

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					
Total Utility Allowance for Units:								

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

Pro Forma (Annual Expenses & Revenue Support Projection)

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