

All Requested Information Must Be Complete And Accurate.

A hard copy of this application and all other required information must be submitted for funding consideration.

**Applicant/Owner Information**

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City: \_\_\_\_\_ SC Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

**Application Type**

Activity Type (check all that apply):  Shelter  Transitional Housing  
 New Construction  Rehabilitation  
 Conversion  Acquisition

HTF Amount Requested: \$ \_\_\_\_\_ Total Rehabilitation Costs: \$ \_\_\_\_\_  
Total HTF Requested: \$ \_\_\_\_\_ Estimated Rehabilitation Begin Date: \_\_\_\_\_  
Total Development Costs (TDC): \$ \_\_\_\_\_ Estimated Rehabilitation End Date: \_\_\_\_\_

**Project Address and Identification**

Project Name: \_\_\_\_\_ Census Tract: \_\_\_\_\_  
Project Address: \_\_\_\_\_ Congressional District: \_\_\_\_\_  
State Senate District: \_\_\_\_\_  
City: \_\_\_\_\_ SC Zip: \_\_\_\_\_ State House District: \_\_\_\_\_  
County: \_\_\_\_\_

**Description of Project**

**Project Summary:** Describe the proposed project and the supportive services that will be provided.

## Site Information

### Site Control

Form of Site Control:  Deed  Option  Purchase Contract Purchase Price \$ \_\_\_\_\_

Expiration Date of Contract or Option: \_\_\_\_\_ (month/year) Exact Area of Site: \_\_\_\_\_  
(Acres) (Square Feet)

**Provide a copy of the most recent recorded deed, or contract, or option. The deed must also include the recordation date, and book and page numbers.**

### General Site Information - The Applicant must provide:

- a) A map clearly identifying the exact location of the development site.
- b) Labeled photographs (or color copies) of the proposed site front and back photos.

Is site properly zoned for your development?  Yes  No Zoning Type: \_\_\_\_\_

If no, is site currently in the process of rezoning?  Yes  No Rezoning Type: \_\_\_\_\_

When will the zoning issue be resolved? \_\_\_\_\_ (month/year)

Are all utilities (water, sewer, electric) presently available to the site?  Yes  No

Are property taxes current?  Yes  No

Is project located in a flood plain?  Yes  No Flood Plain Zone: \_\_\_\_\_

### Acquisition Information

Applicants must provide an independent appraisal that reflects the fair market value of the property. The appraisal cannot be older than six (6) months.

Appraised value: \$ \_\_\_\_\_ Appraiser: \_\_\_\_\_

Date appraised: \_\_\_\_\_ Appraiser license #: \_\_\_\_\_

Name of Seller:	
Address:	
City/State/Zip Code:	
Telephone:	

### Buildings:

\_\_\_\_\_ Number of buildings in project \_\_\_\_\_ Number of three bedroom units  
\_\_\_\_\_ Number of one bedroom units \_\_\_\_\_ Number of \_\_\_\_\_ bedroom units  
\_\_\_\_\_ Number of two bedroom units \_\_\_\_\_ Other: \_\_\_\_\_

Building(s) are vacant:  Yes  No Building(s) last occupied?: \_\_\_\_\_ Year built?: \_\_\_\_\_

Building(s) acquired or to be acquired by:  Related Party  Unrelated Party

## Site Information

Please Check and Complete ALL Applicable Items:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Row/Townhouse     | <input type="checkbox"/> Detached Single Family | <input type="checkbox"/> Duplex  |
| <input type="checkbox"/> Garden Apartments | <input type="checkbox"/> Crawl Space            | <input type="checkbox"/> Basement <input type="checkbox"/> Full <input type="checkbox"/> Partial |
| <input type="checkbox"/> Slab on Grade     | <input type="checkbox"/> Other: _____           | <input type="checkbox"/> # of Elevators: _____   |

Exterior Finish: \_\_\_\_\_

Gross Floor Area of all Buildings: \_\_\_\_\_ Total Heated: \_\_\_\_\_ Total Non-Heated: \_\_\_\_\_  
 (Square feet) (Square Feet) (Square Feet)

Common Area: \_\_\_\_\_ Total # Bedrooms: \_\_\_\_\_ Total # Bathrooms: \_\_\_\_\_  
 (Square feet)

Number of People to be Served: \_\_\_\_\_ **(This is based on 1 person in efficiency and 1-bedroom units and 1.5 persons per bedroom in units with two or more bedrooms. For example, a unit with 2 bedrooms would serve 3 people; 1.5 persons X 2 bedrooms = 3 people.)**

Cost per Square Foot: \$ \_\_\_\_\_  
 (TDC / Total Square feet)

## Project Information

**Amenities (check all that apply)**

- |                                       |  |  |                                       |
|---------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Oven/Stove   | <input type="checkbox"/> Window A/C Unit     | <input type="checkbox"/> Microwave Oven      | <input type="checkbox"/> Disposal     |
| <input type="checkbox"/> Dishwasher   | <input type="checkbox"/> Central HVAC        | <input type="checkbox"/> Kitchen Exhaust Fan | <input type="checkbox"/> Ceiling Fans |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washer/Dryer Hookup | <input type="checkbox"/> Washer/Dryer        | <input type="checkbox"/> Other: _____ |

**Monthly Utility Allowance Calculations** (Round to nearest dollar amount):

Utilities	Type of Utility (Gas, Electric, etc.)	Utilities Paid By		Enter Allowances by Bedroom Size				
				0-Bdrm	1-Bdrm	2-Bdrm	3-Bdrm	4-Bdrm
Heating		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Evap Cooling/AC		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Cooking		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Lighting, etc.		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Hot Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Water		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Sewer		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
Trash		<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant					
<b>Total Utility Allowance for Units:</b>								

**Source of utility allowance calculation:**

- Local PHA: \_\_\_\_\_  Utility Company  Other: \_\_\_\_\_

**Population:**

- |                                   |                                  |                                      |  |
|-----------------------------------|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Elderly | <input type="checkbox"/> Handicapped | <input type="checkbox"/> Abuse Victims |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Veteran | <input type="checkbox"/> Family      | <input type="checkbox"/> Other: _____  |

## Funding Information

Applicant must provide financial commitments.

Housing Trust Fund amount requested: \$ \_\_\_\_\_  
Grants from other sources: \$ \_\_\_\_\_  
Loans from other sources: \$ \_\_\_\_\_  
**TOTAL SOURCES OF FUNDING:** \$ \_\_\_\_\_

## Funding Sources

**Source 1:** SC Housing Trust Fund Amount: \$ \_\_\_\_\_  
Award Type:  Grant  Repayable Loan  
Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_  
Terms & Conditions: \_\_\_\_\_

**Source 2:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan  
Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_  
Terms & Conditions: \_\_\_\_\_

**Source 3:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan  
Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_  
Terms & Conditions: \_\_\_\_\_

**Source 4:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan  
Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_  
Terms & Conditions: \_\_\_\_\_

**Source 5:** \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Award Type:  Grant  Deferred Forgivable Loan  Repayable Loan  
Rate: \_\_\_\_\_ % per annum Term: \_\_\_\_\_ years Payment Amount: \$ \_\_\_\_\_  
Terms & Conditions: \_\_\_\_\_

## Development Costs

Development Costs	Projected Cost	Housing Trust Fund	Source 2	Source 3	Source 4	Source 5
<b>Acquisition Costs</b>						
Land						
Existing Structures						
Other:						
<b>Site Costs</b>						
Demolition						
On-Site Improvements						
<b>Construction Costs</b>						
Construction						
General Requirements						
Contractor Overhead						
Contractor Profit						
<b>Professional</b>						
Accountant						
Architect						
Attorney						
Engineer/Surveyor						
Consultant						
<b>Construction Interim Costs</b>						
Hazard/Liability Insurance						
Interest						
Payment/Performance Bond						
Title & Recording Fees						
Legal Fees						
<b>Soft Costs</b>						
Appraisal						
Environmental Study						
Market Study						
Relocation Expenses						
Other:						
<b>Project Reserves</b>						
Operating & Rent-up Reserves						
Replacement Reserves						
Developer's Fees						
<b>Total Development Costs</b>						

## Pro Forma (Annual Expenses & Revenue Support Projection)

	Year		Year		Year		Year	
Gross Annual Income								
Other:								
Less Vacancy Factor (7%)								
<b>Effective Gross Income:</b>								
<b>General &amp; Administrative</b>								
Accounting								
Advertising								
Legal								
Equipment								
Management Fees								
Office Supply								
Telephone								
Other:								
<b>Total General &amp; Administrative:</b>								
<b>Operating</b>								
Fuel (heating & hot water)								
Electrical								
Water & Sewer								
Gas								
Garbage/Trash								
Security								
Other:								
Total Operating Expenses								
Annual Replacement Reserve								
<b>Total Operating:</b>								
<b>Maintenance</b>								
Elevator								
Exterminating								
Grounds								
Repairs								
Maintenance Salaries								
Maintenance Supplies								
Other:								
<b>Total Maintenance:</b>								
<b>Fixed Expenses</b>								
Real Estate Taxes								
Other Taxes, Licenses, Fees								
Insurance								
<b>Total Taxes &amp; Insurance:</b>								
Effective Gross Income								
Net Operating Income (NOI)								
Net Profit/(Loss) for Year								

## Acknowledgments

The Applicant certifies that all information furnished in support of this application is true and complete to the best of the Applicant's knowledge and belief. The Applicant understands and agrees the Authority has the right to conduct its own independent review and analysis of the application and all documents submitted with the application and may, in its sole discretion, require additional information or make adjustments in required documentation.

The Applicant certifies it is in compliance with all Authority programs in which it participates or has participated. Neither the Applicant nor any of its officers, principals, advisors, consultants, or any other member of its development team is presently debarred or within the past five years has been debarred from participation in any federal program (including but not limited to: the U.S. Housing and Urban Development, the U.S. Internal Revenue Service and the U.S. Department of Agriculture) or any Authority program. The Applicant certifies it is not delinquent on any financial obligation owed to the Authority and neither it nor any of its officers or principals have been convicted of or are under investigation for civil or criminal fraud with respect to any of the Applicant's activities.

The Applicant agrees to abide by all South Carolina Housing Trust Fund Program rules and regulations. The Applicant understands and agrees the Authority may suspend or debar the applicant and its principals from participation in the Housing Trust Fund or all Authority programs when the Authority determines the Applicant has expended Housing Trust Fund monies inappropriately and/or has acted in a manner that the Authority determines warrants suspension or debarment. If the Authority has sufficient reason to believe an Applicant has violated federal, state, or local laws, the Authority may request the assistance of law enforcement. The Authority may assist law enforcement personnel in completing their investigation and with the prosecution of any criminal acts. The Authority may also seek any available civil remedies in instances where there has been a misappropriation of Housing Trust Fund award proceeds.

The failure to abide by the procedures contained in the Housing Trust Fund Manuals may result in the Authority declining to accept an application. Further, the failure to abide by the program requirements will result in the disqualification of the Applicant and all other persons or organizations involved with the Applicant from further Housing Trust Fund participation. If proceeds subject to recapture are not repaid when requested, the mortgage will be foreclosed where notes and mortgages are used. When restrictive covenants are used, recapture may occur as defined within the Restrictive Covenants document.

The Applicant acknowledges and understands that Submission of a complete application does not guarantee a Housing Trust Fund award.

Applicant: \_\_\_\_\_

Certified By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_