Nassau County HOME Program

Funding Application

Homeownership or Rental Activities

New Construction and Rehabilitation

NASSAU COUNTY
OFFICE OF HOUSING & COMMUNITY DEVELOPMENT
40 MAIN STREET
HEMPSTEAD, NY 11550

Nassau County HOME Program
Homeownership or Rental Activities
New Construction and Rehabilitation
APPLICATION GUIDELINES

Before You Begin

This packet contains information necessary to apply for funding under the Nassau County HOME Investment Partnerships (HOME) Program. Before completing this application you should become familiar with the Nassau County HOME Program Guidelines and appropriate federal regulations associated with the Program. The Program Guidelines are included in your application packet. Please contact the Office of Housing and Community Development (OHCD) at (516) 572-1915 if you have any questions regarding this application process.

Submission & Process

Applications are accepted on an ongoing basis, as long as funding is available. The Nassau County County Office of Housing and Community Development (OHCD) will handle review and underwriting of the proposal. OHCD staff will evaluate the application for consistency with its Consolidated Plan and funding priorities, eligibility, completeness, quality, impact, feasibility and long term viability. During the review process the applicant may be requested to submit additional information or answer questions pertaining to the proposal.

Application Checklist

Section A

- ☐ **For applicant:**
  - **a) If non-profit:** **1) Copy of IRS 501(c) determination and Date of Incorporation, 2) Most recent Annual Report and/or audited financial statements.** ***Certified financial statements may be substituted for the audited financial statements.***
  - **b) If for-profit:** **1) Date of Incorporation, and 2) Most recent Audit/financial statements, and 3) List of officers and directors of corporation or partnership.**
  - **c) If proprietorship:** **1) Personal financial statement (one copy for confidential internal review).**
- ☐ **General Release Form**

Section B - Application Package Sections:

- ☐ **Applicant Information**
- ☐ **Applicant History**
- ☐ **Proposal Basics**
- ☐ **Project Basics**
- ☐ **Narratives**
- ☐ **Partner Information**
- ☐ **Applicant, Architect & Contractor Experience**
- ☐ **Other Required Information**
- ☐ **Budget**
- ☐ **Sources & Uses/Funding Commitments**
- ☐ **15 year Operating Pro forma (for rental properties only)**
- ☐ **Environmental Questionnaire**
- ☐ **Maps & Photos**
- ☐ **Letters of Support**
- ☐ **Certifications**

NASSAU COUNTY OFFICE OF HOUSING & COMMUNITY DEVELOPMENT

Nassau County HOME Program
Activity Application
New Construction and Rehab

OCD Use Only:
Application #:_____

SECTION 1: APPLICANT INFORMATION			
1.1	**Legal Name of Applicant:** *(Attach copy of W-9)*	_____	
1.2	**Address of Applicant:**	_____	
1.3	**Chief Officer:** *(If more than one, attach a list with all Officers)*	Name: _____ Title: _____ Address: _____ Phone: _____ Fax: _____ E-Mail: _____	
1.4	**Description of Applicant:** *(200 Character maximum)*		
	Type of Applicant	Non-profit ☐	Corporation ☐
		For-profit ☐	Sole Proprietorship ☐
		Local Government ☐	Other ☐
1.5	**Applicant Website:**		
1.6	**Federal Employer Id. Number:**	_____	
1.7	**Social Security Number:**	_____	

SECTION 2: APPLICANT HISTORY

2.1	Have you received funding from Nassau County within the last 3-years?		☐ Yes ☐ No
	Provide total number project funding by Nassau County within the last 3 years.		_____
	If yes, provide the following for each project funded in last 3 years:	Agency: _____ Project Name: _____ Amount: _____ Term: _____ Description: Status: Issues:	
2.2	Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years?		☐ Yes ☐ No
	If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues.		
2.3	Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant's knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?		☐ Yes ☐ No
	If yes, provide requested information.		
2.4	Does the applicant or any principal owe any debt to the Federal Government or Nassau County?		☐ Yes ☐ No
	If yes, list reason and amount:		

SECTION 3: PROPOSAL BASICS

3.1	**Submittal Date:**				
3.2	**Project Title:**				
3.3	**Brief Project Description:** *If preferable, you can submit separate attachment on project description which includes mention of the below referenced items. (550 Character maximum)*				
3.4	**Project Location:**	Street Address: _____ City: _____ County: _____ Zip: _____			
3.5	**Areas Served:**	_____			
3.6	**CHDO Eligible:**	☐ Yes ☐ No **Capacity:** ☐ Owner ☐ Developer ☐ Sponsor			
3.7	**Project Contact:**	Name: _____ Title: _____ Address: Phone: _____ Fax: _____ E-Mail: _____			
3.8	**Project Period:**	Start Date: _____		End Date: _____	
3.9	**HOME Request:** *(Rental Development)*	Amount: **$**_____	☐ Construction ☐ Permanent ☐ Loan	Requested Rate: _____%	Requested Term: _____
		Describe the form of HOME funds investment for the development (acquisition, construction financing, development subsidy etc.) and repayment if applicable:			
3.10	**HOME Request:** *(Homeowner Development)*	Amount: **$**_____	☐ Construction ☐ Permanent ☐ Loan	Requested Rate: _____%	Requested Term: _____
		Describe the form of HOME funds investment for the development (acquisition, construction financing, development subsidy etc.) and repayment if applicable:			

3.11	**HOME Request:** *(Homebuyer)*	Describe the form of HOME funds investment to the homebuyer (down payment assistance, second mortgage financing etc.) and repayment if applicable:			
		Amount: **$**_____	☐ Amortized loan ☐ Deferred Payment Loan ☐ Forgivable Loan ☐ Grant	Requested Rate: _____%	Requested Term: _____

SECTION 4: PROJECT BASICS

A SEPARATE NARRATIVE AND WORKSHEET MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW ITEMS

<table>
<tr><td></td><td>Basics:</td><td colspan="2">☐ New Construction
☐ Rehab</td><td colspan="2">Style: _____</td></tr>
<tr><td rowspan="3"></td><td rowspan="3"></td><td colspan="2">Total # Units:_____</td><td rowspan="2">Targeting:
☐ Families
☐ Elderly
☐ Disabled</td><td rowspan="2">Design Needs:
☐ Accessible
☐ Adaptable
Other: _____</td></tr>
<tr><td># Market
_____</td><td># 51-80% ami
_____
below 50% ami
_____</td></tr>
<tr><td colspan="4">Estimated Sales Price: $_____</td></tr>
<tr><td>4.2</td><td>Site & Building Information:</td><td colspan="4">Complete Worksheet A for each property</td></tr>
<tr><td rowspan="11">4.3</td><td rowspan="11">Timeline:</td><td>Description of Tasks</td><td colspan="3">Estimated Completion</td></tr>
<tr><td>Acquisition</td><td colspan="3"></td></tr>
<tr><td>Zoning</td><td colspan="3"></td></tr>
<tr><td>Initial Drawings/Scope of Work</td><td colspan="3"></td></tr>
<tr><td>Complete Plans & Specs</td><td colspan="3"></td></tr>
<tr><td>Selection of Contractor</td><td colspan="3"></td></tr>
<tr><td>Construction Contract</td><td colspan="3"></td></tr>
<tr><td>Closing for Funds</td><td colspan="3"></td></tr>
<tr><td>Construction</td><td colspan="3"></td></tr>
<tr><td>Marketing/Buyer Selection</td><td colspan="3"></td></tr>
<tr><td>Occupancy</td><td colspan="3"></td></tr>
<tr><td>4.4</td><td>Design Components:</td><td colspan="4">Accessibility: Describe any design and construction considerations that make the project more accessible or adaptable for physically or sensory impaired individuals:</td></tr>
<tr><td></td><td></td><td colspan="4">Energy Efficiency: Describe any steps to be taken to make the property more energy efficient and reduce the overall energy costs of the building(s):</td></tr>
<tr><td></td><td></td><td colspan="4">Green Technology: Describe any methods that will be used in the design or building materials that promote green initiatives:</td></tr>
</table>

		Amenities: _____
		Square Footage: Above grade: _____ Below grade: _____ ☐ Finished?
		☐ Range ☐ Refrigerator ☐ Disposal / ☐ Dishwasher ☐ Microwave ☐ Central A/C / ☐ Washer ☐ Dryer ☐ W/D hookups / ☐ Carpet flooring ☐ Wood flooring ☐ Laminate flooring ☐ Vinyl flooring
		# Beds: _____ Sizes (s/f):____ # Baths: _____ Sizes (s/f): ____
		Foundation: ☐ Slab ☐ Crawl ☐ Partial Basement ☐ Full Basement
		Parking: ☐ Street ☐ Drive # spaces _____ ☐ Garage # spaces _____
		Other (describe):

SECTION 5: NARRATIVE *A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW*		
5.1	**Project Details:**	Describe the project details including general administration, construction process and oversight.
5.2	**Impact:**	Describe the projects intended impact on the neighborhood and populations to be served including social services or housing counseling offered to the buyer.
5.3	**Marketing & Outreach:**	Describe methods that will be used to market the housing and steps to outreach to populations least likely to apply. (An Affirmative Marketing Plan will be required for all funded projects.)
5.4	**Owner Intake & Selection:**	Describe the applicant intake and selection process including acceptance criteria.
5.5	**Lead Based Paint Procedures:**	Describe issues with lead based paint and actions to address those as applicable.
5.6	**Relocation:**	If Relocation is required, please include the plan as an attachment in Section 8

SECTION 6:DEVELOPMENT TEAM INFORMATION

6.1	**Owner:**	_____
	Owner Contact:	Name: _____ Title: _____ Address: _____ Phone: _____ Fax: _____ E-Mail: _____
6.2	**Developer:**	_____
	Developer Contact:	Name: _____ Title: _____ Address: Phone: _____ Fax: _____ E-Mail: _____
6.3	**Architect:**	_____
	Architect Contact:	Name: _____ Title: _____ Address: Phone: _____ Fax: _____ E-Mail: _____
6.4	**Contractor:**	_____
	Contractor Contact:	Name: _____ Title: _____ Address: Phone: _____ Fax: _____ E-Mail: _____
6.5	**Attorney:**	_____
	Attorney Contact:	Name: _____ Title: _____ Address: Phone: _____ Fax: _____ E-Mail: _____

6.6	**Other:**	_____
	Other Contact:	Name: _____ Title: _____ Address: Phone: _____ Fax: _____ E-Mail: _____
6.7	**Other:**	_____
	Other Contact:	Name: _____ Title: _____ Address: Phone: _____ Fax: _____ E-Mail: _____

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SECTION 7: APPLICANT EXPERIENCE

A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW

Applicant Previous Experience Form

	Project Name	**Owner/Contact**	**Applicant Individual Involved**	**Project Type** **(list all that apply)** **SF = 1-4 Units** **MF = 4+ Units** **NC = New Construction** **R = Rehabilitation**	**# of Units**	**Total Development Cost**	**Sources of Funds**	**Project Status** **P = Pre-development** **U = Under Construction** **PS = Placed in Service**
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 7: ARCHITECT EXPERIENCE

A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW

Architect Previous Experience Form

	Project Name	**Owner/Contact**	**Applicant Individual Involved**	**Project Type** (list all that apply) SF = 1-4 Units MF = 4+ Units NC = New Construction R = Rehabilitation	**# of Units**	**Total Development Cost**	**Sources of Funds**	**Project Status** P = Pre-development U = Under Construction PS = Placed in Service
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 7: CONTRACTOR EXPERIENCE

A SEPARATE NARRATIVE MAY BE PROVIDED IN PLACE OF INDIVIDUAL ANSWERS TO THE BELOW

Contractor Previous Experience Form

	Project Name	**Owner/Contact**	**Applicant Individual Involved**	**Project Type** (list all that apply) SF = 1-4 Units MF = 4+ Units NC = New Construction	**# of Units**	**Total Development Cost**	**Sources of Funds**	**Project Status** P = Pre-development U = Under Construction PS = Placed in Service
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

SECTION 8: OTHER REQUIRED DOCUMENTATION		
8.1	**Budget**	Detailed Project Budget
8.2	**Sources and Uses**	Statement of Sources and Uses statement including commitment letters for all other funds.
8.3	**Operating Pro forma**	15-year operating pro forma (operating budget), complete with assumptions
8.4	**Environmental Questionnaire**	Form B
8.5	**Maps and Photos**	Include project location map with photos of the area and surrounding neighborhood.
8.6	**Other**	Attach as applicable: Relocation Plan Affirmative Marketing/Outreach Plan Market Study
8.7	**Letters of Support**	Letter of support from the elected official of the municipality.
8.8	**Certifications**	Applicant certifications signed by authorized signatory (must be original signatures), Form C

FORM A
SITE & BUILDING INFORMATION
(COMPLETE ONE FOR EACH PROPERTY)

Street Address: _____
City: _____
Zip: _____

Lot Size: _____ Building Sq. Footage: _____
Floodplain: ☐ Yes ☐ No
Zoning Classification: _____
Re-zoning Required: ☐ Yes ☐ No
Re-zoning Underway: ☐ Yes ☐ No ☐ N/A
Prior Use: _____

Ownership:
Acquisition Required: ☐ Yes ☐ No Clear Title: ☐ Yes ☐ No ☐ Unknown
Sales Price: $_____ Deed Restrictions: _____
Appraisal Completed: ☐ Yes ☐ No Value: $_____

If acquisitions is underway please complete the following:

☐ Option to Purchase
☐ Sales Contract
☐ Other

Terms: _____
Seller: _____
Contact: _____

Occupancy:
☐ Occupied Building ☐ Vacant Building ☐ Vacant Lot
☐ Owner Occupied
☐ Tenant Occupied

*If the building is occupied, the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA) will be triggered and must be followed. Certain notifications are required for both owner occupied and tenant occupied buildings. Non compliance with the URA will deem project ineligible.

Property Taxes and Assessments:
Taxes Current: ☐ Yes ☐ No
Current Property Tax Liability: $_____
Current Assessed Value: $_____
Current Tax Rate: _____
Current Exemptions: _____

After Project Completion:
Estimated Property Tax Liability: $_____
Estimated Assessed Value: $_____
Estimated Tax Rate: _____
Proposed Exemptions: _____

Utilities Present: ☐ Water ☐ Sewer ☐ Gas ☐ Electric ☐ Other _____
Utilities to be Brought: ☐ Water ☐ Sewer ☐ Gas ☐ Electric ☐ Other _____

Describe surrounding neighborhood including amenities, distance to nearest LIRR station and bus routes, schools, parks, employment centers, shopping, etc.:

FORM B
ENVIRONMENTAL QUESTIONNAIRE
(COMPLETE ONE FOR EACH PROPERTY)

Street Address: City: Zip:	_____ _____ _____	Attachments: Flood Map: ☐ Yes ☐ No Zoning Map: ☐ Yes ☐ No Re-zoning Underway: ☐ Yes ☐ No ☐ N/A Prior Use: _____

Site Environment: 1. 2. 3. 4. 5.	Is this a single family or multifamily property? _____ For multifamily buildings (5+ units), how many units are there currently _____, proposed _____ Will the project necessitate a change in zoning? ☐ Yes ☐ No a. What is the property's present land use ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural What is the property's prior land use ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural Is the proposed project rehabilitation? ☐ Yes ☐ No a. Will the footprint of the property change? ☐ Yes ☐ No If yes, what percentage _____% b. What is the estimated cost of rehab $_____ c. What is the estimated after rehab value $_____

Historic Preservation:	If the building has historic significance or the property is located within a historic district, special design considerations may need to be made in accordance with federal or local historic preservation guidelines. Is the property/building listed in the Federal Register of Historic Places, located in a local historic district or have historic significance to the best of your knowledge? ☐ Yes ☐ No If so, attach a map of local historic district or information on Federal Register listing.
Floodplain	If the property is located in the 100 year floodplain, flood insurance will be required. Is the property located in a 100 year floodplain according to a FEMA map? ☐ Yes ☐ No
Wetland 1. 2.	Is the property location in or near a wetland? ☐ Yes ☐ No Does water accumulate on or near the property or does water run through or near the site in the form of a creek or stream at any time during the year? ☐ Yes ☐ No
Drainage	If the project impacts or is located near a drainage way (creek or steam bed) of a water shed that drains an area of more than one square mile, a drainage permit from the New York Department of Natural Resources will be required before construction may begin. Is the property on or near a drainage way of a water shed that drains an area of more than 1 square mile? ☐ Yes ☐ No

Noise 1. 2. 3. 4.	If noises from nearby uses impact the property, the Owner should consider including design standards which mitigate noise hazards. Is the project site located within 3,000 feet of a railroad? ☐ Yes ☐ No If yes: Name of railroad company: _____ Contact person: _____ Telephone number: _____ Is the site located within 1,000 feet of a major road, highway or freeway? ☐ Yes ☐ No If yes: Name of road: _____ Is the project site located within 15 miles of a military airport or within 5 miles of a commercial airport with scheduled air service? If yes: Name & address of airport: _____ Contact person: _____ Telephone number: _____ Is the project site located near (1 mile radius) any other noise generating source (e.g. Industrial plant)? If yes: Name & address of company: _____ Contact person: _____ Telephone number: _____
Hazards 1. 2. 3. 4. 5. 6.	If hazards from nearby uses impact the property, the Owner should consider including design standards which mitigate these hazards. Is the project site located near or in an area(s) where conventional petroleum fuels (e.g. gasoline), hazardous gases (e.g. liquid propane), or chemicals of a flammable nature (e.g. benzene or hexane) are stored in a structure or an above-ground storage tank? ☐ Yes ☐ No Is the project site located near or in an area where gas pipelines, electrical transmission lines, or electrical sub-stations are located? ☐ Yes ☐ No Is the project site located on or near a waste dump or landfill site? ☐ Yes ☐ No Is the project site near an industry which disposes of chemicals or hazardous wastes on its own premises? ☐ Yes ☐ No Is there evidence that asbestos will be removed from the structure? ☐ Yes ☐ No Are there any natural hazards located on or adjacent to the site such as steep slopes, geologic faults, or hazardous terrain features? ☐ Yes ☐ No

FORM C: APPLICANT CERTIFICATION

Applicant hereby certifies that:

The developer will meet the Nassau County HOME Investment Partnerships Program requirements, rules and objectives.

All authorizations required to perform the project, described in its application, have either been obtained or will be obtained before project commencement.

The project complies with all applicable state, federal, and local environmental and zoning laws, ordinances, and regulations and that all required licenses, permits, etc., have either been obtained or will be obtained before project commencement.

Neither applicant, nor project partners identified, have been barred from contracting with a unit of state or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33 E-3 and 5/33 E-4).

As of the submittal date, the information provided in its application is accurate, and the individual(s) signing below are authorized to submit this application.

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information contained herein is true, correct, and complete. I also authorize Nassau County Office of Housing and Community Development to obtain any information that may have a bearing on this application. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

Signature	Name & Title	Date

SUBMISSION OF APPLICATION

Each application submitted under these guidelines must include all of the information required in the funding application documentation set forth in the Application Instructions. Applications under this program will be accepted on an ongoing basis, subject to funding availability. Nassau County will accept applications, printed or electronic with original signature pages at the following address:

Nassau County Office of Housing and Community Development
Attn: James Nemley
40 Main Street – Suite B
Hempstead, NY 11550