South Carolina Housing
300-C Outlet Pointe Blvd.
Columbia, South Carolina 29210
(803) 896-9001

HOME-ARP Tenant Based Rental Assistance (TBRA) and Supportive Services Application

Section I – General Information

Complete this application and include Behind **Tab 1**.

Applicant Name: _____ Telephone #: _____

Contact: _____ E-mail Address: _____

Address _____

City/State/ZIP: _____

Federal Tax ID # _____ UEI #: _____

Section II – Activity/Funding

Assistance Requested:

1. Total HOME-ARP funds requested for TBRA: $ _____ (check all that apply)

☐ Rental Assistance ☐ Security Deposits ☐ Utility Deposits

2. Total HOME-ARP funds requested for Supportive Services: $ _____

3. Total Amount of Funds Requested for Project Expenses: $ _____ (total of line 1 and 2)

4. Administrative funds Requested: $ _____ (limited to 5% of Project Expenses requested in line 3)

Estimated # of QP households to be assisted: _____

Section III – Geographic Location

Describe the PHA's jurisdictional boundaries in which it proposes to provide assistance. Include all counties, census tracks, congressional districts, state house districts, and state senate districts.: (attach additional sheet if needed).

County(s): _____ Census Tract(s): _____

Congressional District(s): _____ State House District(s): _____

State Senate District(s): _____

Section IV – Other Population Preference

SC Housing's HOME-ARP Allocation Plan allows for PHA's to have a preference to assist "other Populations" Qualified Population households that meet the criteria described in Section IV (1A) (4) of HUD's CPD notice 21-10 referred to as "Other Families requiring services or Housing Assistance to prevent Homelessness"

Does the PHA Plan to Implement this preference in their HOME-ARP Program?

☐ Yes ☐ No

Section V – Financial Requirements

Provide most recent audited, reviewed, or compiled financial statements under **TAB 2**.

Complete the **Exhibit 2 Audit Requirements Certification Forms** and include under **TAB 2**.

Provide most current audit under **Tab 2,** if applicable**.**

Section VI – Program Summary

Program Summary: Describe the proposed HOME-ARP tenant based rental assistance and/or supportive services program. Include the anticipated number of qualifying population households to be served and if providing supportive services in conjunction with rental assistance, describe how each QP household will be evaluated to determine supportive service needs and how they will access these services. If the PHA plans to provide all or a portion of the supportive services directly provide information on what services the PHA will provide directly and how that will be undertaken. Attach the narrative behind **TAB 3** and if applicable provided evidence of any partnerships, commitments and/or with supportive service organizations

Section VII – Tenant/ Beneficiary Selection Procedures

Provide a copy of the Beneficiary PHA's written tenant selection policy for the proposed HOME-ARP TBRA Program and/or supportive services and provide under **TAB 3**.

Section VIII – Administrative Team

Please complete for each individual administrative team member to include: name, email, and telephone number.

Position Description	**Name/Title**	**Email**	**Telephone Number**
Project Administrator			
Financial Administrator			
Intake Specialist			
Property/Maintenance Inspector			
Other			
Other			
Other			
Other			
Other			
Other			
Other			

Include a narrative behind **Tab 3** describing the PHA's experience administrating tenant based voucher programs.

Attach a copy of the **Public Housing Assessment System Letter (PHAS)**. Move to work PHAs will be evaluated on their PHAS score for 2018. Provide your most recent PHAS score behind **Tab 3**.

Provide a resume or bio for each staff person listed above that will have responsibilities managing the proposed TBRA program behind **Tab 3.**

Provide an **Exhibit 3 Debarment Certification Form** under **Tab 3** for the PHA and each of the individual staff members identified in the table above.

Section IX – Administrative Management Plan

Provide a copy of the PHA's proposed administrative plan for managing the proposed TBRA and/or supportive services program behind **Tab 3**. The plan must include the following:

- Occupancy Standards
- Termination of assistance
- Description of how housing assistance payments are calculated
- Maximum assistance amounts
- Maximum length of assistance
- Conflict of interest
- Confidentiality of PII
- VAWA Compliance
- Recordkeeping
- Equal Opportunity + Fair Housing
- Description of Payment/Rent Standard Determination
- Portability Policy

Section VIII – Marketing Plan

Affirmative Fair Housing Marketing Plan

<table>
<tr><td rowspan="2">Applicant's Name, Address (including city, state & zip code) & Phone Number:</td><td>Approximate Starting Dates
Advertising:
Occupancy:</td><td>Price or Rental Range
From: $_____
To: $_____</td></tr>
<tr><td>Targeting Units:
☐ Qualified Populations identified in CPD notice 21-10</td><td>Number of Units:
Census Tract(s)</td></tr>
<tr><td rowspan="2">Project's Name, Location (including city, state, and zip code):</td><td colspan="2">County: (S)</td></tr>
<tr><td colspan="2">Managing/Sales Agent's Name & Address (including City, State, and zip code):</td></tr>
<tr><td>Type of Affirmative Marketing Plan (check only one):
☐ Project Plan ☐ Minority Area ☐ White (non-minority) Area ☐ Mixed Area (with _____ % minority residents)
☐ Annual Plan (for single-family scattered site units)</td><td colspan="2">Direction of Marketing Activity: ☐ White ☐ Black ☐ Hispanic ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander</td></tr>
</table>

Marketing Program: Commercial Media (Check the type of media to be used to advertise the availability of this housing): ☐ Newspaper/Publications ☐ Radio ☐ Billboards ☐ Other(specify) _____

Name of Newspaper, Radio or TV Station	Group Identification of Readers/Audience	Size/Duration of Advertising

Marketing Program: Brochures, Signs, and HUD's Fair Housing Poster:

a) Will brochures, letter, or handouts be used to advertise? ☒ Yes ☐ No If "Yes", attach a sample copy behind **Tab 4.**
b) HUD's Fair Housing Poster must be conspicuously displayed wherever sales/rentals and showings take place. Fair Housing Posters will be displayed in the ☐ sales/Rental Office ☐ Real Estate Office ☐ Model Unit ☐ Other (specify)_____

Community Contacts: To further inform the group(s) least likely to apply about the availability of the housing, the applicant agrees to establish and maintain contact with the groups/organizations listed below that are located in the housing market area. If more space is need attach an additional sheet. Notify HUD- Housing of any changes in this list. Attach a copy of correspondence to be mailed o these groups organizations. (Provide all requested information.)

Name of Group	Group Identification	Approximate Date (mm/dd/yyyy):	Person Contacted or to be Contacted:

Address & Phone Number	Method of Contact:	Indicate the specific function the Group/Organization will undertake in implementing the marketing program:

Future Marketing Activities (Rental Units Only) Mark the box(s) that describe marketing activities to fill vacancies as they occur after the project has been initially occupied: ☐ Radio ☐ Community Contacts ☐ Billboards ☐ Newspaper/Publications ☐ Brochures/Leaflets/Handouts ☐ TV ☐ Site Signs ☐ Other (specify)_____	Staff has experience. ☐ Yes ☐ No On sperate sheets, indicate training to be provided to staff on federal, State and local fair housing laws and regulations, as well as this AFHM Plan. Attach a copy of the instructions to staff regarding fair housing.

NOTE: If applicable, attach additional information that demonstrates market outreach under **Tab 4**.

Acknowledgement and Agreements:

1. The Applicant acknowledges being subject to all regulations and requirements as legislated in the Final Rule of the HOME Investment Partnerships Program, found at 24 CFR Parts 91 and 92, and HOME-ARP CPD notice 21-10. collectively now known as the HOME-ARP program.
2. The Applicant acknowledges that compliance with the requirements of the HOME-ARP program is required during the entire period of assistance, and that all HOME-ARP assisted households and units remain in compliances, is a federal requirement.
3. The Applicant acknowledges its responsibility for all calculations and figures relating to the costs attributed to the HOME-ARP activities. Further, the Applicant understands and agrees that the amount of HOME-ARP funds is calculated in reliance upon the figures submitted and the actual amount of HOME-ARP funds allocated may vary from the amount requested due to: (a) a determination by the Authority as to the amount of HOME-ARP funds necessary for the financial feasibility and viability of the activities; (b) revisions in the calculations of eligible costs; and (c) the availability of HOME-ARP funds.
4. The Applicant understands and agrees that the Authority makes no representations regarding the feasibility or viability of the project, the validity or propriety of the award of HOME-ARP funds or an independent investigation being conducted as to the amount of the HOME-ARP funds requested. Therefore, the Applicant agrees to hold harmless and indemnify the Authority and the individual directors, employees, members, officers and agents of the Authority in the event that a loss is incurred in conjunction with the project, a recapture of part or all of the HOME-ARP funds or the failure to award the HOME-ARP funds requested in its application.
5. The Applicant understands and agrees that neither the Authority nor any of its individual directors, employees, members, officers or agents assumes any responsibility or makes any representations with respect to the availability or the amount of the HOME-ARP funds or as to the feasibility or viability of the project.
6. The Applicant acknowledges that its estimates and calculations as to the amount, if any, of HOME-ARP funds necessary for the activities to achieve financial feasibility for the applicable compliance period and the estimates and calculations made by the Authority as to the amount, if any, of HOME-ARP funds necessary for the project to achieve financial feasibility for the compliance periods may be different than the calculations of the Applicant. In the event of any disagreement as to the appropriate amount, if any, of HOME-ARP funds to be reserved or allocated to the activities, the Applicant agrees to be bound by the results of the estimates and calculations made by the Authority.
7. The Applicant understands and agrees that its application for a HOME-ARP award, all attachments thereto, and all correspondence relating to its application in particular or the credit in general are subject to a request for disclosure, and the Applicant expressly consents to such disclosure. The Applicant further understands and agrees that any and all correspondence to the Applicant by the South Carolina State Housing Finance and Development Authority or other Authority generated documents relating to its application are subject to a request for disclosure and the Applicant expressly consents to such disclosure. The undersigned, on behalf of the Applicant and in his or her individual capacity, agrees to hold harmless the Authority and the individual directors, employees, members, officers and agents of the Authority against all losses, costs, damages, expenses and liability of whatsoever nature or kind (including, but not limited to, attorneys' fees, litigation and court costs directly or indirectly resulting from or arising out of the release of any and all information pertaining to the application. The undersigned, on behalf of the Applicant and in his or her individual capacity, agrees to indemnify, save and hold harmless the Authority against any and all fees, costs, and expenses, including attorneys' fees and legal costs, incurred in connection with any action, suit, proceeding, hearing, inquiry, or investigation related to or arising under the Authority's processing of applications for and the award of HOME-ARP funding, and further acknowledges and agrees that the Authority is entitled to collect its attorneys' fees and costs as a prevailing party in any action, case, suit, proceeding, or challenge brought by an Applicant relating to or arising under the Authority's processing of applications for and the award of HOME-ARP funds. The undersigned, on behalf of the Applicant and in his or her individual capacity, understands and agrees that if either the Applicant or the undersigned fails to fulfil the obligations agreed hereto, the Authority, at its discretion, may prohibit the "Applicant" or any of its related entities, officers, principals, shareholders, or partners from further participation in the HOME-ARP program or any other program administered by the Authority.

8. The Applicant understands and agrees that any and all information related to findings of noncompliance by the Authority will be subject to a request for disclosure, and the Applicant expressly consents to such disclosure.
9. The Applicant acknowledges that the Authority may not provide notice as to any federal or state regulations promulgated or to be promulgated with respect to HOME-ARP. The Applicant understands and agrees to be responsible for ensuring its own present and future compliance with all regulations which may affect the project.
10. The Applicant understands and agrees that the requirements regarding the making of applications for HOME-ARP funds and the terms of any reservation or award are subject to change at any time by federal or state law, federal or state regulations, or Authority procedures.
11. The Applicant acknowledges that commitments of HOME-ARP funds are not transferable and that any change in the makeup of the Applicant entity (general partner(s), partnership, individuals, etc.) applying for an award of funds or in the location of the activities will void any application or any commitment received as a result of such application.
12. The Applicant acknowledges that commitments are subject to certain conditions being satisfied prior to an award and in all cases shall be contingent upon the receipt of the applicable fees.
13. The Applicant acknowledges that any misrepresentations in the application or supporting documentation will result in withdrawal of HOME-ARP funds by the Authority, debarment from future program participation for all parties related to the application and notification to HUD, if applicable.
14. The Applicant understands and agrees that any changes to the activities that have been made since submission of a prior application concerning the, the budget types of assistance provided, or financial arrangements may result in a withdrawal of the HOME-ARP award as deemed appropriate by the Authority. The Applicant hereby certifies that it will submit any revisions with evidence to support any modifications from the information provided in prior applications.
15. The Applicant certifies that neither the Applicant nor any of its related entities or its officers, principals, shareholders, partners or affiliates owes the South Carolina State Housing Finance and Development Authority (''Authority'') any unpaid fees or charges.
16. If awarded The Applicant agrees to enter into a HOME-ARP written agreement and agrees to to return HOME-ARP funds in accordance with the applicable federal or state regulations in the manner and time prescribed by the Authority.
17. The Applicant agrees to minimize the involuntary displacement of Low-Income Households, if applicable.
18. The Applicant understands and agrees that the record keeping and record retention requirements of the Authority and HUD will be met and maintained in the manner prescribed by the Authority. The Applicant understands and agrees that these requirements are detailed in the HOME-ARP Application manual and written agreement but that the requirements may change as the Authority deems necessary.
19. The Applicant understands and agrees that any and all forms or documents provided by the Authority must be used in the manner prescribed and that exceptions or substitutions may not be made without the Authority's express written consent.
20. The Applicant understands and agrees that the Authority, at its discretion, may prohibit the Applicant or any of its related entities, officers, principals, shareholders, or partners from further participation in any Program administered by the Authority. Such prohibition may include, but is not limited to, entities or representatives involved in the management or operation of the property.
21. The Applicant understands and agrees that its application for HOME-ARP funds and the attachments thereto may include taxpayer and return information as defined by the Internal Revenue Code and/or the Internal Revenue Service. The Applicant hereby consents to the disclosure of such information as permitted by state or federal law, including but not limited to, the South Carolina Freedom of Information Act.

Acknowledgement and Agreements (continued):

By: _____

Signature: _____ Date: _____

Its: _____

_____ (L.S.) Signature of Notary.

Sworn to before me this _____ day of _____ , _____

Notary Public For _____

My Commission Expires: _____

All pages of this application must be completed and the application certification page executed. All required signatures must be originals. Faxes will not be accepted. The Authority reserves the right to determine whether any omission on a page of this application is material or non-material for purposes of the satisfaction of required criteria.

Application Workbook Disclaimer:
All automations/calculations in this workbook are provided to assist the applicant in the submission process. While Authority staff has taken steps to ensure the accuracy of the automations/calculations, the Authority does not guarantee the accuracy of these automations/calculations. It is the responsibility of the applicant to independently verify that the numbers and information in this application are accurate and properly represented. Authority staff will also perform calculations independent of the application to verify the accuracy of the submitted information.