



Nassau County Office of Housing & Intergovernmental Affairs  
40 Main Street  
Hempstead, NY 11550  
(516) 572-1915

## HOME Investment Partnerships (HOME) Program Funding Application

**THOMAS SUOZZI**  
**COUNTY EXECUTIVE**



## Instructions and Requirements

To initiate an Agreement for HOME funds, the following information must be attached to the application as specified and provided to the Nassau County Office of Housing and Intergovernmental Affairs:

- 1 Evidence of financial commitments for all sources of non-HOME funds.
- 2 Evidence that project is in compliance with local zoning.
- 3 Completed HOME Project Application.
- 4 Map showing site (s) of HOME assisted units.
- 5 Paid Tax Bill.
- 6 Copy of deed (s) or other suitable form of site control. (e.g., contract of sale)
- 7 Resolution of applicant's governing body authorizing submission of application.
- 8 Certificate of Occupancy (if applicable).
- 9 Title Report/Insurance (submit upon request).
- 10 Appraisal (if applicable).

The utilization of HOME funds to acquire property or determine property value will require an appraisal. The following information is provided to guide the applicant regarding appraisal requirements. More detailed information can be obtained by contacting the Nassau County Office of Housing and Intergovernmental Affairs.

- a. All first time homebuyer projects require an appraisal at time of purchase. The appraised value of a HOME assisted property to be acquired by a first-time homebuyer must not exceed the 203 (b) mortgage limits for the area for the type of housing being purchased (single family, condominium, manufactured home, etc.). Nassau County will make these purchase value limits available to all participating jurisdictions each year.
- b. IF REHABILITATION IS REQUIRED, the appraised value of the property after rehabilitation cannot exceed the 203 (b) mortgage limits.
- c. For projects that utilize HOME funds for acquisition of property, the requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (URA) will be enforced. Therefore, any applicant planning to acquire property for the implementation of a HOME assisted project must contact Nassau County prior to initiating the acquisition process to determine the applicant's responsibilities under the URA.

### 11 Environmental Reviews

**12 Affordability Requirements**

All units assisted with HOME funds must remain affordable for the periods listed below. A lien will be placed on each unit assisted to meet the affordability requirements established by HUD and Nassau County.

<b>RENTAL HOUSING PROJECTS</b>	<b>MINIMUM PERIOD OF AFFORDABILITY</b>
Rehabilitation or acquisition of existing rental housing per unit amount of HOME Funds:	
Under \$15,000	5 YEARS
\$15,000 to \$40,000	10 YEARS
Over \$40,000	15 YEARS
New Construction or acquisition of newly constructed housing	20 YEARS

<b>OWNER-OCCUPIED HOUSING</b>	<b>MINIMUM PERIOD OF AFFORDABILITY</b>
(Per Unit Amount of HOME Funds):	
Under \$15,000	5 YEARS
\$15,000 to \$40,000	10 YEARS
Over \$40,000	15 YEARS

**13** All applicants must enter into a HOME Agreement with the County in order to receive HOME funding.

**14** For additional information and assistance, please contact:

Nassau County Office of Housing and Intergovernmental Affairs  
Rosemary A. Olsen, Director  
40 Main Street - 3rd Floor  
Hempstead, N Y 11550  
(516) 572-1905

**NASSAU COUNTY  
OFFICE OF HOUSING & INTERGOVERNMENTAL AFFAIRS (OHIA)  
HOME FUNDING APPLICATION**

1. **Applicant Name:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_

3. **Contact Person:** \_\_\_\_\_ **Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

4. **Type of Application (mark all that apply):**

<input type="checkbox"/> Acquisition	<input type="checkbox"/> New Construction	<input type="checkbox"/> Homebuyer's Assistance
<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Rental Assistance	<input type="checkbox"/> Pre-development Loan (CHDOs only)
		<input type="checkbox"/> Other _____

5. **Applying for:**  HOME  CDBG

6. **Type of Applicant (mark all that apply):**

<input type="checkbox"/> Non-profit	<input type="checkbox"/> CHDO
<input type="checkbox"/> For-profit	

7. **Project Name:** \_\_\_\_\_

**Project Location (address or other description):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. **Project Cost:**

a. Total Cost of Project:	_____
b. Nassau County Grant/Loan Funds Requested:	_____

9. **Project Description:**  
 Provide a narrative description of the Project, include details of the existing neighborhood housing stock, its average age and general condition. Explain the need for the grant and the difficulties in obtaining private financing for the proposed improvements. Describe the targeted population.

10. **Households/Persons Benefited:** Number benefited: \_\_\_\_\_  in Households  
 \_\_\_\_\_  in Persons

**11. APPLICANT'S CERTIFICATION:**

The Applicant certifies that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining a loan or grant under Nassau County's HUD-financed affordable housing programs and is true and complete to the best of the Applicant's knowledge and belief. Verification may be obtained from any source named herein. The Applicant agrees that this application is a public document and is subject to the Freedom of Information Act.

\_\_\_\_\_  
 Authorized Applicant Representative

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date





12. **a. Development/Implementation Team:** List all members of the development/implementation team (as applicable) in the table below. Do not include lenders.

Function	Company/Organization	Contact Person	Telephone
Architect			
Engineer			
Financial Consultant			
Construction Management or GC			
Operational/Rental Management			
Program Delivery			
Other			
Other			
Other			

**b. Please provide an organizational chart for all partnerships formed or to be formed. If applicable and available, please provide an operating agreement.**

Additional information on these organizations (including references) can be included as attachments.

14. **Project Market:** Briefly describe the households/individuals that will be targeted by the project, and how strong the market demand is for your project.

If market information is included in another format, please include as attachment.

15. **Persons/Households Benefited:** Number benefited by income group in the following table.

The information in this table is in: Households:  Persons:  (check one)

Targeted Income Level	Renters				Owners			Homeless		Non-Home-less Special Needs
	Elderly (1 & 2 Pers)	Small Family (2 to 4 Pers)	Large Family (5 or More)	All Other Households	Existing Home-owners	Low-income Homebuyers		Individu als	Families	
						With Children	All Others			
0 to 30% AMI*										
31 to 50% AMI										
51 to 60% AMI										
61 to 80% AMI										
81%+ of AMI										
<b>TOTAL</b>	0	0	0	0	0	0	0	0	0	0

\* AMI means Area Median Income. Please refer to www.HUD.gov for the most recent HUD Income guidelines.



**16. Participant Selection:** Describe how the participants (tenants, homebuyers, clients, etc.) will be selected. If selection will be subject to preference policies, describe these policies.

[Redacted area for Participant Selection]

Summary of selection of participants can be included as Attachment

**17. Services Provided:** Describe services that will be provided to the participants/residents of this project or program.

[Redacted area for Services Provided]

Summary of services can be included as Attachment:

**18. Coordination with Other Agencies:** Describe how your organization will coordinate with other organizations to provide needed services to participants/residents. If applicable.

[Redacted area for Coordination with Other Agencies]

Additional information of coordination/collaboration can be included as attachment.

**19. Proposed Project Schedule:** Please provide the schedule for completing actions.

<b>a. Project Start-up</b>	Completion Date
Purchase Contract/Option Signed	
Property Acquisition Completed	
Zoning Approvals Obtained	
Final Bid Specifications Completed	
Detailed Program Design Completed	
Environmental Reviews Completed	
Building Permits Obtained	
<b>b. Financing Sources Obtained</b>	Completion Date
Construction Loan	
Bridge Loan	
Private Lender Financing	
Govt Grants/Loans:	
Other Financing:	
Other Financing:	



<b>c. Construction/Implementation</b>	Completion Date
Construction Starts	
Marketing of Units or Program Begins	
Closing on First Sale (homebuyer projects)	
Closing on Final Sale (homebuyer projects)	
Complete Rehab Const. (for units currently occupied)	

**20. Project Costs and Use of County HOME Funds:** Sources and Uses Can be included as attachment.

<b>a. New Construction and Rehabilitation</b>	Total Cost	County Funding
Rehabilitation of existing units		
Renovation of non-residential structures into residential units		
New construction of residential units		
Other:		
Other:		

<b>b. Acquisition</b>	Total Cost	County Funding
Land		
Buildings		
Other expenses:		

<b>c. Site/Off-site Improvements</b>	Total Cost	County Funding
Clearance/demolition		
Drainage improvements		
Installation/renovation of sanitary sewers		
Remediation		
Transportation improvements (on-site)		
Transportation improvements (off-site)		
Other:		
Other:		

<b>d. Soft Costs</b>	Total Cost	County Funding
Market Analysis		
Architectural & Engineering		
Application fees for financing		
Permanent financing fees		
Appraisal and environmental assessment fees		
Tax credit syndication fees		
Attorneys fees		
Developer's fees		
Developer's overhead		
Construction management		
Other:		

<b>e. Reserves and Contingencies</b>	Total Cost	County Funding
Initial operating and Repair/Replacement Reserves		
Construction contingencies		

<b>f. Relocation and Loss of Rental Income</b>	Total Cost	County Funding
Relocation*		
Loss of Rental Income		

\***Temporary Relocation Plan (if applicable):** The Project must not result in the permanent displacement of low- or moderate-income residents. Any temporary relocation of residents must be carried out in accordance with a temporary relocation plan that conforms to the requirements of the Regulations. Residents that are temporarily relocated must be offered a decent, safe and sanitary dwelling unit in the Project or another property comparable to the tenant's affected unit. In the event that the Project involves a broad geographic area, the unit to be offered must be located in close proximity to the affected unit, as such proximity is determined in the sole opinion of OHIA.



<b>g. Tenant and Homebuyer Assistance</b>	Total Cost	County Funding
Tenant-based rental assistance*		
Security deposit payments for renters		
Downpayment assistance for homebuyers		
Mortgage financing for homebuyers		

\*If Sections 8 vouchers are being used, please specify whether its project or tenant-based.  
Please also review the Davis Bacon practical guide attached.

<b>h. Other</b>	Total Cost	County Funding

<b>i. Total Cost and Total County Funding</b>	Total Cost	County Funding
TOTAL	0	0

21. **Sources of Funds:** Sources and Uses Can be included as attachment.

**a. Permanent Financing (do not include construction financing)**

Name of Lender or Source of Funds, Contact Persons and Telephone Number	Amount Funded	Annual Debt Service	Annual Interest Rate (pct)	Amortization Period (yrs)	Loan Term (yrs)	Actual or Projected Commitment Date
Nassau County HOME						
Owner's Equity (describe)		N/A	N/A	N/A	N/A	
TOTAL						

**Please attach commitment letters, if secured.**  
**HOME funds will not be awarded until all funding sources are committed.**



**b. Construction/ Interim Financing**

Sources of Funds	Amount	Name and Phone Number of Contact

Please attach commitment letters for construction financing, if secured. HOME funds will not be awarded until all funding sources are committed.

c. Please complete the attached cash drawdown schedule.

**22. Site Information: Applicable to acquisition, rehabilitation, or new construction projects.**

a. Do you have site control? Yes:  No:  If yes, what form: \_\_\_\_\_  
 Please attach evidence of site control.  
 Is there a lease? Yes:  No:  If yes, please attach a copy.

b. Owner's Name: \_\_\_\_\_

c. Owner's Address: \_\_\_\_\_

d. Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

e. Seller's relationship to you? \_\_\_\_\_

f. Size of Site: \_\_\_\_\_

- Attach map and legal description.
- Attach sketch plan of site.
- Attach a minimum two (2) color photographs of the site to be built on.
- Attach evidence that the local jurisdiction contact, if available.

g. Is the site properly subdivided/zoned? Yes:  No:  If no, explain the schedule below.

\_\_\_\_\_

Attach evidence of proper subdivision and zoning



**h. Are all utilities presently available at the site?** Yes:  No:  If no, explain below.

**i. Answer the following environmental questions and provide information as appropriate.**

	Yes	No
Are there designated floodplain areas on the site?		
Are there designated wetland areas on the site?		
Is the project/surrounding area listed on National/State/Local Registers of Historic Places?		
Is the project affected by a noise source (airport, railroad tracks, major street/highway)?		
Are you aware of any other environmental hazards that are on or near the site?		
Are there any soil, slope or erosion concerns associated with the site?		
Has a Phase One Environmental Assessment been done for the site?		
Are there any other environmental issues you wish to bring to our attention?		

Information regarding environmental issues raised above can be included as attachment.

**23. Existing Building(s) Information: Applicable to acquisition and rehabilitation projects.**

Street Address of Each Building	No. of Units	No. of Stories	Year Built	Style of Building

Attach color photos of the above-referenced properties.

**24 Rehabilitation of Homes for Existing Homeowners: (to be filled out for this type of project only).**

**a. Appraised value per home.**

	Average	Maximum
Before rehabilitation		
After rehabilitation		

**b. Assistance provided per home.**

	Average	Maximum
HOME funds per home		
Total rehabilitation cost per home		

**c. Specific terms of the financial assistance provided to homeowners.**

Attach more detailed information, if necessary.



**25 Acquisition, Rehabilitation, or New Construction of Homes for Sale:** (to be filled out for this type of project only).

**a. Use of HOME Funds**

Activity	Total Cost Per Unit	Maximum HOME Cost Per Unit	Average HOME Cost Per Unit
Acquisition			
New Construction			
Homebuyers Assistance*			
Other:			

\* If homebuyers assistance is part of your program, complete question 26.

**b. How long will your organization hold title to the homes before conveying them to qualified home buyers?**

**c. Describe the carrying costs that will be included in the price to the homebuyer (e.g., insurance, maintenance, financing charges, etc.)**

**d. Description of the homes to be sold. (Complete one row of table for each type of home)**

Size of Home (in number of bedrooms and baths)	Type of Home (SF attached, SF detached, TH, etc.)	Average Square Feet of Home	Anticipated Selling Price	Anticipated Appraised Value



**26 Direct Homebuyer Assistance Programs:** (to be filled out for projects including mortgage financing, down payment assistance, or other assistance going directly to low income homebuyers)

**a. Describe how an average homebuyer in your program will finance the purchase of the home. (Also include the value of donated services such as appraisals and loan servicing)**

Name of Lender or Source of Funds, contact Persons and Telephone Number	Amount Financed	Form of Assistance*	Interest Rate (pct)	Amortization Period (yrs)	Loan Term (yrs)
Nassau County HOME Funds					
Homebuyer's Equity (describe)					
TOTAL	0				

\* Describe whether a grant or loan and the intended use of funds (e.g., second mortgage, closing costs, etc.)

**b. If any portion of HOME dollars will be a grant, describe the methods that will be used to recapture the funds if the homebuyer fails to comply with applicable regulations.**



**c. Describe the methods used, and entities responsible, for underwriting analysis.**

[Redacted area]

Detailed information can be included as Attachment.

**d. Who will be responsible for preparation of closing documents?**

[Redacted area]

Detailed information can be included in Attachment:

**27 Additional Program Information for Existing or New Homeowner Programs: (to be filled out for all types of homeowner programs)**

**a. Describe how the program will be marketed to potential clients.**

[Redacted area]

Please attach affirmative marketing plan, if available.

**b. Describe the qualifying criteria for the program, and how clients will be qualified/screened.**

[Redacted area]

Additional information can be included as Attachment.

**c. Describe how contractors will be qualified and selected.**

[Redacted area]

Attach bid package or public advertisement.