

# 2006 Housing Action Partnerships Program Application

## APPLICANT INFORMATION

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, SC Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Applicant is a  Nonprofit Organization or  Unit of Local Government

Federal Tax ID Number: \_\_\_\_\_

Geographic area of operation \_\_\_\_\_

## APPLICATION TYPE

### Type of Activity (please check all that apply):

\_\_\_\_\_ Homeownership to include:

Down Payment & Closing Cost  Construction Financing  Permanent Financing

\_\_\_\_\_ Rental Development to include:

New Construction  Acquisition w/ Substantial Rehab  Substantial Rehab Only

### Funding Request:

Total HAPP Funds Requested: \$ \_\_\_\_\_

## HOMEOWNERSHIP INFORMATION

### Indicate below the estimated amount of HAPP funds to be used for each homeownership activity:

Down Payment & Closing Cost Assistance \$ \_\_\_\_\_ Amount per unit \$ \_\_\_\_\_

Construction Financing \$ \_\_\_\_\_ Amount per unit \$ \_\_\_\_\_

Permanent Financing \$ \_\_\_\_\_ Amount per unit \$ \_\_\_\_\_

### Based on the amount of HAPP funds requested indicate below the number of units to be assisted:

\_\_\_\_\_ Units to be assisted through Down Payment & Closing Cost

\_\_\_\_\_ Units to be built through Construction Financing

\_\_\_\_\_ Units to be funded through permanent Financing

\_\_\_\_\_ **Total units to be assisted through Homeownership Activity**

## RENTAL DEVELOPMENT INFORMATION

### Indicate below the estimated amount of HAPP funds to be used for each rental development activity:

New Construction \$ \_\_\_\_\_

Acquisition w/ Substantial Rehab \$ \_\_\_\_\_ (Acquisition cost \$ \_\_\_\_\_)

Substantial Rehab Only \$ \_\_\_\_\_

**Based on the amount of HAPP funds requested indicate below the number of rental units to be assisted:**

\_\_\_\_\_ Units to be built through New Construction

\_\_\_\_\_ Units to be Acquired and Rehabilitated

\_\_\_\_\_ Units to be Rehabilitated

\_\_\_\_\_ **Total units to be assisted through Rental Development**

**PROJECT INFORMATION**

**HOMEOWNERSHIP:**

Briefly describe the proposed homeownership component of your application:

Describe any previous experience your organization has had with the type of homeownership activities proposed:

Estimated start date of activities: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

**RENTAL DEVELOPMENT:**

Briefly describe the proposed rental component of your application:

Describe any previous experience your organization has had with the type of rental development activities proposed:

Estimated start date of activities: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

**FUNDING SOURCES**

**HOMEOWNERSHIP:**

Source of Grant Funds:	Amount:	Terms:
1) _____	\$ _____	_____
2) _____	\$ _____	_____
3) _____	\$ _____	_____

Source of Matching Funds:	Amount:	Terms:
1) _____	\$ _____	_____
2) _____	\$ _____	_____
3) _____	\$ _____	_____

Source of Conventional Funds:	Amount:	Terms:
1) _____	\$ _____	_____
2) _____	\$ _____	_____
3) _____	\$ _____	_____

**TOTAL OTHER SOURCES: \$ \_\_\_\_\_**

**RENTAL DEVELOPMENT:**

Source of Grant Funds:	Amount:	Terms:
1) _____	\$ _____	_____
2) _____	\$ _____	_____
3) _____	\$ _____	_____

Source of Matching Funds:	Amount:	Terms:
1) _____	\$ _____	_____
2) _____	\$ _____	_____
3) _____	\$ _____	_____

Source of Conventional Funds:	Amount:	Terms:
1) _____	\$ _____	_____
2) _____	\$ _____	_____
3) _____	\$ _____	_____

**TOTAL OTHER SOURCES: \$ \_\_\_\_\_**

**APPLICANT CERTIFICATION**

The Applicant certifies that all information furnished in support of this application is given for the purpose of obtaining financial assistance under the Housing Action Partnerships Program and is true and complete to the best of the Applicant's knowledge and belief. The Applicant hereby certifies that the activities proposed in the application can be completed and operated as proposed to the Authority.

The Applicant agrees to abide by all Housing Action Partnership Program rules and regulations. The Applicant understands and agrees that the Authority may conduct its own independent review and analysis of the documentation for its own protection and may, in its sole discretion, require additional information or make adjustments in required documentation. In determining and establishing the amount, terms, and conditions of a Housing Action Partnerships Program award, the Applicant understands and agrees that the Authority may request or require adjustments or changes in the information submitted in connection with this application. The Applicant understands the amount and terms of a Housing Action Partnership Program award may be different from the request and it is at the sole discretion of the Authority to make such a determination. The Applicant understands and agrees to file quarterly reports and provide all other related information as requested by the Authority.

The Applicant certifies that all construction will be completed, at a minimum, to the code standards enforced by the local jurisdictions. Further, the Applicant agrees that all work write-up and/or plans and specifications must be written in clear, concise statements that itemize all work items to be performed. The Authority may inspect all units assisted with Housing Action Partnership Program funds at any time before, during, or after completion to ensure that the proper standards have been adhered to.

The Applicant understands and agrees to execute the required Funding Agreement and/or other documents required by the Authority in order to receive Housing Action Partnerships Program funds. The Applicant understands that Housing Action Partnerships Program funds can only be used for the purposes outlined in the original application submitted for funding consideration. Failure to abide by the program requirements and procedures of the Housing Action Partnerships Program will result in the recapture of all proceeds and the disqualification of the Applicant and all other persons or organizations involved in and associated with the development from further participation in all Authority administered programs for a period of time to be determined solely by the Authority. If Housing Action Partnerships Program funds subject to recapture are not repaid when requested, the Authority will take the necessary legal action to recover the funds.

The Applicant certifies that it is in compliance with all Authority administered programs in which it participates or has participated. The Applicant nor any of its officers, principals, advisors, consultants, or any other member of its development team is not presently nor within the past five years has been debarred from participation in any federal program, to include, but not limited to, U.S. Housing and Urban Development, The U.S. Internal Revenue Service, and U.S. Department of Agriculture. The Applicant certifies that it is not delinquent in any financial obligation that it owes the Authority and has not been convicted of or is not under investigation for civil or criminal fraud with respect to any of its activities.

The undersigned certifies that the statements made in this application and all attachments are true, correct and complete. The Applicant gives permission for the Authority to verify any and all statements and documentation from any source necessary. Falsification of any of the statements and/or documentation, regardless of when discovered, made in this application or in the attachments provided with the application will result in the cancellation of any award resulting from the submission of this application.

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

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

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

Its: \_\_\_\_\_