12. Total Expenses	_____	_____
13. Net Operating Income (Line 5 – Line 11)	_____	_____
14. Debt Service (From Page 8)	_____	_____
15. Cash Flow After Debt Service (Line 13 minus Line 14)	_____	_____
16. Debt Coverage Ratio (Line 13 divided by Line 14)	_____	_____
17. Return on Investment (Line 15 divided by Investment \$ _____ Found on bottom of Page 9)	_____	_____

Prepared by: _____ **Title:** _____

Signature: _____ **Date:** _____

PROJECT FINANCING (Continued)

Will project operate sustainably throughout the entire compliance period?

- Yes If yes and project contains 5 or more units, please complete & attach Capital Needs Assessment spreadsheet.
- No If no, Please explain _____

PROJECT TIMETABLE / READINESS TO PROCEED

Please complete the following chart:

(If approved, this information will be included in the financial agreements and progress will be gauged accordingly).

PROPOSED ACTIVITY	Start Date	Completion Date	Person Responsible
Environmental Assessments/Studies			
Closing on Financing			
Acquisition			
Demolition			
Lead/Asbestos Removal			
Rehabilitation/Construction Milestones:			
Foundation/Footing			
Rough Plumbing			
Rough Electrical			
Roof			
HVAC			
Fire Suppression			
C-of-O			
Permanent Financing			
Marketing			
Occupancy			

ADDITIONAL INFORMATION CHECKLIST (please attach)

- Evidence of the status of financial commitments (preliminary and or formal commitments);
- Evidence of real estate ownership (contracts, deeds, earnest money agreement, option or closing statement for land and/or building);
- Photographs of site and surrounding structures;
- Most recent quarterly/annual financial statement - [see form attached];
- Most recent Tax Returns;
- Language Assisted Plan (LAP) [see form attached];
- Affirmative Fair Housing Marketing Plan [see form attached];
- Lead Testing Results, if applicable;

ADDITIONAL INFORMATION CHECKLIST Continued (please attach)

- Tenant Information Summary Sheet, if applicable [see form attached];
- Relocation General Information Notices (GINs) (if required);
- Rental Housing Development Budget [see form attached];
- Rent and Expense Assumptions [see Proforma attached];
- Capital Needs Assessment [see form attached];
- Affidavit [see form attached];
- Proof that Municipal taxes, water and sewer charges are current;
- Plans and specifications (if required);
- Appraisal (if available, for rehab/new construction projects & mandatory for acquisition projects);
- Review Appraisal (Mandatory for acquisition projects)
- Green Construction Supplement Form, if applicable [see form attached].
- CHDOs must submit complete CHDO Checklist & associated documents [see attached forms];
- Please submit Disk with hard copies or E-Mail entire application package to EHIP.

Troubled Project must also submit:

- Current Profit & Loss Statement;
- Current Mortgage Statement;
- Copies of Code Violations/Citations;
- Detailed Work Out Plan

PERIOD OF AFFORDABILITY CHART

Rehabilitation or acquisition of Existing housing:

- Less than \$14,999 per unit = Affordability Period of **5 Years (HOME Funds only)**
- \$14,999 to \$40,000 per unit = Affordability Period of **10 Years**
- Over \$40,000 per unit = Affordability Period of **15 Years**

New Construction or Acquisition of Newly Constructed Housing:

- = Affordability Period of **20 Years**

INSPECTION

EHIP may inspect the entire building/property on either of the following dates/times:

Month _____ Day _____ Year _____ Time _____

Month _____ Day _____ Year _____ Time _____

[Please try to schedule inspection approximately 1 week after application submission deadline – EHIP will confirm date/time prior to inspection].

Privacy Notice: The information requested as part of this application will be used to determine whether you qualify as a borrower under the City's Rental Housing Program. This information will not be disclosed outside the EHIP office without your consent, except as required and permitted by law. You do not have to provide this information, but if you do not, your application for financial assistance may be rejected.

APPLICANT CERTIFICATION

I _____ hereby certify that the **information contained in this proposal**
(Name & Title)

is, to the best of my knowledge, true and correct. Should any information change from that originally submitted, I agree to promptly advise the City of Elizabeth, Department of Planning & Community Development, Elizabeth Home Improvement Program (EHIP). I understand that erroneous, misleading or false information, as well as, any willful misstatement of material fact, may be grounds for disqualification.

I certify that **no physical changes will be made to the existing structure or site while the application is under review.** Should a physical change occur during the review period, the City of Elizabeth will be notified immediately.

I also certify that **no other governmental or utility company program assistance, other than that which has been described in the application, will be provided to the proposed project.** Should other governmental or utility company program assistance be sought or obtained after the date of submission of this application, the City of Elizabeth will be notified immediately.

Signature

Date