

R-97-219

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, AUTHORIZING THE SUBMISSION OF AN APPLICATION TO THE FLORIDA HOUSING FINANCE AGENCY FOR A HOME PROGRAM GRANT.

WHEREAS, the Florida Housing Finance Agency provides funding for construction and rehabilitation of affordable housing under the HOME program within eligible communities; and

WHEREAS, the unincorporated areas of Manatee County are eligible areas for funding under the guidelines of the HOME program; and

WHEREAS, Manatee County participated in the HOME program in the past and participation in the future would allow for the reconstruction of substandard and deteriorated housing.

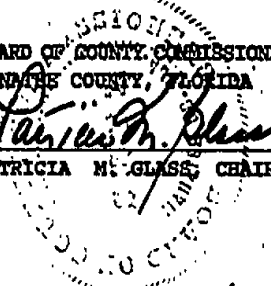
NOW, THEREFORE, BE IT RESOLVED, by the Board of County Commissioners of Manatee County, that:

1. The Board of County Commissioners authorizes the submission of an Application for Assistance to the Florida Housing Finance Agency for HOME program funding.
2. Authorizes the Chairman to execute all appropriate documents with regards to the submission of this application.

ADOPTED with a quorum present and voting this 21st day of October, 1997.

BOARD OF COUNTY COMMISSIONERS OF
MANATEE COUNTY, FLORIDA

By: Patricia M. Glass
PATRICIA M. GLASS, CHAIRMAN



ATTEST: R.B. SHORE
Clerk of the Circuit Court

By: Rosa L. Zornica

10/22/97
Copy to Denise Thomas, Comptroller
Copy to Cozlett
Copy to Internal Audit

PROGRAM INFORMATION (check all that apply):

HOME
Applying for Second Mortgage Loan Assistance (acquisition and new construction and/or acquisition and rehabilitation projects):
<input type="checkbox"/> CHDO
<input type="checkbox"/> For-Profit
<input type="checkbox"/> Joint Venture
<input type="checkbox"/> Local Government
<input type="checkbox"/> Non-profit
<input type="checkbox"/> Public Housing Authority
<input type="checkbox"/> Regional Planning Council (RPC)
Note: Applicant must be in partnership with a Project Sponsor (complete Section B).
Applying for Existing Home Owner Rehabilitation/ Reconstruction Second Mortgage Assistance:
<input type="checkbox"/> CHDO
<input type="checkbox"/> Local Government
<input type="checkbox"/> Non-profit
<input type="checkbox"/> Public Housing Authority
<input type="checkbox"/> Regional Planning Council (RPC)

Has Applicant previously received funding from the Agency for this Project?

Yes _____ No _____

If yes, please provide the following:

Agency program: _____

Project # _____ Project name: _____

Project status: Complete
 Under Construction or Rehabilitation _____ % Complete
 Construction not yet started

Anticipated Completion date: _____

IF CONSTRUCTION OR REHABILITATION HAS BEGUN OR IS COMPLETE, CONTACT AGENCY STAFF PRIOR TO SUBMITTING AN APPLICATION. PROJECT MUST BE IN COMPLIANCE WITH HUD REQUIREMENTS SET FORTH IN HOME RULE 24 CFR PART 92 (1996) AND AS OUTLINED AT 91-47.020(4) OR WILL BE INELIGIBLE TO RECEIVE HOME PROGRAM FUNDS.

4696

NOTE: APRIL FORMAT
ONLY

Is the applicant targeting any of the following populations? (check all that apply):

- ELDERLY FARM WORKER FISHING WORKER SINGLE HEAD OF HOUSEHOLD
DISABLED DISPLACED HOMEMAKER OTHER: _____

I. APPLICANT INFORMATION

A. Applicant Name: _____

Must be a legally formed entity qualified to do business in the State of Florida at the time the application is submitted. Include a copy of the certificate of good standing from the Florida Secretary of State. Documentation can be found behind Form 1 at tab labeled "Form 1, Exhibit _____".

Contact Person's Name: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

1. If corporation, name and title of executive officer: _____

Contact Person's Name: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Is the Applicant incorporated as a non-profit organization pursuant to Chapter 617, Florida Statutes? Yes _____ No _____

If yes, is the Applicant a 501(c)(3) or 501(c)(4) non-profit organization pursuant to Section 42 of the Internal Revenue Code?

Yes _____ No _____

If yes, provide the following:

- a Attach evidence of non-profit status (see 91-47.010(31) - HOME Rule, F.A.C.) Evidence can be found directly behind Form 1 at tab labeled "Form 1, Exhibit _____".

b. Describe the role of the non-profit organization in the project. Description can be found directly behind Form 1 at tab labeled "Form 1, Exhibit _____".

c. Does the non-profit organization have an ownership interest, directly or indirectly, in the project?

Yes _____ No _____

If yes, state the interest in terms of a percentage: _____%

d. Attach the names and addresses of the governing board of the non-profit organization. Attachment can be found directly behind Form 1 at tab labeled "Form 1, Exhibit _____".

e. Identify the geographic area in which the organization operates: _____

f. Is the purpose of the non-profit organization, in part, to foster affordable housing?

Yes _____ No _____

If yes, Articles of Incorporation can be found behind Form 1 at tab labeled "Form 1, Exhibit _____".

g. Year non-profit organization was incorporated:

2. If partnership, name of General Partner(s): _____

Contact Person's Name: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Relationship to Applicant: _____

Describe the General Partner/Developer's involvement and ownership in the Project:

Is the General Partner incorporated as a non-profit organization pursuant to Chapter 617, Florida Statutes?

Yes _____ No _____

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If yes, is the General Partner a 501(c)(3) or 501(c)(4) non-profit organization pursuant to Section 42 of the Internal Revenue Code?

Yes _____ No _____

If yes, provide the following:

a Attach evidence of non-profit status (see 91-47.010 (31)- HOME Rule, F.A.C.). Evidence can be found directly behind Form 1 at tab labeled "Form 1, Exhibit _____".

b Describe the role of the non-profit organization in the project. Description can be found directly behind Form 1 at tab labeled "Form 1, Exhibit _____".

c Does the non-profit organization have an ownership interest, directly or indirectly, in the project?

Yes _____ No _____

If yes, state the interest in terms of a percentage: _____%

d Attach the names and addresses of the governing board of the non-profit organization. Attachment can be found directly behind Form 1 at tab labeled "Form 1, Exhibit _____".

e Identify the geographic area in which the organization operates: _____

f Is the purpose of the non-profit organization, in part, to foster affordable housing?

Yes _____ No _____

If yes, Articles of Incorporation can be found behind Form 1 at tab labeled "Form 1, Exhibit _____".

g Year non-profit organization was incorporated: _____

B. SECOND MORTGAGE LOAN ASSISTANCE (acquisition and new construction or acquisition and rehab projects)

Name of Project Sponsor: _____
Contact Person's Name: _____
Address _____
City, State, Zip _____
Phone _____ Fax _____

If a group of Lenders or Lending Consortium, provide each member institution's name, contact persons' name, address, and phone and fax numbers on additional sheets. Documentation is located behind Form 1 at tab labeled "Form 1, Exhibit _____".

C. Designated Contact Person (person with decision-making authority with whom the Agency will correspond concerning the application and project) for Applicant/Borrowing Entity (not the consultant):

Relationship to Applicant: _____
Address _____
City, State, Zip _____
Phone _____ Fax _____

D. Is there a consultant? Yes _____ No _____

If yes, provide the following:

Name _____
Company Name _____
Address _____
City, State, Zip _____
Phone _____ Fax _____

E. Attach a list of all general and limited partners or the officers, directors and shareholders of each Corporate or Partnership entity as of the date of this application. This list can be found behind Form 1 at tab labeled "Form 1, Exhibit _____".

F. Applicant's Federal Taxpayer Identification Number: _____

G. Is Applicant applying under the Community Housing Development Organization (CHDO) set-aside?

Yes _____ No _____

If yes, the CHDO must be approved by the State through FHFA. A copy of the State CHDO Certification must be placed directly behind Form 1 at tab labeled "Form 1, Exhibit _____".

NOTE: If a general partnership, CHDO must have 51 percent ownership interest in the general partner of the partnership which owns the project and entitled to no less than 51 percent of the developer administrative overhead and profits (limited to a maximum of 15 percent of HOME loan) derived from the project.

A non-profit may become State certified by the Agency by complying with the checklist found in Appendix 4 of this Application Package. Non-profit organizations must be recertified annually. A current State CHDO certification must be included in order for the Applicant to be eligible to compete in the CHDO set-aside.

1. CHDO Name: _____

2. Explain the CHDO's role:

II. PROJECT INFORMATION

A. Project Name: _____

(May not be changed or altered during the life of the project without Agency consent).

B. Project Street Address Zip Code (if new construction, indicate street names, city and zip code):

If scattered sites, attach an additional page with the address of each site, and label as "Form 1, Exhibit _____".

NOTE: Attach legal description(s) behind Form 1 at tab labeled "Form 1, Exhibit _____".

C. State the City and County in which the project is located:

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1 Is Project located in a (check one):

Non-Participating Jurisdiction (Non-PJ)

Participating Jurisdiction (PJ)

For a list of PJs, please refer to Appendix 3.

2 For the purposes of this Application, a Project is considered to be a Non-PJ Project if it is located within a City or a County that does not receive an allocation of HOME funds directly from HUD in accordance with 24 CFR Section 92.105 (1996). Further, if the Project is located within a City not receiving a HUD allocation of HOME funds, yet lies within the borders of a County PJ, evidence in the form of a letter from an authorized employee or official of the County PJ stating that none of its HOME funds are allocated within the city limits and a map identifying where the County PJ allocates its HOME funds must be provided in the application in order to classify the Project as a Non-PJ Project.

Letter from County PJ and map identifying where County PJ allocates their HOME funds are attached behind Form 1 at tab labeled Form 1, Exhibit ____." If letter and map are not attached and the Project is located within the borders of a City that is not a PJ, yet the City lies within a County PJ, the project will be considered a PJ Project.

D. To be considered a complete application, provide a short narrative description of the project which includes the following: (1) description of project's specific use of program funds; (2) type of housing design (single-family, townhouses, duplexes, etc.); (3) amenities and unit features; and, (4) scope of work to be performed. Narrative is attached behind Form 1 at tab labeled "Form 1, Exhibit ____".

E. To be considered complete, the application must include a singular map showing the project's location, as well as proximity to community services, medical facilities, schools, shopping, major business and employment centers and availability of public transportation. If proximity to services, shopping and employment is not indicated on the map, attach a description of such to the map. Map identifying all sites and services and description, if necessary, may be found directly behind Form 1 at tab labeled "Form 1, Exhibit ____".

F. Project use of program funds (Check all that apply)

HOME	
<input type="checkbox"/>	Acquisition (A) (must be in conjunction with new construction or rehabilitation)
<input type="checkbox"/>	New Construction (NC)
<input type="checkbox"/>	Rehabilitation (R)
<input type="checkbox"/>	Existing Home Owner Rehabilitation/Reconstruction (EHR)

G. Number of Units

Total number of units in project: _____
 Total number of newly constructed units: _____
 Total number of rehabilitated units: _____
 Total number of HOME-assisted units: _____

NOTE: Under the HOME program, HOME Second Mortgage funds are limited to units that will be occupied by low-income families (80% or less of the area median income as determined by HUD with adjustments for smaller and larger families - see Appendix 5 - HOME Income Limits).

H. Breakdown of units (complete chart):

# of Units	# of Bedrms/ Unit	# of Baths/ Unit	Square Feet/ Unit	Estimated Sales Price or Completed Value	New Construction (NC) or Rehabilitation (R)	% of Area Median Income

I. Identify acreage or lot size of entire project: _____

Note: If a scattered site project, a description of all lot sizes for all units in the Project is attached behind Form 1 at tab labeled "Form 1, Exhibit ____."

J. Name of local jurisdiction where project is located: _____

If project is located within a municipality (incorporated city, town, or village) the municipality must be specified:

Name and title of chief elected official of local jurisdiction: _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

K. Total Project Cost: \$ _____

HOME loan request* \$ _____

*NOTE: For acquisition and new construction or acquisition and rehabilitation projects, the maximum HOME Second Mortgage loan allocation is dependent on the purchase price of all the HOME-assisted units, the income and number of Eligible Borrowers that will be assisted, and the Project Sponsor's (First Mortgage Lender's) monthly mortgage payment to income and total debt underwriting ratios. The limit for each HOME Second Mortgage Loan per Low-Income Home Buyer is as follows: the lesser of 25 percent of the purchase price of the Home Ownership Unit or the amount necessary to enable an eligible Home Buyer to purchase a Home Ownership Unit based on the monthly mortgage payment (Principal, interest, taxes and insurance) to income underwriting ratio established by the financing program offered by the First Mortgage Lender. Further, the combined loan to value ratio may not exceed 105% of the after construction or after rehabilitation appraised value for purchase of the Home Ownership Unit. The Agency's servicer will review all HOME Second Mortgage Loan requests to ensure that the request is the lesser of the Agency's established limits. Further, a HOME Second Mortgage Loan request may not exceed the maximum per-unit subsidy dollar limits pursuant to HUD Regulations under 24 CFR Section 92.250 and Section 221.514(b)(1) and (c). The maximum per-unit subsidy dollar limits vary by jurisdiction and the number of bedrooms per unit. The maximum per unit subsidy limits are located behind Appendix 7. The minimum HOME Second loan request per unit is \$2,500.

For existing home owner rehabilitation projects, the maximum HOME Second Mortgage loan request per unit is \$25,000; the minimum request per unit is \$5,000. The Maximum HOME Allocation for the project is computed by multiplying the number of units to be rehabilitated in the project times the request per unit (not to exceed \$25,000). Example: 10 units will be rehabilitated; $10 \times \$25,000 = \$250,000$ or the Maximum HOME Allocation for the project.

TO CALCULATE THE MAXIMUM HOME ALLOCATION AN APPLICANT MAY REQUEST, PLEASE COMPLETE THE FOLLOWING QUESTIONS (USE ADDITIONAL SHEETS IF NECESSARY (i.e. if units have different purchase prices)): Additional sheets documenting the Maximum HOME Allocation are located behind Form 1 at tab labeled "Form 1, Exhibit _____".

- a. Number of HOME assisted units: _____
- b. Purchase price(s) of the units: _____
- c. Total purchase price of the units (a. X b.): _____
- d. Maximum HOME allocation (c. X .25): _____

L. Maximum Sales Price and Property Value(s)

HUD regulations under 24 CFR Part 92.254 sets a maximum sales price and value for each HOME unit. These limits are provided at Appendix 8 - Maximum Property Values. The maximum property price/value allowed under the Agency's rules is the LESSER of the HUD maximum property price/value OR \$99,000.00.

On a case by case basis, for difficult to develop communities, a waiver can be requested from the Agency's Board to increase the maximum purchase price limits up to the limits established by HUD. Maximum Purchase Price limits that exceed \$99,000 must receive Board approval dated within 12 months of the HOME Home Ownership Application cycle

Complete the following chart:

# BEDROOMS	MAXIMUM PURCHASE PRICE/VALUE	MAXIMUM PROPOSED SALES PRICE
1		
2		
3		
4		

III. PROJECT FUNDING SUMMARY

SOURCES	AMOUNT	% OF PROJECT COST
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
TOTAL	\$ _____	100%

IV. FOR PROJECTS WHICH INCLUDE REHABILITATION AS AN ACTIVITY:

INFORMATIONAL ONLY: If applicant is issued a preliminary commitment for a reservation of HOME Second Mortgage Loan funds for the project, prior to receiving a firm commitment, Applicant must provide, to the Agency or Agency's servicer, the following in accordance with Rule 91-47.140 (3)(c): work write-ups, cost estimates and Housing Quality Standards (HQS) Inspections. HQS Guidelines, cost breakdown and scope of work are located behind Appendices 9 and 10 for reference only.

V. CERTIFICATION (Original Signatures Required)

The undersigned applicant certifies that the information in this application is true, correct and authentic. The applicant further certifies that (s)he is aware that if the Agency finds that the applicant or any of its affiliates has engaged in fraudulent actions or misrepresented facts on this application, this application may be rejected and the applicant and its affiliates may be unable to participate in any Agency program for two (2) complete annual cycles inclusive of any interim cycles.

If applying for the HOME Program, the applicant has read, understands and agrees to comply with 91-47, F.A.C. (Appendix 2) and 24 CFR Part 92 (1996) issued by the U.S. Department of Housing and Urban Development (Appendix 1).

The applicant understands and agrees to abide by the provisions of the applicable Florida Statutes and Agency program rules and policies with respect to HOME.

Official Signature of Applicant/Borrowing Entity

Signature of Witness

Name and Title (typed or printed)

Name of Witness (typed or printed)

Date

Date

NOTE: APPLICATIONS WITHOUT A COMPLETED CERTIFICATION AND ORIGINAL SIGNATURES
IN BLUE INK WILL BE REJECTED AUTOMATICALLY

11/12/97 Judy - Grants

APPL NOT READY UNTIL
11/26/97 J.