# **Homekey Round 2**

# Notice of Funding Availability (NOFA) September 9, 2021 (As Amended January 14, 2022)

## **Application Workbook**

Rev. 2/1/22



# State of California Governor Gavin Newsom

Lourdes M. Castro Ramirez, Secretary
Business, Consumer Services and Housing Agency

Gustavo Velasquez, Director

Department of Housing and Community Development

2020 West El Camino Avenue Sacramento, CA 95833 Phone: (916) 263-2771

Email: Homekey@hcd.ca.gov Website: https://homekey.hcd.ca.gov/

				Н	ome	key Ro	und	2 Pro	ject O	vervi	ew									2/1/22
					§40	1 Pre-A	pplic	ation C	onsult	ation F	Requi	irem	ent							
Has the lead ap	pplican	nt (a public entity o	r tribal ent	ity) und	ertak	en a pre	appli	cation c	onsulta	ation w	ith HC	CD re	garding	the pro	posed	Home	key Pr	roject?		
								Instru	uctions	5										
		are for Applicant inp									ired d	ocun	nentation	may res	sult in th	ne nee	ed for y	ou to ame	nd and re	submit
		ng in your application																		
		icate the Applicant I	_	ailed to m	neet a	a Homeke	ey req	quiremer	nt. 'Appli	icant Sc	coring	Crite	eria' work	sheet ce	ells shad	ded in	"red" i	ndicate th	at the Ap	plicant
		indicated required		s Flectr	onica	lly attach	ed file	es muet	use the	namino	a con	/entic	on in the	Applicat	ion For	Fyan	nnle: "L	Housing S	ite Man" f	or the
		inal target housing				-			450 1116	παιτιιιίζ	9 00110	. Or ful	on in the /	γρησαι	1 01	LAdii	ipic. I	loading o	ito iviap 1	or tile
		ndicate HCD Use O						. ,												
		licate Application so																		
		es are made with "								4	• .									
		to contact us with							comple	ting thi	ıs app	olicat	tion.							
		NOFA and program	•			•	_				_									
For application	specific	assistance comple																		
	N4 - '		Homeke	y Sumn	nary												la.			
Capital Baseline		um Homekey Aw	ard	\$0.00	Canit	App tal Baseli		t Reque	ested H	omek	ey Av	ward			<mark>sser of</mark> Baselin			and Req	uested /	<b>Award</b> \$0.00
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Number of Units	s acces	sible to persons wit	n mobility (	usabilitie	5	(	0	Project	Over		per of	Unit	s accessi	ые то р	ersons \	with h	earing	or vision o	usabilities	s 0
Project Name							•	Project	Overvi	iew										
Project Name Project Address	3							P	roject C	City					St	tate		Zip		
Project County					Is the	e Project	in a F			•	de §50	0199	.21? (use	the TC			or deter	rmining ru		)
Assessor Parce	el .	Enter parcel # Enter		Enter pard		Enter pard							r parcel #							er parcel #
Number (APN)			APN here	3 APN h	_	4 APN h		5 APN		6 APN h			PN here	8 APN			N here	10 APN		APN here
Assessor Parce Number (APN)	el	•		Enter pard 14 APN h		Enter pard 15 APN I		Enter pa 16 APN		nter par 17 APN			r parcel # APN here	Enter pa			parcel # PN here			er parcel # APN here
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		nal Housing is Inter	im Housing	1)					Dat	5/11/	. Jui 1		g	3.5/// (D						
Building Type																				
Other building ty	ype not	listed above (descr	ribe below)																	
Project Narrativ	е																			
, , , , , , , , , , , , , , , , , , , ,																				
If Project is also	knowr	n under another nam	ne(s) or wa	s former	ly kno	own unde	r													
another name(s	s), provi	de the name(s).	. ,																	
Have you applie		ou plan to apply, or		oject bee	en aw			<u> </u>	ram fun			<u> </u>		1.	-	_,	Δ.			
	Other	HCD Program(s) Na	ame(s):			Fundi	ng Ar	mount		Fu	ınding	Stat	tus	N	IOFA Da	ate	Award	I Date/Exp	ected Aw	ard Date
							\$200	0 Eligib	le Anni	licants	}									
Applicant #1							3-00	gib	.e , .ppi											
Entity name														Organi	ization t	уре				
Address										City						tate C	A	Zip		
Auth Rep				Title							mail							Phone		
Contact				Title							Email					4-4-		Phone		
Address A	nn1 Ca	ort & Logol		Soo Cont	ificati	one 9 La	gal	orkobos	4	City	<u> </u>				St	tate		Zip		2
		ert & Legal esolution				ons & Leguired; see				ts works	sheet							Uploade	to HCD'	
	• •	N Form				Docume				WOING	J. 100t.							Uploade		
Co-Applicant #	• •																			
Entity name														Organi	ization t	-				
Auth Den										City					St	tate		Zip		
Auth Rep Contact				Title Title							Email Email							Phone Phone		
Jonitali				I HILLE							_iiiaiii							- FIDIE	1	

		Homokov Pound 2 Project	Overview		2/1/22				
Address		Homekey Round 2 Project	City	State	Zip				
File Name	Co-App1 Cert & Legal	See Certifications & Legal worksheet.	City	State	Uploaded to HCD?				
File Name	Co-App1 Resolution	Signature required; see Applicant Docume	ents worksheet.		Uploaded to HCD?				
File Name	Co-App1 OrgDoc1, OrgDoc2, etc	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App1 OrgChart	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App1 Signature Block	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App1 Payee Data Record	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App1 TIN Form	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App1 Cert of Good Standing	Dated 30 days or less from the Application			Uploaded to HCD?				
File Name	Co-App1 Tax-Exempt Status	Evidence of tax-exempt status from IRS a	nd Franchise Tax Board, if applic	cable	Uploaded to HCD?				
	t #2 (if applicable)		l Ov	ranization type					
Entity name Address				rganization type State	Zin				
Auth Rep	T	Title	City Email	State	Zip Phone				
Contact		Title	Email		Phone				
Address		Title	City	State	Zip				
File Name									
File Name	Co-App2 Resolution	Signature required; see Applicant Docume	ents worksheet.		Uploaded to HCD?				
File Name	Co-App2 OrgDoc1, OrgDoc2, etc	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App2 OrgChart	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App2 Signature Block	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App2 Payee Data Record	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App2 TIN Form	See Applicant Documents worksheet.			Uploaded to HCD?				
File Name	Co-App2 Cert of Good Standing	Dated 30 days or less from the Application			Uploaded to HCD?				
File Name									
		elopment Team Contacts (provide info	ormation that is currently ava	ailable)					
	nagement Company								
Legal Name	Address	Contact Name	LO:E-I	Email	7:				
Phone Financial Co	Address		City	State	Zip				
Legal Name	nsuitant	Contact Name		Email					
Phone	Address	Contact Name	City	State	Zip				
Legal Couns			City	Otate	Ζίρ				
Legal Name		Contact Name		Email					
Phone	Address		City	State	Zip				
General Con	tractor								
Legal Name		Contact Name		Email					
Phone	Address		City	State	Zip				
Architect									
Legal Name		Contact Name	Total Control	Email					
Phone	Address		City	State	Zip				
Legal Name	t/Operating Funding Source	Contact Name		Email					
Phone	Address	Contact Name	City	State	Zip				
	t/Operating Funding Source		City	Otate	ΖΙΡΙ				
Legal Name		Contact Name		Email					
Phone	Address		City	State	Zip				
Developmen	t/Operating Funding Source				' '				
Legal Name		Contact Name		Email					
Phone	Address		City	State	Zip				
_	t/Operating Funding Source								
Legal Name		Contact Name	lau l	Email					
Phone	Address Address		City	State	Zip				
	t/Operating Funding Source	Contact Name		Email					
Legal Name	Address	Contact Name	City	Email State	Zip				
Phone	Address	§201 Eligible		State	Ζίμ				
Soloet hele	the eligible uses you are any lider		U3C3						
	the eligible uses you are applying		or oitop and coasts in the Pro-	ortmonte au la auca	adult regidential				
-		habilitation, of motels, hotels, hostels, or oth nanufactured housing, commercial properties							
	interim housing.	ianaraotaroa nousing, commercial properties	s, and other buildings with existin	ig uses mai could be	CONVENIEU IU				
·	Rehab Description	Narrative description of current condition of	of structure(s) and overall scope	of work.	Uploaded to HCD?				
	PNA	Physical Needs Assessment prepared by			Uploaded to HCD?				
		housing. If Yes, provide a recent market stu	<u> </u>	•					
File Name:	File Name:  Market Study  Provide a recent market study within the past year which conforms to Tax Credit Allocation  Committee (TCAC) guidelines, and/or a rent roll, and/or other supporting documentation per  §205 of the NOFA.								
		§205 of the NOFA.							
iii. Conversion	n of units from nonresidential to resid								
	n of units from nonresidential to residence truction of dwelling units.								
iv. New const	truction of dwelling units.		arket study and/or rent roll, and/o	or other supporting do	cumentation.				
iv. New const v. The purcha File Name:	truction of dwelling units.  ase of affordability covenants and resimal market Study	ential.  trictions for units. If Yes, provide a recent ma  Provide a recent market study within the p and/or a rent roll, and/or other supporting	past year which conforms to TCA documentation per §205 of the N	C guidelines,	cumentation.  Uploaded to HCD?				
iv. New const v. The purcha File Name: vi. Relocation	truction of dwelling units.  ase of affordability covenants and rest  Market Study  a costs for individuals who are being of	ential.  trictions for units. If Yes, provide a recent ma  Provide a recent market study within the p	past year which conforms to TCA documentation per §205 of the Note.	C guidelines, IOFA.					

Homekey Round 2 Project Overview 2/1/2									
		§202 Eligible Projects							
Select below the eligible project types you are applying for:									
i. Conversion of nonresidential structures to residential dwelling units.									
ii. Conversion of commercially zoned structures, such as office or retail spaces, to residential dwelling units.									
iii. Adult residential facilities, residential care facilities for the elderly, manufactured housing, and other buildings with existing residential uses.									
iv. Multifamily	rental housing projects.								
v. Excess sta	te-owned properties.								
vi. Shared housing or scattered site housing is permitted as long as the resulting housing has common ownership, financing, and property management, and each household signs a lease.									
Applicants to requirements	explore financing alternatives to Hom, including the requirements for use a	ich as manufactured home, recreational vehicle, and floating home, for temporary use only. HCD of the such structures. Must submit with application a detailed explanation of how the use will not affordability restrictions set forth at §208 of the NOFA. Applicants seeking HCD's approval of such the required pre-application consultation.	neet all Homekey						
File Name:	Non-Perm Structure	Detailed narrative of how the use will meet all Homekey Program requirements, including the requirements for use and affordability restrictions set forth at §208 of the NOFA	Uploaded to HCD?						
Other eligible project not listed above (describe below)									
viii. Applicant acknowledges Homekey Assisted Units previously awarded under the first round of Homekey funding are ineligible for Homekey Round 2 funding.									

				Threshold			2/1/22				
				00 Threshold Requirements							
			ust meet the following	g requirements as they relate to the Eligible							
• •	•	• •	•	tly by an Eligible Applicant, as defined in §200	and Article VII. Alternat	ively, each of the					
				corporation as Co-Applicant, as specified? of the Target Population per Article VII(xxxi)?							
	has completed the			ed on the anticipated needs of the Target Pop	ulation and any propose	d sub-populations	to				
clearances?	Applicants must als	so complete the 'Lo		of the plan and timeline for any required entitle worksheet. Applicants are encouraged to discusation consultation.	• •						
ologianoo pia	ino, and rolated eta	itatory dathorities a	t the required pre applie	odion conditation.							
F1 1	I= 5				B (1 1 1 1 )		000				
	Env. Report 1		`' '	pdated no earlier than 12 months prior to the a hase II study, submit a Phase II (prepared or u	• • • • • • • • • • • • • • • • • • • •	Uploaded to H					
File Name	Env. Report 2		12 months prior to the	• • • • • • • • • • • • • • • • • • • •	apaated no camer than	Uploaded to H	CD?				
File Name	CEQA		Copy of CEQA Determ			Uploaded to H					
File Name	NEPA		. , ,	se Grant Funds (NHTF Verification from Responding Worksheet(s) completed and signed by loca	• ,	Uploaded to H	SD?				
File Name	Local Approvals			ifferent from jurisdiction.	additionty of	Uploaded to Ho	CD?				
Construction				onstruction completion date		cupancy date					
v. Applicant a	acknowledges the r	•		ic Data Worksheet (reports Continuum of Car	` '	ce/ethnicity)?					
File Name	Racial Demograph	nics	The worksheet on the	ata Worksheet, which reports CoC outcomes b Homekey webpage	by race and ethnicity.	Uploaded to Ho	CD?				
vi. Applicant	must have site con	trol of all properties		on, and control must not be contingent on the	approval of any other pa	arty. Does Applicar	nt				
have site con	trol? If Yes, enter s	site control informa	tion for each APN and r	nost recent execution date. Describe site cont	rol special circumstance						
	APN		ddress	Type of Site Control	Current owner	Execution date	Expiration date				
	AFN	A	Juless	Type of Site Control	Current owner	uate	uale				
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				ge for permanent housing, Applicant must sub	omit a commitment and p	olan to facilitate or					
			nditure and occupancy i	<u> </u>							
	Use Change			and plan to facilitate or expedite the use chan	ge processes	Uploaded to H	JD?				
r iovide detai	Provide details below for unusual site control special circumstances or "Other" types of site control:										
File Name:	Site Controld City	Control	Provide decumentation	of the type of site central for each site. They		I Inlanded to 11	CD3				
	Site Control1, Site Prelim1, Prelim2, 6	·		of the type of site control for each site above nary title report for each site above		Uploaded to House					
File Name:	Liability Insurance		·	ty Insurance that meets the requirements in §8	800(i)	Uploaded to H					
File Name:	Automobile Insura	ince	Proof of Automobile Lia	ability Insurance that meets the requirements in	( )	Uploaded to H	CD?				
File Name:	Property-Hazard In	nsurance	<b>Proof of Property Insur</b>	ance that meets the requirements in §800(v)		Uploaded to Ho	CD?				

						Thresh	old									2/1/22
control the pro	oject during ac	equisition,	development	, and occupan	or the Hor cy?	mekey fui		e en	tity that HCD relies	s upo	n for expe	rience ar	id capacity	y, and will		
viii. Applicant	to the proposed during securation, development, and conspection?  Laboration HTC control of the specific and objects.  Development of the specific and objects.  Laboration of the specific and objects.  Development of the specific and object															
File Name:	Applicant and contact part of the Eighber Applicant such risk of the Propriet and address and the Propriet and address a															
manufactured	l housing, inclu	uding but r	not limited to	requirements f	or minimu	ım squar	e footage,	and	requirements relat	ted to	maintain	ing the Pi	oject in a	safe and		
limitation, all A	Applicants mus	st be quali	fied to do bus	siness in the S	tate of Ca	alifornia a	nd must b	e in	good standing with	the	California	Secretar	of State		not	
xi. Applicant a	acknowledges	that HCD	will require E	Eligible Applica	nts to sub	mit a cor	mplete app	olica	tion with all require					right to reque	est	
consideration result of the A	of (I) applicab applicant's Hor	le relocati mekey-fun	on assistance ded activities	e laws and req . This Relocati	uirements ion Assist	s; and (II) ance Nai	all persor	ns, b es no	usinesses, or farm ot take the place of	oper the r	ations tha	nt may or	will be dis	placed as a	ding	
				Relocation As	sistance	Narrative	for reloca	ation	or no relocation				Ul	ploaded to H	ICD?	
(government/p	philanthropic/p	orivate) for		sonable assura	ance to co	ver oper	ations and	d ser	vice costs with spe		•		ear 15 fron	n the		
minimum expe	erience and ca	<b>apacity</b> re	quirements b	pelow:						-Appli	cant must	t demons				
<u> </u>	•			•					•	 detail	s below:		Pas	sses thresh	old?	No
							rovides th	·		Но	using	Por	vulation s	convod	dev ow	reloped, ned, or
	Fioje	ect mame	and address			ext	Derience		Experience type	Affo	ordable	FO	Julation	iei veu	- OF	Derateu
										ars, w		ng	No			
at least one u	nit nousing a t	tenant who	quaimes as	a member or t	ne rarget	Populati	ion (enter	Proj	ect information bei	OW) ?					Late	est date
	Proje	ect name	and address	3		-		ne	Experience type	1	ype	Qualify	-	-	ow	ned, or
										R	tental					
h Evnorionae	halping para	voo oddros	a harriara ta	housing [	Drop out v p	monogor.			Cupportive Com	R		Pess	throok old	l (thung ou n		
•					servi	_	0.00			ears			years	of experien	ce)?	No
Has a propert been selected				d complete exp	perience								olicitation	or memoran	dum	
			provid	er name and c	omplete								olicitation	or memoran	dum	
		Proje	oct name and	l address				F	xperience provide	er		g	Populati	ion Served		months
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									Property Manager		Affordab	le				
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Enter Support	tive Service Pi	rovider na	me and comp	olete experienc	e chart be	elow:		(	• •							
								(	Supportive Service	!	Affordab	le				
								(	Supportive Service	!	Affordab	le				
									Supportive Service	!	Affordab	le				
									Supportive Service	1	Affordab	le				
c. Experience	administering	a Housin	g First progra	m that include	s principle	es of harr	m reductio	n ar		ntry.	Renta					
File Name:	Housing First	Perm		•		ministerin	ıg a Housi	ng F	irst program of har	m red	duction an	d low	Ul	ploaded to H	ICD?	
					ate a Pern	nanent H	lousing Pr	ojec	t? If Yes, provide d	letails	in the Pr	oject Staf	fing Chart	below:		
d2. Applicant	certifies that it	t will emplo	oy experience	ed staff without	t reliance	upon and	other entity	y or <sub> </sub>	parent company?			-				
d4. Applicant	certifies that it	t has suffic	cient financia	I capacity to ca	arry out its	obligation								·		
			•	•	- Jonipul					E…	l time / Do	art time. T	% of time	e dedicated	to this	s project
Juli type		Етпріоу	oo, oonsulta	ran Haille			F	JUILI	J.1 ado	i ul	/ F 6	ar mile	,o or time	, GOGIOGICU I		, p. 0,000

			Thres	hold						2	/1/22	
	ne replacement of assisted housing quired housing or site be redeveloped	t/renositioned as na	rt of the loc:	ality's over	all goal to address t	he needs of Target	Populat	ion and cor	mmunity?			
	a. above, will the target site be demo					ric riceds of Target	i i opulat	ion and cor	initiality:			
	One-for-one Replacement	iii(a) and (b): If the locality's overall go (unless the target s Population), provide	acquired ho al to addres site is going	ousing or si s the need to be dem	te will be redevelop Is of the Target Pop olished before any o	oulation and the cor occupancy by the T	mmunity arget	Up	ploaded to H	ICD?		
c. Will all of th	he proposed housing be located within					1-one replacement	or uriles.					
	Housing Site Map	Map indicating the				posed housing loc	ation(s).	Up	oloaded to H	ICD?		
File Name:	Outside Neighborhood	If replacement house explaining why it is neighborhood (i.e., to maintain housing	necessary offsite) and	to locate th	is replacement hou	ising outside the ta	rget	Ur	oloaded to H	ICD?		
					Requirements							
costs with spe through year	cknowledges the Interim Housing Pro ecific funding sources (government/p 15 from the recordation of the use res	hilanthropic/private) striction.	for the Proj	ect for five	years and submit a	a budget to cover o	perations	and service	ces costs			
	licant acquiring, rehabilitating, and/or I development, ownership, or operation						ing expe	rience <b>and</b> I		elow: Pass		
	it least three of the last ten years for i					er or Transitional	Years	0.00	Thres		No	
	Project Name and Address	·	Who pro	ovided	Experience type	Interim Housing	- 1	Population	Sarvad	serv	months ving in last ten rears	
	1 Toject Name and Address		ехреп	CIICC	Experience type	project type	'	opulation	J Oel Veu	y	cars	
Explanations:	:											
h Does Appli	icant have experience linking Interim	Housing program pa	articinants to	Permane	nt Housing to ensur	re long-term housin	a stabilit	w?				
	Interim Hsg Exp	Provide experience to ensure long-term	e in linking Ir	nterim Hou				na	oloaded to H	ICD?		
	icant have experience administering a		ram that inc	ludes princ	•			rm		1000		
	Housing First Interim ent, ownership, or operation capacity.	reduction and low b	barriers to e	ntry				υρ	oloaded to H	CD?		
	olicant have the capacity to develop, of	own, and operate a	Permanent	Housing P	roject? If Yes, provi	ide details in the Pr	oject Sta	ffing Chart	below:			
	certifies that it will employ experience		•		<del>, , , , , , , , , , , , , , , , , , , </del>	•						
	certifies that it has sufficient financia certifies that it has sufficient financia											
	rantees without reliance upon another		-	lions pursu	ant to Program requ	uirements including	i, but not	iimited to p	providing			
Staff type	Employee / Consulta	•	· •	ect Staffing F	Chart Position title	Full time / Pa	art time	% of time	dedicated	to this	project	
Ctan type	2mpleyee'r coneunc	ant rain riains				T dil dillo / T d		70 01 11110	dodioatoa		project	
			§50	O Article	XXXIV							
acquisition, refrom the CSF	knowledges per HSC §37001, subdivise habilitation, reconstruction, alteration FRF established by the federal American ment	ns work, new constru	uction, or ar	ny combina	tion thereof, of lodg	ing facilities or dwe	elling unit	s using mo	neys receive			
funded devel	оринонт.		850	1 Housing	g First							
	knowledges that the Eligible Applicant	-	loy the core	componer	nts of Housing First,					55,		
incarceration,	<ul> <li>management and tenant selection p</li> <li>credit history, or history of eviction in protocols, or other federal or state Protocols</li> </ul>	accordance with pr	ractices per		•	•			•	tem		
			§502	Tenant S	election							
Applicant acknowledges that referrals to Homekey Assisted Units shall be made through the local Coordinated Entry System (CES) for persons who are experiencing Homelessness? For persons At Risk of Homelessness, CES or another comparable prioritization system based on greatest need shall be used. All referral protocols for Homekey Assisted Units must be developed in collaboration with the local CoC and implemented consistent with the requirements set forth in the NOFA. CoC collaboration in Project and supportive service design is also strongly encouraged to help target and serve greatest need populations. If referrals will be made												
	ritization system other than CES, the sive, as determined by the Departm	ent in its sole and	absolute d	iscretion.			asonably	y detailed a	and			
Applicant ack	knowledges Homekey Grantees must				Homeless Data Int		HDIS) as	nd in accor	dance with			
state and fed <b>Note: Anoth</b>	leral law (including all applicable priva er comparable data collection syst tims, veterans, and youth.	cy law), disclose rele	evant data t oriate for sp	o the local pecific pro	Homeless Manage jects or sub-popu	ment Information S	System (F	HMIS)?				
			§5	04 Reloca	ation							

	Threshold		2/1/22					
Applicant acknowledges Homekey Grantees	must comply with all applicable federal, state, and local relocation law. Grantees must have a re	location plan prior to						
proceeding with any phase of a project or oth	er activity that will result in the displacement of persons, businesses, or farm operations?							
File Name: Relocation Plan	Relocation Assistance Narrative for relocation or no relocation	Uploaded to HCD?						
	§505 Accessibility and Non-Discrimination							
Applicants acknowledges all developments shall adhere to the accessibility requirements set forth in California Building Code Chapter 11A and 11B and the Americans with Disabilities Act, Title II?								
File Name: Access & Non-Discrimination Provide a non-discrimination policy Uploaded to HCD?								
§506 Prevailing Wage								
Applicant acknowledges use of Homekey funds is subject to California's prevailing wage law (Lab. Code, § 1720 et seq.). Applicant is urged to seek professional legal advice about the law's requirements. Prior to disbursing the Homekey funds, HCD will require a certification of compliance with California's prevailing wage law, as well as all applicable federal prevailing wage law. The certification must verify that prevailing wages have been or will be paid, and that labor records will be maintained and made available to any enforcement agency upon request. The certification must be signed by the general contractor(s) and the Grantee.								
File Name: Prevailing Wage	Provide a prevailing wage certification	Uploaded to HCD	?					
	§507 Environmental Clearances							
Applicant acknowledges HCD encourages Eligible Applicants to fully engage with HCD's technical assistance and to consider the CEQA exemption set forth at HSC §50675.1.4 and the provision for land use consistency and conformity set forth at HSC §50675.1.3, subdivision (i)? Applicants should consult with their counsel for legal advice in construing application of the foregoing exemptions to their Project. It is entirely within an Applicant's discretion to determine whether to use the statutory CEQA exemption, whether the exemption applies to the Applicant's proposed activity, or whether some other mechanism applies and could be used to satisfy obligations under CEQA.								
	§508 Land Use							
Applicant acknowledges Pursuant to HSC section 50675.1.3, subdivision (i), Homekey Projects are deemed consistent and in conformity with any applicable local plan, standard, or requirement, and any applicable coastal plan (local or otherwise). Such Projects shall not be subject to any discretionary local permit review or approval process (e.g., a discretionary use permit process) before being able to proceed as a permitted use.								

		Certification & Legal	D	isclosure		2/1/22					
On behalf of the entity identified in the sig	_	•									
		- · ·		of my knowledge and belief, true and correct.							
2. I possess the legal authority to submit this	•	•		5							
				, including affiliates, that will provide goods or services to the Project							
10302 of the California Code of Regulations			III þ	provide goods or services to the Project. "Related Party" is defined in	Sectio	n					
10302 of the California Code of Negulations	<del>(C</del>	TCAC (Negulations).									
1. As of the date of application, the Project of	or t	ne real property on which the Project is pro	anc	psed (Property) is not party to or the subject of any claim or action at t	oe Str	ate or					
Federal appellate level.	)i (i	ic real property on which the rifoject is pre	Jpc	seed (1 reperty) is not party to or the subject of any claim of action at t	ic Ote	ALC OI					
5. I have disclosed and described below any	/ cla	aim or action undertaken which affects or r	oot	entially affects the feasibility of the Project.							
In addition, I acknowledge that all information		•									
,		•	•	,							
Printed Name		Title of Signatory		Signature		Date					
		Legal Disc	clo	osure							
For purposes of the following guestions, and	wi			licant" shall include the applicant and joint applicant, and any subsidia	rv of	the					
		·		I be benefited by the application or the project.	.,						
,				rect and indirect holders of more than ten percent (10%) of the owner	shin ir	nterests					
				the entity is a corporation, the general and limited partners of the enti	-						
•	•	•	-	ompany. For projects using tax-exempt bonds, it shall also include the	•	•					
who will be executing the bond purchase agr	-	•	•								
The following questions must be responded to for each entity and person qualifying as an "applicant," or "joint applicant" as defined above.											
Explain all positive responses on a separate sheet and include with this questionnaire in the application.											
Exceptions:											
Public entity applicants without an owners	shi	p interest in the proposed project, inclu	ıdi	ng but not limited to cities, counties, and joint powers authorities	with	100 or					
more members, are not required to respon	nd	to this questionnaire.									
Mambara of the boards of directors of non-ni	rofi	t corporations, including officers of the box	ard	s, are also not required to respond. However, chief executive officers	(Evo	outivo					
•		•		s, are also not required to respond. However, chief executive officers hief financial officers (Treasurers, Chief Financial Officers, or their equ	•						
		- Their equivalent, must respond, do must	. 01	nor interrolar officers (Troadearers, Officer Financial Officers, or their equ							
Civil Matters											
	ceiv	ership case or had a bankruptcy or receiv	ers	ship action commenced against it, defaulted on a loan or been foreclo	sed						
against in past ten years?											
				il litigation that may materially and adversely affect (a) the financial							
condition of the applicant's business, or (b) the											
•				ne applicant within the past ten years that materially and adversely							
affected (a) the financial condition of the app											
				ril or administrative proceeding, examination, or investigation by a local a local, state or federal regulatory or enforcement agency?	<b>11</b> ,						
•		•									
• • • • • • • • • • • • • • • • • • • •				ing, examination, or investigation by a local, state or federal licensing ulatory or enforcement agency that resulted in a settlement, decision,							
judgment?	ııa	Allig authority, or a local, state or lederal re	egu	diatory or emorcement agency that resulted in a settlement, decision,	OI .						
Criminal Matters											
	SII.	piect of or been notified that it may become	10.3	a party to or the subject of, any criminal litigation, proceeding, charge,	$\overline{}$						
complaint, examination or investigation, of ar		•									
			•	a party to or the subject of, any criminal litigation, proceeding, charge,							
		- <del>-</del>		neanor charges against the applicant for matters relating to the condu		1					
of the applicant's business?	., .	ma, mroning, or that obtain room in, mod		realier charges against the applicant for matters relating to the condu	٠.	1					
· ·	SII		ne 2	a party to or the subject of, any criminal litigation, proceeding, charge,							
		•		I charges (whether felony or misdemeanor) against the applicant for a							
financial or fraud related crime?	,	<b>3</b> , 1 <b>3</b> , 1 <b>1 1 1 1 1 1 1 1 1 </b>		3 · · · · · · · · · · · · · · · · · · ·	,						
9. Is the applicant currently a party to, or the	su	piect of, or been notified that it may becom	ne a	a party to or the subject of, any criminal litigation, proceeding, charge,							
complaint, examination or investigation, of ar		· •									
10. Within the past ten years, has the applica	_	-		••							
11. Within the past ten years, has the applica		· · · · · · · · · · · · · · · · · · ·	ed	to the conduct of the applicant's business?							
12. Within the past ten years, has the applica		·									
Provide a letter of explanation if you resp		•									
File Name: Cert & Legal Explanation		Letter of explanation for any "Yes" ans		ers or red shaded items above.  Uploaded to F	ICD?						
	_										

Title of Signatory

Printed Name

Signature

Date

#### **Applicant Documents**

2/1/22

#### **Certifications & Legal Disclosure**

A completed and signed Certification is required for each Joint Applicant. Each Joint Applicant must sign an individual Certification form. A completed and signed Legal Disclosure is also required for each Joint Applicant. The hard copy Certifications & Legal Disclosure should be submitted with the application as detailed in the NOFA.

#### Resolutions

Applicant may use their own Resolution format as long as it contains ALL of the authorizations as in the sample.

The person attesting to the resolution signing cannot be the same person authorized to execute the documents in the name of the applicant.

If more than one authorized signatory is identified, state whether both signatories are required or only one signatory is required to submit and execute Program docs. If the application is being signed by a designee of the authorized signatory, the applicant must also submit a designee letter or other proof of signing authority.

A resolution is required of each Joint Applicant - both private and public entities. A sample resolution template is available on the Homekey website.

#### **Organizational Documents**

#### Organizational documents are required for all Applicants except Governmental entities are not required.

Submit organizational documents supporting the Resolution submitted with the application.

#### **Corporation organizational documents**

Articles of Incorporation (Corp. Code §154, 200 and 202) as certified by the CA Secretary of State.

Bylaws and any amendments thereto (Corp. Code §207(b), 211 and 212)

Certificate of Amendment of Articles of Incorporation (Corp. Code §900-910 (general stock), §5810-5820 (public benefit and religious corporations), §7810-7820 (mutual benefit corporations), or §12500-12510 (general cooperative corporations)) as applicable.

Restated Articles of Incorporation (Corp. Code §901, 906, 910 (general stock), §5811, 5815, 5819 (public benefit and religious corporations), §7811, 7815 and 7819 (mutual benefit corporations) and §12501, 12506 and 12510 (general cooperative corporations)) as applicable.

Statement of Information (CA Secretary of State form SI-100 or SI-200)

Shareholder Agreements (Corp. Code §186) if applicable.

Certificate of Good Standing certified by Secretary of State.

#### Limited Liability Company

Articles of Organization (CA Secretary of State form LLC-1)

Certificate of Amendment (CA Secretary of State form LLC-2) if applicable

Restated Articles of Organization (CA Secretary of State form LLC-10) if applicable

Certificate of Correction (CA Secretary of State form LLC-11) if applicable

Statement of Information (CA Secretary of State form LLC-12 or LLC-12NC)

Operating Agreement (Corp. Code §17707.02(s) and 17701.10)

Certificate of Good Standing certified by Secretary of State

#### **Limited Partnership**

Certificate of Limited Partnership (CA Secretary of State form LP-1)

Amendment to Certificate of Limited Partnership (CA Secretary of State form LP-2) if applicable.

Certificate of Correction (CA Secretary of State form LP-2) if applicable.

Limited Partnership Agreement (CA Corp. Code §15901.02(x) and 15901.10)

Certificate of Good Standing certified by Secretary of State.

Any other CA Secretary of State filings applicable to revivals, conversions or mergers.

#### **Organizational Chart**

The Organizational chart must depict the organizational structure of the entities in relation to the applicant.

#### **Signature Block**

All Applicants must submit a Signature Block in a Microsoft Word Document that will be used in the HCD legal documents such as the Standard Agreement.

#### Payee Data Record STD-204 or Taxpayer Identification Number (TIN)

The TIN must be submitted by all governmental entity Applicants. All other Applicants must submit the STD-204 Payee Data Record. Available on the Homekey website.

	§300(iii) Supportive Services Plan (SSP)	2/1/22
Homekev applica	tions must include an initial plan for providing supportive services based on the anticipated needs of the Target Population and any proposed sub-populati	ions to be
	ect. The checklist below shall serve as a guide to ensure your SSP is complete.	
Part I.	Tenant Selection	
	Section 1: Tenant Selection Criteria	
	Section 2: Referrals	
	Section 3: Housing First Certification §501	
Part II.	Supportive Services Detail	
	Section 1: Supportive Services Provider Information	
	Section 2: Supportive Services Chart	
	Section 3: Supportive Services Coordination	
Part III.	Staffing	
	Section 1a: Staffing Description	
	Section 1b: Staffing Chart	
	Section 2: Staffing Ratios	
Part IV.	Supportive Services Budget	
Part V.	Property Management Plans and Tenant Selection	
	Section 1: Property Management Plans and Tenant Selection	
Part VI.	Measurable Outcomes and Plan for Evaluation	
	Section 1: Measurable Outcomes	
	Section 2: Plan for Evaluation	
	Part I. Tenant Selection	
2522		
	etailed description of the Tenant Selection process. Using the titled sections below, the narrative should be as specific as possible, delineating the roles of	
	the support service provider and how these functions will be coordinated. Your description should clearly and conclusively document processes to ensure	3 compliance
	y Round 2 NOFA for Tenant Selection and Housing First Practices.	
	nt Selection Criteria	
	n and Eligibility Criteria	
a. Do you use Ho	ousing First Practices?	
b. Describe the c	riteria that will be used to ensure that tenants are eligible to occupy the Homekey Assisted Units.	
c. Description of	the Target Population to be served, and identification of any additional subpopulation target or occupancy preference for the Project. (all sub-population tar	raetina must
-	ICD prior to standard agreement issuance and must be consistent with federal and state fair housing requirements).	gotting mast
be approved by t	Tob phorite standard agreement isodance and must be consistent with rederal and state fall floating requirements).	
•	additional eligibility criteria other than those indicated above, i.e., information needed to determine if the tenant can comply with lease terms. NOTE: Select	
•	ss anything other than the ability to comply with lease terms generally run afoul of fair housing laws designed to protect equal access to housing for people	) with
disabilities. <u>See I</u>	Between the Lines, A Question and Answer Guide on Legal Issues in Supportive Housing Chapter 4.	
e. Identify all disc	losures that will be provided to applicants/tenants. Example: Megan's Law disclosures.	
	The state of the s	
Section 2: Refer		
	dresses the required use of the Coordinated Entry System (CES) for all referrals into Homekey Assisted Units or an alternate comparable prioritization syst	
	Homelessness based on greatest need. Note that use of standard waiting lists is prohibited, in that both of these systems must prioritize referrals based on	ı highest
acuity needs, rath	ner than first-come first served.	
a. Describe how	the local CES will be used to fill Homekey Assisted Units based on the use of a standardized assessment tool which prioritizes those with the highest need	d and the
most barriers to h	nousing retention. Include the CES agency's name, primary staff person's name, and contact information. If the local CES is not yet operational, describe v	vhen it'll be
established and t	he plan to use it.	
h If using a sone	rote comparable prioritization quotem than CES to refer persons At Diek of Hameleoppees describe that quotem. All referral protectle for Hameleou Assista	d Unito
	rate comparable prioritization system than CES to refer persons At Risk of Homelessness describe that system. All referral protocols for Homekey Assiste	a Units
must be develope	ed in collaboration with the local CoC and implemented consistent with the requirements set forth in the Homekey NOFA.	
Section 3: Hous	ing First Certification §501	
The Eligible Appl	icant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code §8255, in its property management and ter	nant
selection practice	key Round Pchecklist below to certify compliance with Housing Age 11 of 28 Supportive Services Pl	an

		§300(iii) Support	ive Services Pl	an (SSP)		2	2/1/22				
Tenant Screening											
elsewhere.		rough the coordinated entry pro-									
	erything possible not to reje rpreted as indicating a lack		d on poor credit or fii	nancial history	, poor or lack of rental l	nistory, minor criminal convictions, or					
	ct is not contingent on sobried in not imposed by the terms o	•	ents, lack of a crimi	nal record, co	mpletion of treatment, p	articipation in services, or any other					
•	ies are offered clear opportuical features that accommod	•	ccommodations with	nin application	s and screening proces	sses and during tenancy. Building					
Housing-Based Volu	ntary Services										
<u> </u>		rvices use a positive youth dev	<u> </u>								
		osophy that recognizes that suluse and are offered education re									
3. Case managers and	d service coordinators who a					iding, but not limited to, motivational					
interviewing and client-centered counseling.  4. Participation in services or compliance with service plans are not conditions of tenancy but are reviewed with tenants and regularly offered as a resource to tenants.  Housing and service goals and plans are highly tenant driven.											
Housing and service goals and plans are highly tenant driven.  5. Supportive services emphasize engagement and problem-solving over therapeutic goals.											
Housing Permanency											
<ol> <li>Substance use in and of itself, without other lease violations, is not considered a reason for eviction.</li> <li>Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or</li> </ol>											
assistance with financial management, including representative payee arrangements.											
3. Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.											
4. Program Requires Housing Providers to Provide Tenants with Leases and Reflects Tenants' Rights & Responsibilities Of Tenancy Under CA Law (including eviction protections).											
Part II. Supportive Services Detail Section 1: Supportive Services Provider Information											
			ion and any propose	ed sub-popula	tions to be served by th	e Project. If more than one Provider w	ill be				
offering services, describe how services will be coordinated.											
Provi	ider Name	Populations th	ne Provider will ser	ve	,	Services Provider will offer					
Describe any known c	onflicts and/or the mitigation	strategy for when Homekey fu	unding or other prog	ram requirem	ents conflict with Housir	ng First practices, as applicable.					
·	<u> </u>	,	<u> </u>	·		, , , , , ,					
If your tenants include Homekey Assisted Un		dependents of Homekey Tena	nts, describe any ac	Iditional criteri	a that will be used to er	nsure applicants are eligible to occupy	the				
Section 2: Supportive											
Required Services: Lis  Resident Service		as required in §300 to be offere  Description			Service Provider	Off-site Service Location					
Resident Service	Service	Description	Frequency	Hours	Service Provider	If service is on-site, leave blank. E	nter				
List each service separately		the degree to which services provided.	Frequency of services provided	Provide the hours of availability	Provider's Name	distance, in miles, to off-site service resident commuting options. Reason access is access that does not recommuting more that one-half miles.	and list onable quire				
						<u> </u>					
Case management											
Case management											
Behavioral health											
services											
Physical health											
services											

Page 12 of 28

Supportive Services Plan

Homekey Round 2

	§300(iii) Support	tive Services P	lan (SSP)					2/1/22
Assistance obtaining benefits and essential documentation								
Education and employment services								
Other services, such as housing retention skills, legal assistance, family connection services, etc.								
Other Residential Services (specify)								
Other Residential Services (specify)								
Describe the access to the tenant for transprovide documentation	e Services Coordination sibility of community services to which you propose linkage portation required to access the services to include both put n, in the form of Memorandum of Understanding, Memoran d how accessibility will be accomplished.	ublic transportation a	ınd private tra	nsportation se	ervices (	e.g. va	an owned by the provider). If a	available,
identities, and gender including sensory disa accommodate trauma	upportive services will be provided in a manner that is cult expressions. This includes explaining how services will be bilities, and how communication among the services provibased, barriers to services. If available, provide document may who will be responsible for ensuring access to services	e provided to Homek iders, the property m station, in the form of	ey tenants wh anager and th Memorandur	no do not spea nese tenants w n of Understar	k Englis vill be fa	sh, or h acilitate	nave other communication ba ed. Additionally, describe how	arriers, v services will
		Part III. Staffing	g					
Section 1a: Staffing Describe the overall st	Description taffing pattern, including the roles and responsibilities for e	each position listed in	n the Staffing	Chart below. L	ist the	target <sub>l</sub>	populations served through e	ach position.
Section 1b: Staffing	Chart hat will provide services to the tenants of the Homekey As	pointed Unite Include	ony staff	itions of sector	orine =	'ao::!	ations who have some 'tt-d'	mo to the
Project. Include the se resides, and the locati units, include only that	ervices coordination staff. For each position, list the position on of the position (on-site or off-site). Do not include staff portion (i.e., % FTE) of the staff position dedicated to Hor	on title, minimum requivation serve non-Hor mekey Assisted Unit	uirements, the nekey Units. s. Attach a co	e full-time equi If a staff position opy of each pos	valent ( on serve sitions o	FTE), es both duty sta	the organization under which n tenants in Homekey and no atement, if these documents	the position n-Homekey
	h staff position will be responsible for Homeless Mana		ıı əystem da	<del></del>	otal			
Title	Minimum requireme	ents			FTE:	0	Employing Organization	Location
List each staff position	List min. required staff preparation include (		ŕ	stafi Ho	dicate f f positio mekey llf-time i	ons for units s <b>0.5</b> )	List which organization will employ each staff position	Select "On- Site" or "Off- Site"
Homekey	Round 2	Page 13 of 2	8				Supportive Services P	<del>lan</del>

			§300(iii) Suppo	ortive Services Plan (SSP)				2/1/22
				7				
Section 2: Staffing Ratios								
1. Indicate the overall services s		for the Pro	oject by completing the	calculation below.				
a. Total Homekey Assisted Uni								0
	-		_	Units - Provide only the number of o		-	-	
support positions, or HMIS A				manager, psychiatric nurse, service	es coordinator, etc)	. Do not include superviso	ors, peer	
c. Number of Homekey units	-		•					0
				signed per client (for example 2:1, 3:	:1, etc.). Include all			
Population Type:  Case Manager Ratio	Cr	ronically	Homeless	Homeless		At-Risk of F	lomelessne	SS
Case Manager Natio			Part I	V. Supportive Services Budget				
			Project using the forma	t below. Complete both income and	expense portions			
				de income and expenses for all staff				
				egories & lines as necessary. Don't i ssisted Units, include only the Home			ces in non-H	omekey
Income Source/Program Nam			Amount	Туре		Funding Status	% of T	otal Budget
				- 71				0.00%
								0.00%
								0.00%
	Total	Revenue	\$0					0.00% <b>0.00%</b>
Expense Item	rotar	Revenue	Amount	Туре		Funding Status		otal Budget
Staff Salaries: List by title of pos		st must						
match the Staffing Chart above.	·							2.000/
	FTE FTE							0.00%
	FTE							0.00%
	FTE							0.00%
	FTE							0.00%
	FTE FTE							0.00%
	FTE							0.00%
	FTE						(	0.00%
	FTE							0.00%
	FTE FTE							0.00% 0.00%
Fringe Benefits		1						0.00%
	Total Staff E	xpenses	\$0					0.00%
Tenant Transportation (per SSF Staff training (per SSP)	<u>-)</u>							0.00%
Equipment								0.00%
Supplies							(	0.00%
Travel Office Rent/Occupancy Costs (	don't include							0.00%
rent/leasing costs for SH units) Training							(	0.00%
Consultants: List by Function	Entitudo ami	o time						0.00%
Subcontractors/Partners-list by Other Expenses: (type in expen								0.00%
Other Expenses: (type in expen								0.00 <i>%</i> 0.00%
Other Expenses: (type in expen	nse descriptio	<u>n)</u>					(	0.00%
Other Expenses: (type in expen	nse descriptio	n)		Page 14 of 28		Supportive S	envices P	0.00%
OTHER EXPENSES ! (TYPE IN EXPEN	is <del>e</del> uescriptio	11)		. 490 110120		Supportivo		<b>フ:00</b> %

8	300(iii) Sur	portive Services Plan (SSP)			2/1/22
Other Expenses: (type in expense description)					0.00%
Total Expenses	\$0				0.00%
	·	rty Management Plans and Tonant So	lootion		0.00 /0
Section 1: Property Management Plans and Tenant Sel	<u> </u>	rty Management Plans and Tenant Se	lection		
The Property Management Plan and tenant selection polici		ith the Homekey application will be evaluate	d for the following consisten	t with state Housing F	iret
requirements. These documents must identify, describe, ar housing. The descriptions of the use of Housing First and to Property Management Plan and tenant selection policies strequirements:  1. Applicant eligibility and screening standards  2. Confidentiality  3. Substance abuse policy  4. Communication between property manager and supports  5. Eviction policies and eviction prevention procedures  6. Process for assisting tenants to apply for different forms  7. How applicants and residents will be assisted in making Housing Authorities, to ensure that persons with disabilities  8. Policies and practices to facilitate Voluntary Moving On s  9. Appeal and Grievance Procedures	enant selection nould address to ve services state of cash and not reasonable access to have access to	in this SSP must be consistent with the Prohe following and be consistent with state Hoff  ff  n-cash benefits to aid the household in retaine to model to make the commodation requests, in coordination with	perty Management Plan and using First requirements, as ning their housing, if needed	d the tenant selection s well as and other Ho	policies. The mekey program
File Name Property Management Plan Sub	mit Property Ma	anagement Plan and Tenant Selection Polic	ios	Uploaded to HC	D2
The Name Property Management Flam	· · ·			Opioaded to Fic	·D :
Consider toward manufactions will likely have you in a cutoome		surable Outcomes and Plan for Evalu		t nanulation	
Specific target populations will likely have varying outcome Section 1: Measurable Outcomes	s and evaluatio	n strategies. List outcomes and evaluations	plans specific to each targe	t population.	
Outcomes are what you expect to happen for the people se identify how you know if you are achieving your desired res into the following three categories:					_
Category		Outcomes	Oı	ıtcome Objectives	
Residential Stability: Tenants maintain permanent housing (see examples in cell comments to the right)					
Increased Skills and/or Income: Tenants gain jobrelated skills, participate in job-related training and/or education, gain stipend part-time or full-time supported employment, gain access to mainstream service/income support Programs for which they are eligible (see examples in cell comments to the right)  Greater Self- Determination: Tenants gain daily living skills and ability to plan and advocate for themselves to maximize independence and self-sufficiency (see examples in cell comments to the right)  Other (specify)					
Other (Specify)					

### Section 2: Plan for Evaluation

Describe your evaluation plan, including how you intend to collect, track and analyze data on the effectiveness of your Project, including the outcomes Projected above. Indicate who will analyze the data and perform your Program evaluation. (e.g., staff, consultant, etc.).

Local Jurisdiction	and NEPA Responsible E	ntity Verific	ation (if applicable	۵)	2/1/22
	•		<u> </u>	•	
<b>Applicant:</b> Submit this form to the agency or departme agency or department if necessary. If the NEPA Respo				-	
to the appropriate NEPA Responsible Entity. If an item					it a copy of this form
		III tile box belov	v. Complete both dect	10113 1 Q Z.	
Project Applicant: Applicant Address:					
Applicant Address. Applicant City:					
Project Name:					
Project Name. Project Address/site:					
Project City:					
Project County:					
Assessor Parcel Numbers (APNs):					
Assessor i arcer warmsers (Ar its).	Section				
L LL L U d. NEDA D. U L E de Ti					. 5 1 (1)
<b>Local jurisdiction or NEPA Responsible Entity:</b> The Department) requesting funding for the project named a process. Project readiness is a component of that process.	above, under the Homekey program	n. Projects subm	nitted for program fundir	ng are subject to a comp	' '
			Not Required for this Project	Final date of Public Comment Period	Approved Date
All Environmental Clearances (CEQA and NEPA) nece	ssary to begin construction are	CEQA			
either final approved or unnecessary:		NEPA			
Specify in the box below, items not required and explain	n why (include documentation, if app	olicable):			
	Section	າ 2			
Note: Any project using Homekey funds for any of the papplicable coastal plan, local or otherwise," and "allower permit, discretionary permit, or any other discretionary	ed as a permitted use, within the zor	ne in which the	structure is located, and	•	-
permit, discretionary permit, or any other discretionary	reviews of approvais. (Fleatifi and C	Salety Code 300	070.1.0 (1))	Not Required for this	Verified as Complete
				Project	and date completed
All necessary land use approvals or entitlements neces discretionary approvals, such as site plan or design rev		permit, including	g any required		
Specify in the box below, items not required and explain	n why (include documentation, if apլ	olicable):			
Project Applicant has submitted a complete application process, where the application has been neither application by the public official and is limited subdivision standards in effect at the time the application Ministerial Approval Processing under to Chapter 366, Statutes of 2018 (AB 2162), housing element law (Government) approval process.	proved or disapproved. A nondisc d to ensuring that the proposed deve on is submitted to the local governm Statutes of 2017 (SB 35), By-Right I ernment Code Section 65583.2(i)), of	retionary local a elopment meets ent. A "nondisc Processing for I or other local pr	approval process is one a set of objective zoning retionary local approval Permanent Supportive Focess that meets the de	that includes little or no g, design review and/or process" includes Streat dousing under Chapter efinition of non-discretio	r amlined 753, nary
Projects located within the boundaries of an incorp				Projects located in the	e unincorporated
areas of a county, the county shall make the necess	sary determinations. The appropr	iate entity shal	l sign below.		
Dated:					
Statement completed by:					
Signature:					
Title:					
Agency or Department Name:					
Agency or Department Address:					

**Agency or Department Phone:** 

						§	<b>205 Max</b> i	imum P	rogran	n Award,	Capital Fu	nding Ma	atch, and R	Rent/Subs	sidy Reve	enue																				
D	oors at Acc	quisition	1								Р	roposed U	Units for Pro	oject								2/1/22	]													
								Monthl	ly Unit R	Rent		Subsidy F	Program #1 Name	e Subs	sidy Program #2	<sup>2</sup> Name	Target P	Population - F	lomekey As	sisted Units (Ar	ticle VII)		•			Maximu	ım Capital Awa	rd (Baseline and	d Additional Co	ntribution) Base	d on Doors at	Acquisition				
		Baselii																														Per Unit				
		Awar																		Homeless												Local Match		Maximum	Maximum	
		based																		Youth or		Baseline Award		Maximum		% of	Unit's Pro-		Adjusted Award			(Lesser of	Additional	Match	Additional	
		Units a	nd	l					posed		Monthly									Youth at Ris	I	based on Units	Baseline Award	Baseline Award	Total	Total	Rated Share of	5	lesser of			Per Unit	Per Unit	(Proposed	Award	
Dalmas	Number of	Bdrm S	Deline	Number of	Unit Size	Income M			ent for stricted		Utility		Monthly R			nthly Rent	At-Risk of	Chronically	l llamala	Of Users leading	Total	and Proposed	based on Units	based on	Unit	Unit	Project Cost	Project Cost	Assisted Unit	Funding Gap	Don Unit	Funding	Award	Assisted	(Equal to	Marrimorum
Barm cizo	Doors at	Acquici	Bdrm		(Square Feet)	Income Mi	•		Units	Unrectrietes	4	Subsidy Un	Subsidy nits Amoun	' I		Subsidy	Homelessness Units	s Homeless Units	Homeles Units		Units	Population	Bdrm Size	Proposed	Square Feet	Square Feet	Based on	Assisted Units	and Passing	on Assisted Units	Per Unit	Gap and \$100,000)	(Equal to	Units x Per Unit Amount)	Maximum Local Match	Maximum
Size	Acquisition	Acquisi	tion size	Proposed	reet)	Limit AMI U	nits Restri	eo C	JIIIIS	Unitestricted	Allowance'	Subsidy On	Alloun	it Subsidy	y Units A	Amount	Units	Units	Units	Units	Onits	Served	n ¢n n	o eo oo	reet	0.00%	Square Feet	+ Manager Units	and Baseline	\$0.00	Funding Gap	\$100,000)	COCAL MATCH)	tonit Amount)	Local Match)	Capital Award  \$0.00
			ΦO 0.2					ΦO										+			0	\$0.0	0 \$0.00	0 \$0.00		0.00%	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 \$0.00	\$0.00 00.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0					\$0					$\overline{}$								0	\$0.0	\$0.00	0 \$0.00	0 0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		5 \$0.00
			\$0					\$0													0	\$0.0	\$0.00	0 \$0.00	0 0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			+
			\$0					\$0													0	\$0.0	\$0.00	0 \$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
			\$0					\$0													0	\$0.0	\$0.00	0 \$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00
			\$0					\$0													0	\$0.0	\$0.00	0 \$0.00	0	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0.00
			\$0					\$0													0	\$0.0	\$0.00	Ψ0.00	7 0	0.00%	\$0.00	\$0.00	\$0.00	ψ0.00	\$0.00	ψ0.00	\$0.00	ψ0.00	ψ0.00	+
			\$0					\$0													0	\$0.0	0 \$0.0	Ψ0.00		0.00%	\$0.00	\$0.00	\$0.00	ψ0.00	\$0.00	ψ0.00	\$0.00		7	
			\$0					\$0													0	\$0.0	0 \$0.00 0 \$0.00	φο.σο	, ,	0.00%	\$0.00 \$0.00	\$0.00	\$0.00 \$0.00	ψ0.00	\$0.00	ψ0.00	\$0.00	<del></del>	+	- + - · · ·
			ΦO					\$0										+	+		1 0	\$0.0	\$0.00 0 \$0.00	Ψ0.00	<del>/                                    </del>	0.00%	\$0.00	\$0.00	\$0.00	ψ0.00	\$0.00	φ0.00	\$0.00	Ψ0.00	φ0.00	φ0.01
			φU 0.2					ΦO 0.2											+		0	\$0.0	) \$0.00 0 \$0.00	0 \$0.00	<del>/                                    </del>	0.00%	Φ0.00 \$0.00	Φ0.00 00.00	\$0.00 \$0.00	ψ0.00	Φ0.00 00.02	φυ.υυ \$0.00	\$0.00	Ψ0.00		*
			\$0					\$0													0	\$0.0	\$0.00	Ψ0.00	, ,	0.00%	\$0.00	\$0.00	\$0.00	ψ0.00	\$0.00	\$0.00	\$0.00			
			\$0					\$0										1			0	\$0.0	\$0.00	0 \$0.00	0 0	0.00%	\$0.00	\$0.00	\$0.00	ψ0.00	\$0.00	\$0.00	*	*		+
Total	0		\$0	0			0	7 -		•		0		0	)		0	0	0	0	0	\$0.0	\$0.00	0 \$0.00	0	0%	\$0.00	\$0.00	\$0.00	\$0.00	+2.00			\$0.00	\$0.00	00 \$0.0

				φU	ΦΟ		Allitual Gui	-			
File Name:	Utility Allowance		<sup>1</sup> Local housing authorischart, with relevant cor		g current utili	ty allowance	Uplo	aded to HCD?			
		Homekev F	Award including Capi	tal (Baseline and	Match). Ope	erating Subs	idv. Reloca	tion, and Bo	nuses		
		, , , , , , , , , , , , , , , , , , ,	If land costs will be inc	•	,, ,			,			
File Name:	Appraisal		appraisal dated within	•	•		Uplo	aded to HCD?			
5005 Operital A	and Calaulatian								LIOD Assessment	Requested	Actual
§205 Capital Awa	ard Calculation								HCD Amount	Amount	Amount
1. Maximum Hom	nekey Capital Award	based on:							\$0		\$(
2. Maximum Hom	nekey Contribution (	1:1 match) Av	ward from above cell AJ	25					\$0		\$(
	<mark>ım Homekey Capita</mark>								\$0	\$0	\$
Capital Award ba	sed on how many A	ssisted Units	from above cell U25	0	Total pr	oposed Projec	t units from a	above cell E25	0		
§206 Homekey C	Operating Subsidy	Calculation							Monthly Amount		
a Assisted Linit	s reserved for those	evperiencing	Chronic Homelessness	for Homeless		I			Amount		
			above cells R25 + T25	, for Fiorneless	0	Monthly am	ount per unit	\$1,400	\$0		
<u> </u>	sted Units from above				0	Monthly am	ount per unit	\$1,000	\$0		
	nonthly amount per		1 020			Worthing arm	ount per unit	ψ1,000	\$0 \$0		
rotal qualifying in	Tommy arrivant por								Annual		
Operating Subsi	idy: Maximum Hom	nekey Amou	nt						Amount		
ii. Operating Subs			Subsidy: (specify)	Subsidy term		Qualifyin	g Homekey				
'Operating' works	heet cell C38			(in years)		S	ubsidy years	0	\$0		
i. Operating Subs	sidy Source:	Operating S	Subsidy: (specify)	Subsidy term		Qualifyir	g Homekey	0	¢0		
Operating' works	heet cell C39			(in years)		S	ubsidy years	U	\$0		
			ative Net Operating Inco	me from 'Cash Flov	v' worksheet i	row 43 and Re	serve Depos	its from			
Cash Flow' works	sheet rows 37 and 3	8 for the first	five years								
	idy: Need		<u> </u>					_	Five Year		
Analysis		Year 1	Year 2	Year 3		ar 4		ear 5	Five Year Total		
<mark>Analysis</mark> Cash Flow' works	sheet	\$0	<b>Year 2</b> \$0	\$0	\$	SO	,	\$0	Total \$0		
Analysis Cash Flow' works v. If requesting a	sheet n operating subsidy	\$0 , upload a lett	Year 2 \$0 ter of support from the lo	\$0 ocal Continuum of C	\$Care (CoC) or	60 Housing Auth	ority confirm	\$0 ing the need fo	Total \$0 or an		
Analysis Cash Flow' works v. If requesting a	sheet n operating subsidy	\$0 , upload a lett	Year 2 \$0 ter of support from the lo funding, such as rental s	\$0 ocal Continuum of C subsidies, were soug	\$ Care (CoC) or ght for the Pro	60 Housing Auth oject, but the f	ority confirm	\$0 ing the need fo	Total \$0 or an		
Analysis Cash Flow' works v. If requesting a operating subsidy	sheet n operating subsidy	\$0 , upload a lett er operating t	Year 2 \$0 ter of support from the lefunding, such as rental services A letter template and a	\$0 ocal Continuum of Continuum	\$Care (CoC) or ght for the Pronekey comple	60 Housing Auth oject, but the f	ority confirmi unding isn't a	\$0 ing the need fo	Total \$0 or an		
Analysis Cash Flow' works v. If requesting a operating subsidy File Name:	n operating subsidy, and evidencing oth	\$0 , upload a lett er operating to enfirmation	Year 2 \$0 ter of support from the lefunding, such as rental second and a funding can be found of	\$0 ocal Continuum of Continuum	©are (CoC) or ght for the Pronekey complements opage.	60 Housing Auth oject, but the f ementary	ority confirm unding isn't a Uplo	\$0 ing the need fo vailable for thi aded to HCD?	Total \$0 or an s use.		\$
Analysis Cash Flow' works v. If requesting a pperating subsidy File Name: B. Homekey Ope	sheet n operating subsidy and evidencing oth Op Subsidy Co	\$0 , upload a letter operating to the properation equested in 'Community's continuation to the properation of the properation o	Year 2 \$0 ter of support from the lofunding, such as rental selection and a funding can be found converview' worksheet cell	\$0 ocal Continuum of Continuum of Continuum of Continuum of Continuum of Continuum of Continuum on the Homekey websited in AK129 (lesser of Note Total Continuum of Note Total Continuum on the Homekey websited in AK129 (lesser of Note Total Continuum of Continuum	Care (CoC) or ght for the Pronekey completopage.	Housing Authoject, but the fementary	ority confirm unding isn't a Uplo	\$0 ing the need fo vailable for thi aded to HCD?	Total \$0 or an s use. \$0		
Analysis Cash Flow' works v. If requesting a operating subsidy File Name: B. Homekey Ope 50% of Relocation	n operating subsidy of and evidencing oth Op Subsidy Coerating Subsidy if rendered to Costs if requested	\$0 , upload a letter operating to perfirmation equested in 'Control on 'Overview'	Year 2 \$0 ter of support from the lefunding, such as rental services A letter template and a funding can be found converview' worksheet cell of worksheet cell AK128	\$0 ocal Continuum of Continuum	Care (CoC) or ght for the Pronekey completopage.  Need Analysisheet cell L31	Housing Authoject, but the fementary  s and Max House	ority confirming isn't a Uplo	\$0 ing the need for thi vailable for thi aded to HCD?  punt)	Total \$0 or an s use. \$0 \$0 \$0		\$
Analysis Cash Flow' works v. If requesting an operating subsidy File Name: B. Homekey Operation §207 Bonus Awar	on operating subsidy of and evidencing other operating Subsidy Control of the con	\$0 , upload a letter operating to performation equested in 'Control on 'Overview' be submitted	Year 2 \$0 ter of support from the lofunding, such as rental so funding can be found of the control of the contr	\$0 ocal Continuum of Continuum of Continuum of Continuum of Continuum of Continuum of Continuum on the Homekey website   AK129 (lesser of Note to Budget' works of Yes, \$10,000 bon	Care (CoC) or ght for the Pronekey completopage.  Need Analysisheet cell L31 ous award per	Housing Authoject, but the fementary  is and Max Housing X .5)  Assisted unit.	ority confirming unding isn't a Uplo	\$0 ing the need fo vailable for thi aded to HCD?	Total \$0 or an s use. \$0 \$0 \$0 \$0 \$0		\$(
Analysis Cash Flow' works v. If requesting an operating subsidy File Name: B. Homekey Ope 50% of Relocation §207 Bonus Awar	on operating subsidy of and evidencing other operating Subsidy Coerating Subsidy if reduced in Costs if requested in the costs of the c	\$0 , upload a letter operating to performation equested in 'Control on 'Overview' be submitted	Year 2 \$0 ter of support from the lefunding, such as rental services A letter template and a funding can be found converview' worksheet cell of worksheet cell AK128	\$0 ocal Continuum of Continuum of Continuum of Continuum of Continuum of Continuum of Continuum on the Homekey website   AK129 (lesser of Note to Budget' works of Yes, \$10,000 bon	Care (CoC) or ght for the Pronekey completopage.  Need Analysisheet cell L31 ous award per	Housing Authoject, but the fementary  is and Max Housing X .5)  Assisted unit.	ority confirming unding isn't a Uplo	\$0 ing the need for thi vailable for thi aded to HCD?  punt)	Total \$0 or an s use. \$0 \$0 \$0		\$( \$(
File Name:  B. Homekey Ope 50% of Relocation §207 Bonus Awar	n operating subsidy of and evidencing other operating Subsidy Control of the cont	\$0 , upload a letter operating to performation equested in 'Control on 'Overview' be submitted	Year 2 \$0 ter of support from the lofunding, such as rental so funding can be found of the control of the contr	\$0 ocal Continuum of Continuum of Continuum of Continuum of Continuum of Continuum of Continuum on the Homekey website   AK129 (lesser of Note to Budget' works of Yes, \$10,000 bon	Care (CoC) or ght for the Pronekey completopage.  Need Analysisheet cell L31 ous award per	Housing Authoject, but the fementary  is and Max Housing X .5)  Assisted unit.	ority confirming unding isn't a Uplo	\$0 ing the need for thi vailable for thi aded to HCD?  punt)	Total \$0 or an s use. \$0 \$0 \$0 \$0 \$0		\$0 \$0 \$0 \$0

\$0 Annual Subsidy Revenue

Proposed Project Unit	ts by Bedroor	n Size
Total 0 bedroom units	0	0.00%
Total 1 bedroom units	0	0.00%
Total 2 bedroom units	0	0.00%
Total 3 bedroom units	0	0.00%
Total 4 bedroom units	0	0.00%
Total 5 Bedroom units	0	0.00%
Total proposed units	0	0.00%
Assisted Units by	Bedroom Siz	ze
Total 0 bedroom units	0	0.00%
Total 1 bedroom units	0	0.00%
Total 2 bedroom units	0	0.00%
Total 3 bedroom units	0	0.00%
Total 4 bedroom units	0	0.00%
Total 5 Bedroom units	0	0.00%
Total Assisted units	0	0.00%

				Sources of	of Funds						2/1/22
Eundine	Committed by				Lien	Funding	Intere	st Rate	Repayn	nent Terms	Required Debt
_	ion Due Date?	Source Name		Source Type	No.	Amount	Туре	Rate	Туре	Due in (yrs)	Amount
1	Yes	Homekey Capital Award from 'Overview' worksheet	\$0	State-HCD							
2											
3											
4											
5											
6											
7											
8											
9											
10											
				1		\$0				<b>-</b>	\$
File Na	me:	EFC1, EFC2, EFCI3, etc.	Documentatio	n for the executed	funding comr	mitments <mark>(see b</mark>	pelow)		Upl	oaded to HCD?	?

"Article VII((xii) "Enforceable Funding Commitment" means a letter or other document, in form and substance satisfactory to the Department, which evidences an enforceable commitment of funds or a reservation of funds by a Project funding source, and which contains the following: a. The name of the Applicant or Grantee; b. The Project name; c. The Project site address, assessor's parcel number, or legal description; and d. The amount, interest rate (if any), and terms of the funding source. The Enforceable Funding Commitment may be conditioned on certain standard underwriting criteria, such as appraisals, but may not be generally conditional. Examples of unacceptable general conditions include phrases such as "subject to senior management approval," or a statement that omits the word "commitment," but instead indicates the lender's "willingness to process an application" or indicates that financing is subject to loan committee approval of the Project. Contingencies in commitment documents based upon the receipt of tax-exempt bonds or low-income housing tax credits will not disqualify a source from being counted as committed.

Applicant comments: Include a description of balloon payments and unusual or extraordinary circumstances.

2/1/22					Source	s/Uses of	Funds				
2/1/22					Source	(S/USES UI	Fullus				
USES OF FUNDS											
3323 31 1 3 1 2 3											Total
	Homekey Award	0	0	0	0	0	0	0	0	0	Sources/Costs
Project Development Costs  LAND COST/ACQUISITION											
Land Cost or Value											\$0
Demolition											\$0
Legal Land Lease Rent Prepayment											\$0 \$0
Total Land Cost or Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Existing Improvements Cost or Value											\$0
Off-Site Improvements  Total Acquisition Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 <b>\$0</b>
Total Land Cost / Acquisition Cost	\$0 \$0	\$0 \$0		\$0 \$0		\$0 \$0					
Predevelopment Interest/Holding Cost					·	·			·		\$0
Assumed, Accrued Interest on Existing Debt (Rehab/Acq)											\$0
Excess Purchase Price Over Appraisal											\$0
REHABILITATION											
Site Work											\$0
Structures General Requirements											\$0 \$0
Contractor Overhead											\$0
Contractor Profit											\$0
Prevailing Wages General Liability Insurance											\$0 \$0
Urban Greening											\$0
Other Rehabilitation: (Specify)											\$0
Other Rehabilitation: (Specify)											\$0
Other Rehabilitation: (Specify)  Total Rehabilitation Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 <b>\$0</b>
Total Relocation Expenses	ΨU	ΨΟ	ΨΟ	Ψ	φU	Ψ	Ψ	Ψ	ΨΟ	Ψ	\$0
NEW CONSTRUCTION											
Site Work											\$0
Structures General Requirements											\$0 \$0
Contractor Overhead											\$0
Contractor Profit											\$0
Prevailing Wages											\$0
General Liability Insurance Urban Greening											\$0 \$0
Other New Construction: (Specify)											\$0
Other New Construction: (Specify)											\$0
Other New Construction: (Specify) Other New Construction: (Specify)											\$0 \$0
Other New Construction: (Specify)  Other New Construction: (Specify)											\$0
Other New Construction: (Specify)											\$0
Total New Construction Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ARCHITECTURAL FEES  Design											\$0
Supervision											\$0
Total Architectural Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Total Survey & Engineering CONSTRUCTION INTEREST & FEES											\$0
Construction Loan Interest											\$0
Origination Fee											\$0
Credit Enhancement/Application Fee											\$0
Bond Premium  Cost of Issuance											\$0 \$0
Title & Recording											\$0
Taxes											\$0
Insurance Employment Reporting											\$0 \$0
Other Construction Int. & Fees: (Specify)											\$0
Other Construction Int. & Fees: (Specify)											\$0
Other Construction Int. & Fees: (Specify)											\$0
Other Construction Int. & Fees: (Specify)  Total Construction Interest & Fees	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 <b>\$0</b>
PERMANENT FINANCING	, , , , , , , , , , , , , , , , , , ,	+3	+3	7,0	+3	<b>,</b>	Ţ	+•	+•	Ţ	
Loan Origination Fee											\$0
Credit Enhancement/Application Fee Title & Recording											\$0 \$0
Taxes											\$0
Insurance											\$0
Other Perm. Financing Costs: (Specify) Other Perm. Financing Costs: (Specify)											\$0 \$0
Other Perm. Financing Costs: (Specify)  Other Perm. Financing Costs: (Specify)											\$0
Other Perm. Financing Costs: (Specify)											\$0
Total Permanent Financing Costs	\$0 \$0	\$0 \$0		\$0 \$0		\$0					
Subtotals Forward  LEGAL FEES	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Legal Paid by Applicant											\$0
Other Attorney Costs: (Specify)											\$0
Other Attorney Costs: (Specify)											\$(
Other Attorney Costs: (Specify)  Total Attorney Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$( <b>\$</b> (
RESERVES	ΨΟ	Ψ0	ΨΟ	Ψ0	ΨΟ	ψ <b>υ</b>	Ψ0	Ψ	ΨΟ	Ψ	, , , , , , , , , , , , , , , , , , ,
Operating Reserve											\$0
Replacement Reserve											\$0
Transition Reserve Homekey Round 2				Dogg	19 of 28					Dev Bud	\$0

2/1/22					Source	es/Uses of	Funds				
USES OF FUNDS											Total
Project Development Costs	Homekey Award	0	0	0	0	0	0	0	0	0	Sources/Costs
Rent Reserve											Φ.
Other Reserve Costs: (Specify)											\$ \$
Other Reserve Costs: (Specify) Other Reserve Costs: (Specify)											\$
											\$
Other Reserve Costs: (Specify)  Total Reserve Costs	60	¢o.	¢o.	<b>*</b>	<b>*</b>	60	60	¢.o	60	<b>*</b>	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
CONTINGENCY COSTS											Φ.
Construction Hard Cost Contingency											\$
Soft Cost Contingency	A -	<i>a</i> -	A -	A =	, a =	, a =				, a =	\$
Total Contingency Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
OTHER PROJECT COSTS											•
TCAC App/Allocation/Monitoring Fees											\$
Environmental Audit											\$
Local Development Impact Fees											\$
Permit Processing Fees											\$
Capital Fees											\$
Marketing											\$
Furnishings											\$
Market Study											\$
Accounting/Reimbursable											\$
Appraisal Costs											\$
Other Costs: (Specify)											\$
Other Costs: (Specify)											\$
Other Costs: (Specify)											\$
Other Costs: (Specify)											\$
Other Costs: (Specify)											\$
Other Costs: (Specify)											\$
Total Other Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
SUBTOTAL PROJECT COST	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
DEVELOPER COSTS											
Developer Overhead/Profit											\$
Consultant/Processing Agent											\$
Project Administration											\$
Broker Fees Paid to a Related Party											\$
Construction Oversight by Developer											\$
Other Developer Costs: (Specify)											\$
Total Developer Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Total Project Costs	\$0	\$0		\$0							

2/1/22	Year	1 Annual Incom	ne and Expenses	
	Employee Information		•	Comments
	Employee Job Title	Salary/Wages	Value of Free Rent	Comments
	On-Site Manager(s)	\$0	\$0	
	On-Site Assistant Manager(s)	\$0	\$0	
	Supportive Services Staff Supervisor(s)	\$0		
	Supportive Services Coordinator, On-Site	\$0		
	Other Supportive Services Staff (inc. Case Manager)	\$0		
	On-Site Maintenance Employee(s)	\$0	\$0	
	On-Site Leasing Agent/Administrative Employee(s)	\$0	\$0	
	On-Site Security Employee(s)	\$0	\$0	
		\$0	\$0	
		\$0	\$0	
	Total Salaries and Value of Free Rent Units	\$0	\$0	
	Payroll Taxes	\$0	Show free rent as an	
	Workers Compensation		expense?	
6723	Employee Benefits	\$0	Yes	
	Employee(s) Payroll Taxes, Workers Comp. & Benefits	\$0		
	Total Employee(s) Expenses	\$0		
	Employee Units			
Income Limit	Job Title(s) of Employee(s) Living On-Site	Unit Type (No. of bdrms.)	Square Footage	
		0	0	
		0	0	
		0	0	
	Т	otal Square Footage	0	
	Year 1 A	nnual Operatin	g Budget	
Acct. No.	Revenue - Income	Residential	Commercial	Comments
5120/5140	Rent Revenue - Gross Potential		\$0	
	Restricted Unit Rents	\$0	**	
	Unrestricted Unit Rents	\$0		
5121	Tenant Assistance Payments	·		
	Subsidy Program #1 Name	\$0		
	Subsidy Program #2 Name	\$0		
	Operating Subsidy: (specify)	\$0		
	Operating Subsidy: (specify)	\$0	\$0	
5910	Laundry and Vending Revenue	\$0		
5170	Garage and Parking Spaces	\$0	\$0	
5990	Interim Housing Revenue	\$0	\$0	
	Gross Potential Income (GPI)	\$0	\$0	
	Vacancy Rate: Restricted Units	5.0%		
	Vacancy Rate: Unrestricted Units	5.0%		
	Vacancy Rate: Tenant Assistance Payments	5.0%		
	Vacancy Rate: Operating Subsidy: (specify)	5.0%		
	Vacancy Rate: Laundry & Vending & Other Income	5.0%		
	Vacancy Rate: Commercial Income	3.370	50.0%	
5220/5240	Vacancy Loss(es)	\$0	\$0	
	Effective Gross Income (EGI)	\$0	\$0	
Acct. No.	Expenses	Residential	Commercial	Comments
	Administrative Expenses: 6200/6300			
6203	Conventions and Meetings	\$0	\$0	
6210	Advertising and Marketing	\$0	\$0	
6250	Other Renting Expenses	\$0	\$0	
6310	Office/Administrative Salaries from above	\$0	\$0	
6311	Office Expenses	\$0	\$0	
6312	Office or Model Apartment Rent	\$0	\$0	
6320	Management Fee	\$0	\$0	
6330	Site/Resident Manager(s) Salaries from above	\$0	\$0	
0004	Administrative Free Rent Unit from above	\$0	\$0	
6331		Φ.0.	\$0	
6331	Legal Expense Project	\$0	ΨΟ	
	Legal Expense Project Audit Expense	\$0 \$0	\$0	
6340				
6340 6350	Audit Expense	\$0	\$0	

2/1/22	Year 1	1 Annual Incom	e and Expenses	
Acct. No.	Expenses	Residential	Commercial	Comments
Acct. No.	Utilities Expenses: 6400	Nesidentiai	Commercial	Comments
6450	Electricity	\$0	\$0	
6451	Water	\$0	\$0	
6452	Gas	\$0	\$0	
6453	Sewer	\$0	\$0	
0400	Other Utilities: (specify)	\$0	\$0	
6400T	` ' ' ' ' '	\$0	\$0	
04001	Total Utilities Expenses	ΦΟ	Φυ	Comments
6510	Operating and Maintenance Expenses: 6500	<b>#</b> 0	ФО.	Comments
	Payroll from above	\$0	\$0	
6515	Supplies	\$0	\$0	
6520	Contracts	\$0	\$0	
6521	Operating & Maintenance Free Rent Unit from above	\$0	\$0	
6525	Garbage and Trash Removal	\$0	\$0	
6530	Security Contract	\$0	\$0	
6531	Security Free Rent Unit from above	\$0	\$0	
6546	Heating/Cooling Repairs and Maintenance	\$0	\$0	
6548	Snow Removal	\$0	\$0	
6570	Vehicle & Maintenance Equipment Operation/Reports	\$0	\$0	
6590	Miscellaneous Operating and Maintenance Expenses	\$0	\$0	
6500T	Total Operating & Maintenance Expenses	\$0	\$0	
	Taxes and Insurance: 6700			Comments
6710	Real Estate Taxes	\$0	\$0	
6711	Payroll Taxes (Project's Share) from above	\$0	\$0	
6720	Property and Liability Insurance (Hazard)	\$0	\$0	
6729	Other Insurance (e.g. Earthquake)	\$0	\$0	
6721	Fidelity Bond Insurance	\$0	\$0	
6722	Worker's Compensation from above	\$0	\$0	
6723	Health Insurance/Other Employee Benefitsfrom above	\$0	\$0	
6790	Miscellaneous Taxes, Licenses, Permits & Insurance	\$0	\$0	
6700T	Total Taxes and Insurance	\$0	\$0	
07001	Supportive Services Costs: 6900	ΨΟ	ΨΟ	Comments
6990	Staff Supervisor(s) Salaries - from above	\$0	\$0	Comments
6990	Services Coordinator Salaries, On-Site - from above	\$0	\$0	
6990		\$0	\$0	
6990	Other Supportive Services Staff Salaries - from above			
	Supportive Services Admin Overhead	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6990	Other Supportive Services Costs: (specify)	\$0	\$0	
6900T	Total Supportive Services Costs	\$0	\$0	
	Total Operating Expenses	\$0	\$0	Comments
	Funded Reserves: 7200	Residential	Commercial	
7210	Required Replacement Reserve Deposits	\$0	\$0	
7220	Other Reserves: (specify)	\$0	\$0	
7230	Other Reserves: (specify)	\$0	\$0	
7240	Other Reserves: (specify) Other Reserves: (specify)	\$0	\$0	
1270	Total Reserves	\$0	\$0	
	Ground Lease	Residential	Commercial	
	Ground Lease	\$0	\$0	
	Total Ground Lease	\$0 \$0	\$0 \$0	
		·		
	Net Operating Income	\$0	\$0	
	Financial Expenses: 6800			Comments
6820	1st Mortgage Debt Service	\$0	\$0	
6830	2nd Mortgage Debt Service	\$0	\$0	
6840	3rd Mortgage Debt Service	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0	\$0	
0090	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	IVIISC. I Indificial Expenses. (Specify)			
	Misc. Financial Expenses: (specify)	\$0	\$0	
6890	Misc. Financial Expenses: (specify)	\$0 \$0	\$0 \$0	
6890 6890	Misc. Financial Expenses: (specify) Misc. Financial Expenses: (specify)	\$0	\$0	
6890 6890 6890	Misc. Financial Expenses: (specify)			

Income from Restricted U Income From Housing Units	-					Cash Flo										2/1/22
naama Eram Hausing Haita 🕦			•				Proposed F		., .							
Restricted Unit Rents	Inflation 2.5%	<b>Year 1</b>	Year 2	<b>Year 3</b>	Year 4	<b>Year 5</b> 0	<b>Year 6</b>	<b>Year 7</b> 0	<b>Year 8</b>	Year 9	<b>Year 10</b>	<b>Year 11</b>	<b>Year 12</b>	<b>Year 13</b>	<b>Year 14</b>	Yea
Inrestricted Unit Rents	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
enant Assistance Payments		-	-		-	-	_		_			_		_		
Subsidy Program #1 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Subsidy Program #2 Name	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operating Subsidy: (specify)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operating Subsidy: (specify)  Gross Potential Income - Housir	na	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	' <sup>'9</sup>															
Other Income	0.50/								•				•		•	
aundry & Vending Other Income	2.5%	0 0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Other Income Commercial Income	2.5% 2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gross Potential Income - Other	2.570	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gross Potential Income - Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
acancy Assumptions		v	•	· ·	•	•	· ·	· ·	•	· ·	•	•	· ·	<b>U</b>	· ·	
Restricted Units	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Inrestricted Units	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
enant Assistance Payments	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operating Subsidy: (specify)	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
.aundry/Vending/Other Income	5.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Income	50.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
otal Vacancy Loss	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Effective Gross Income		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operating Expenses & Reserve	Deposits															
Residential Exp. (w/o Real																
Estate Taxes & Sup. Services)	3.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Real Estate Taxes	2.0%	0	Ω	Λ	0	0	0	Ω	0	0	0	Λ	Ω	Λ	Λ	
Supportive Services Costs	2.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Replacement Reserve	0.0%	0	0	0	0	0	Ö	0	0	0	0	0	0	0	0	
other Reserves	0.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Ground Lease	2.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Commercial Expenses	3.5%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Expenses & Reserves		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Net Operating Income	-	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Debt Service																
1st Mortgage		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Bridge Loan (repaid from Investor	equity)	0	0	0	0	0	_	_	_	_					_	
2nd Mortgage		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Brd Mortgage Debt Service  Misc. Financial Expenses: (specify	3.0%	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Misc. Financial Expenses: (specify		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Misc. Financial Expenses: (specify)		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Misc. Financial Expenses: (specify		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Required Debt Service	<i></i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
															U	
	_														0	
		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Debt Service Coverage Ratio (D	SCR)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0 0.00	0.00	0 0.00	0.00	0.00	0.00	<u> </u>	0
Debt Service Coverage Ratio (Di Jse of Cash Flow After Debt Ser	SCR)	0.00 Projects	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0
Debt Service Coverage Ratio (Di Jse of Cash Flow After Debt Ser Asset Mgmt./ Similar Fees	SCR) rvice - HCI	0.00 Projects	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b> 0	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b> <b>0.00</b> 0	C
Cash Flow after all debt service Debt Service Coverage Ratio (Di Use of Cash Flow After Debt Sel Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Target NOI to get to 1.1 DSCR	SCR)	0.00 Projects 0 0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0
Debt Service Coverage Ratio (Di Jse of Cash Flow After Debt Ser Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR	SCR) rvice - HCI 3.5%	0.00 Projects	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b> 0	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b> <b>0.00</b> 0	0
Debt Service Coverage Ratio (Di Jse of Cash Flow After Debt Ser Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D	SCR) rvice - HCI 3.5% SCR	0.00 O Projects 0 0 0	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b> 0	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b> <b>0.00</b> 0	C
Debt Service Coverage Ratio (Di Jse of Cash Flow After Debt Sel Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D	SCR) rvice - HCI 3.5% SCR	0.00 O Projects 0 0 0	0.00	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	<b>0.00</b> 0 0	0.00 0 0	0.00 0 0	0.00 0 0	<b>0.00</b> 0 0 0	<b>0.00</b> 0 0 0	<b>0.00</b> 0 0 0	<b>0 0.00</b> 0 0	C
Debt Service Coverage Ratio (Di Jse of Cash Flow After Debt Sel Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D Reserves & Debt (not payable by Reserve Expenses	SCR) rvice - HCI 3.5% SCR	0.00 O Projects 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0	<b>0.00</b>	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	<b>0.00</b> 0 0 0	0 0.00 0 0	C
Debt Service Coverage Ratio (Di Jse of Cash Flow After Debt Ser Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D Reserves & Debt (not payable by Reserve Expenses Required Debt Service	SCR) rvice - HCC 3.5% SCR y HK Op S	0.00 O Projects 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0 0.00 0 0	C
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D  Reserves & Debt (not payable by Reserve Expenses Required Debt Service Fotal Reserve Expenses and D	SCR) rvice - HCE 3.5% SCR y HK Op S	0.00 0 Projects 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0 0.00 0 0	(
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D Reserves & Debt (not payable by Reserve Expenses Required Debt Service Fotal Reserve Expenses and D Reserve Exp. and Debt paid by	3.5% SCR SCR WHK Op Solution	0.00 O Projects 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0 0.00 0 0	0
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Sel Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D Reserves & Debt (not payable by Reserve Expenses Required Debt Service Fotal Reserve Expenses and Deserve Exp. and Debt paid by Reserve Exp. and Debt unpaid	3.5% SCR SCR SHK Op S Debt y Bonus	0.00 0 Projects 0 0 0 0 0 0 ubsidy) 0 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0 0.00 0 0	(
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D Reserves & Debt (not payable by Reserve Expenses Required Debt Service Fotal Reserve Expenses and DReserve Exp. and Debt paid by Reserve Exp. and Debt unpaid	3.5% SCR SCR SHK Op S Debt y Bonus	0.00 0 Projects 0 0 0 0 0 ubsidy) 0 0 0 0	0.00 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0 0 0 0 0	0.00 0 0	0 0.00 0 0	(
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Mgmt/Simil	3.5% SCR SCR WHK Op So Debt Webonus I	0.00 0 Projects 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0.00 0 0	0 0.00 0 0	(
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Max Asset Mgmt/Similar Fees Target NOI to get to 1.1 DSCR Bubsidy needed to get to 1.1 DSCR Bubsidy needed to get to 1.1 DSCR Beserves & Debt (not payable by Reserve Expenses Required Debt Service Total Reserve Expenses and DR Reserve Exp. and Debt paid by Reserve Exp. and Debt unpaid Bomekey App Submittal Bonus Cash Flow after all debt service HK Bonus Draw* for Reserves &	3.5% SCR SCR WHK Op So Debt Webonus I	0.00 0 Projects 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0 0.00 0 0 0 0 0	C
Debt Service Coverage Ratio (Discoverage Ratio) Jse of Cash Flow After Debt Self Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Max Ass	3.5% SCR SCR WHK Op S Debt Webonus	0.00 0 Projects 0 0 0 0 0 0 0 ubsidy) 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0	0.00 0 0	0.00 0 0 0 0 0 0	0.00 0 0	0 0.00 0 0	(
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Target NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D Reserves & Debt (not payable by Reserve Expenses Required Debt Service Total Reserve Expenses and Deserve Exp. and Debt paid by Reserve Exp. and Debt unpaid Homekey App Submittal Bonus Cash Flow after all debt service HK Bonus Draw* for Reserves & Cash Flow after HK Bonus draws	3.5% SCR SCR WHK Op S Debt Webonus	0.00 0 Projects 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0 0.00 0 0 0 0 0	(
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar	3.5% SCR SCR WHK Op So Debt Webonus  award  Laward  La	0.00 0 Projects 0 0 0 0 0 0 0 ubsidy) 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0 0.00 0 0 0 0 0	(
Debt Service Coverage Ratio (Dise of Cash Flow After Debt Service Asset Mgmt./ Similar Fees Max Asset Mgmt/Similar Fees Max Asset Mgmt/Similar Fees Farget NOI to get to 1.1 DSCR Subsidy needed to get to 1.1 D  Reserves & Debt (not payable by Reserve Expenses Required Debt Service Fotal Reserve Expenses and Diseaserve Exp. and Debt paid by Reserve Exp. and Debt unpaid  Homekey App Submittal Bonus Cash Flow after all debt service HK Bonus Draw* for Reserves & Cash Flow after HK Bonus draws  Homekey Operating Subsidy am	3.5% SCR SCR WHK Op Service of the content of the c	0.00 0 Projects 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0.00 0 0 0 0 0 0	0 0.00 0 0 0 0 0	(
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		§30	4 Application Sco	oring Criteri	a (20	7 Points M	ax)						2/1/22
	_	e minimum program require funding. Scores will be base	ments outlined in Article	e III will require a					Score not ind Communit	_	_	-	0.00
•		nds timely and demonstra			oints		<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>		. ,	0.00
a. Identificatio	n of the si	te suitable for development	and evidence of site co	ntrol, or a plan a	and time	eline for obtain	ning site	e control alor	ng with other	supporting	gevidenc	e -	0.00
20 max points  Type of Site		average score of all sites											0.00
Type of Site	Control												1
h Commitme	nt of non-k	Homekey rental or operating	subsidies used to	A : - 1		1	1	0/ :		<u> </u>			
		fordability of the Project - ma		Assiste Units wi		Total			ement of ed Units	Inc	rements		
		Assisted Units with committe		committe		0 Units	1 ()		mmitted 0	.0%	of 5%	0	0.00
Grantee base	d commitr	nents for operating assistan	ce, or rental subsidies.	fundi	ing				funding				
Nemai Subsid	•	•	Program #1 Name	·		ds Committed			sisted Units re			_	
<del>'Operal Mystal</del>	•	•	Program #2 Name			ds Committed			sisted Units re			_	
Operating San			g Subsidy: (specify)			ds Committed		Assisted Units receiving Oper Assisted Units receiving Oper					
'Operating' co		Operating	g Subsidy: (specify)  Provide committment of	of this non Home		ds Committed				IVING Oper	ating Sub	sidy	
File Name	Subsidy	Program #1 Name	ongoing affordability of	the Project.						Uploa	aded to H	CD?	
File Name	Subsidy	Program #2 Name	Provide committment ongoing affordability of	the Project.						Uploa	aded to H	CD?	
File Name	Operatin	g Subsidy: (specify)	Provide committment of the ongoing affordability			erating subsid	dy that v	will be used	to maintain	Uploa	nded to H	CD?	
File Name	Operatin	g Subsidy: (specify)	Provide committment of the ongoing affordability			erating subsid	dy that v	will be used	to maintain	Uploa	aded to HO	CD?	
2. Experience		-											0.00
· .		ship, or operation experienc	· · · · · · · · · · · · · · · · · · ·		_		-						0.00
a1. Does App (describe below)		e the following experience: [ pints	Development, ownershi	p, or operation o	of one p	oroject similar i	in scope	e and size to	the propose	ed project			0.00
,	, .											Lat	est date
												dev	veloped,
	_			Who provide				Housing					vned, or
		Project name and address		experienc	ce	Experience	type	type	Popul	ation serv	ed	O	perated
a2. If a1 abov	e is Yes.	10 points already earned.	Does Applicant have th	e following expe	erience'	? Developmen	nt owne	ership, or op	eration of at I	least two			
		g or interim projects in the la	• •	• •		•					No		0.00
		of the Target Population (pro											
												Lat	est date
										•.			veloped,
		Project name and address		Who provide		Experience		Housing	Qualifying	ı unit popu served	ulation		vned, or perated
	<u>'</u>	Froject name and address		experienc	LE	Experience	type	type		Sei veu		<u> </u>	perateu
	•	warded for each additional		wnership, or op	eration	of affordable r	rental h	ousing or int	terim projects	s in the las	t ten year	S	0.00
serving at leas	or one me	mber of the Target Population	on) - max 10 points										
b. Experience	helping p	ersons address barriers to h	nousing stability and pro	oviding other sur	oport se	ervices: 1 point	t award	led for each	vear of				
o. Experience			g stability and pro	5 5 6 10 1 5 4		, i poiiti	- ~ · · · u · u		,	Years	0.0		0.00

Project Name and address  Who provides the experience  Experience Provider  Housing type Population Served	# of months serving				
Explanation:					
c. Commitment letter(s) or MOU(s) documenting how the complete development and management team (which may include Applicant, Developer, Property Manager, and Lead Service Provider) are connected and will work together on the Project - 15 points	0.00				
File Name: Commitment letter(s) or MOU(s) Provide commitment letter(s) or MOU(s) documentation Uploaded to HCD?  3. Racial equity and community engagement - max 20 points "For HCD use only"	0.00				
a. Racial Disparities Analysis - 10 points (HCD will score Racial Disparities Analysis based on the submitted Continuum of Care Outcomes)  File Name: Racial Disparities Analysis Provide the Continuum of Care Outcomes by Race and Ethnicity Uploaded to HCD?					
b. Community Engagement - 10 points (HCD will score Community Engagement based on the submitted narrative)					
Provide a detailed narrative of how the Applicant has engaged or will engage with the target community, including people currently experiencing homelessness and people with lived experience of homelessness, to inform the design of the project. Provide Uploaded to HCD? documentation of this engagement, including meeting notes, community planning documents, MOU of partnership with community organizations, etc.					
4. Community impact and site selection - max 92 points	0.00				
a. Project serves specific sub-populations from Award, Match, and Revenue cells R26, S36, T26 - 20 points  Chronic Homelessness  0.00%  Homelessness  0.00%  Homelessness  0.00%  Homelessness  0.00%  Homelessness	0.00				
b. Assisted Units include units for large family housing types - 10 points  Percentage of Assisted units that are three bedrooms or larger from 'Award, Match, and Revenue' worksheet cells U43 + U44 + U45  Percentage of Assisted units that are two bedrooms or larger from 'Award, Match, and worksheet cells U42 + U43 + U44 + U45  Percentage of Assisted units that are two bedrooms or larger from 'Award, Match, and worksheet cells U42 + U43 + U44 + U45	0.00				
c. Commitment to 55 year deed restriction to serve Target Population, waiving potential accommodation by HCD to increase income limits as described in §303(ii) - max 20 points  Total Assisted units Applicant elects to waive the right to increase income levels persuant to §303(ii).  Percentage of Assisted units elected to waive increase of income limits	0.00				
d. Extent Project commits to being accessible to persons with disabilities -  max 10 points  Total units from 'Award, Match, and Revenue' worksheet cell E25	0.00				
# of units exceeding state and federal accessibility requirements set forth in §505, % of units exceeding state and federal	0.00				
# of units with features accessible to persons with hearing or vision disabilities as defined in % of units accessible to persons with hearing or vision disabilities as defined in % of units accessible to persons with hearing or 0.00%					
24 CFR Part 8 22 and the parallel ADAAG 2010 and CRC Ch. 11B provisions - 5 points vision disabilities	0.00				
e. The Project requires no rehabilitation/construction, or the rehabilitation/construction and full occupancy can be completed within eight months of	0.00				
24 CFR Part 8.22 and the parallel ADAAG 2010 and CBC Ch. 11B provisions - 5 points Vision disabilities	0.00				
e. The Project requires no rehabilitation/construction, or the rehabilitation/construction and full occupancy can be completed within eight months of award - max 10 points  f. Capital match vs. minimum match required per Assisted unit; and average total cost per Assisted unit vs. minimum baseline per door					
e. The Project requires no rehabilitation/construction, or the rehabilitation/construction and full occupancy can be completed within eight months of award - max 10 points  f. Capital match vs. minimum match required per Assisted unit; and average total cost per Assisted unit vs. minimum baseline per door  f1. Capital match exceeds the minimum match required per Assisted units from Assisted Unit, 1 pt for every   Award, Match, and So   Winimum match   Excess   Increments of units from 'Award, Ward, Match, and Revenue'   (per unit)   baseline amount	0.00				

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			Application Developmen	t Team (ADT) Support Form			2/1/22
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4	Homekey						
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