

**DEPARTMENT OF HOUSING
AND URBAN DEVELOPMENT**

**SECTION 811 PROGRAM OF
SUPPORTIVE HOUSING FOR
PERSONS WITH DISABILITIES
(SECTION 811 PROGRAM)**

Billing Code 4210-32-C

Funding Availability for the Section 811 Program of Supportive Housing for Persons with Disabilities (Section 811 Program)

Additional Overview

Purpose of the Program. This program provides funding for supportive housing for very low-income persons with disabilities who are at least 18 years old. Additionally, organizations receiving funds must assure that an array of community support services are identified and available. (Please note that funding for a related program, Mainstream Housing Opportunities for Persons with Disabilities, is found elsewhere in this SuperNOFA.)

Available Funds. Approximately \$116.8 million plus any carryover funds available.

Eligible Applicants. Nonprofit organizations that have a section 501(c)(3) tax exemption from the Internal Revenue Service. (See section III(B) of this NOFA). (See section VIII of this NOFA for information regarding the formation of the Owner corporation.)

Eligible Activities. New construction, rehabilitation, or acquisition (with or without rehabilitation) of housing (see section III(C) of this NOFA).

Application Deadline. June 13, 2003.

Match Requirements. None.

Additional Information

If you are interested in applying for funding under this program, please review carefully the General Section of this SuperNOFA and the following additional information.

I. Application Due Date, Further Information, and Technical Assistance

Application Due Date. An original and four copies of your completed application must be submitted to the appropriate HUD field office no later than the application due date.

See the General Section, Mailing and Receipt Procedures and Proof of Timely Submission, of this SuperNOFA for specific procedures governing the submission of applications to HUD field offices.

Address for Submitting Applications. Submit an original and four copies of your completed application to the Director of the appropriate Multifamily Hub Office or Multifamily Program Center as listed in Appendix B to this program section of the SuperNOFA with the following exceptions:

1. Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.

2. Applications for projects proposed to be located within the jurisdiction of

the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.

3. Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.

4. Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

The SuperNOFA also includes a listing of the Multifamily Hubs and Program Centers, their addresses and telephone numbers, including TTY (text telephone) numbers. This information is also available from HUD's SuperNOFA Information Center at 1-800-HUD-8929 and from the Internet through the HUD Web site at <http://www.hud.gov/grants>. Persons with hearing or speech impairments may call the Center's TTY number at 1-800-HUD-2209.

All information required to complete and return a valid application is included in the General Section and this Program Section of the SuperNOFA, including appendices. Copies of the General Section, this Program Section, and appendices, including the application, are available and may be downloaded from HUD's Web site at <http://www.hud.gov>.

For Further Information and Technical Assistance. You may contact the appropriate Multifamily Hub Office or Multifamily Program Center, or Gail Williamson at HUD Headquarters at (202) 708-3000 (this is not a toll-free number), or access the Internet at <http://www.hud.gov/grants>. Persons with hearing and speech impairments may access the above number via TTY by calling the Federal Relay Service at 1-800-877-8339 (this is a toll-free number).

HUD encourages minority organizations and grassroots organizations (e.g., civic organizations, faith-communities and grassroots faith-based and other community-based organizations) to participate in this program and strongly recommends prospective applicants attend the local HUD Office workshop. At the workshops, HUD will explain application procedures and requirements, as well as address concerns such as local market conditions, building codes and accessibility requirements, historic preservation, floodplain management, other environmental requirements, displacement and relocation, zoning, and housing costs. If you are interested in attending the workshop, make sure that your name, address and telephone number are on the appropriate HUD

Office's mailing list so that you will be informed of the date, time and place of the workshop. Persons with disabilities should call the appropriate HUD Office to assure that any necessary arrangements can be made to enable their attendance and participation in the workshop.

If you cannot attend the workshop, call the appropriate HUD Office if you have any questions regarding the submission of applications to that particular office and to request any materials distributed at the workshop.

Satellite Broadcast. HUD will hold an information broadcast via satellite for potential applicants to learn more about the program and preparation of the application. It is strongly recommended that potential applicants, especially those who may be applying for section 811 funding for the first time, tune in to this broadcast, if at all possible. Copies of the broadcast tapes are also available from the SuperNOFA Information Center. For more information about the date and time of the broadcast, you should consult the HUD Web site at <http://www.hud.gov/grants>.

II. Amount Allocated

For FY 2003, \$116,810,724 for capital advances is available for the Section 811 Program of Supportive Housing for Persons with Disabilities. The Consolidated Appropriations Resolution, 2003 (Pub. L. 108-7, approved February 20, 2003) (FY 2003 Consolidated Appropriations) provides \$250,515,000 for capital advances, including amendments to capital advance contracts for supportive housing for persons with disabilities, as authorized by section 811 of the National Affordable Housing Act of 1990 (NAHA); and for project rental assistance for supportive housing for persons with disabilities under section 811 of the NAHA, including amendments to contracts for such assistance and renewal of expiring contracts for such assistance for up to a 1-year term and for tenant-based rental assistance contracts and renewal of expiring contracts for such assistance entered into pursuant to section 811 of the NAHA.

\$53.6 million (25% of the appropriated amount remaining after the deductions for project rental assistance (PRAC) renewals, renewals of expiring contracts for tenant-based assistance, and the amount to be transferred to the Working Capital Fund) is available for tenant-based rental assistance for persons with disabilities. These funds are administered through public housing agencies (PHAs) and nonprofit

organizations under the Mainstream Housing Opportunities for Persons with Disabilities Program that is found elsewhere in this SuperNOFA.

In accordance with the waiver authority provided in the FY 2003 Consolidated Appropriations, the Secretary is waiving the following statutory and regulatory provision: The term of the project rental assistance contract is reduced from 20 years to 5 years. HUD anticipates that at the end of the contract terms, renewals will be approved subject to the availability of funds. In addition to this provision, HUD will reserve project rental assistance contract funds based on 75 percent rather than on 100 percent of the current operating cost standards for approved units in order to take into account the average tenant contribution toward rent.

The allocation formula used for section 811 reflects the "relevant characteristics of prospective program participants," as specified in 24 CFR 791.402(a). The FY 2003 formula consists of the following data element from the 2000 Census: The number of non-institutionalized persons age 16 to

64 with a disability. The data on disability status were derived from answers to a two-part question that asked about the existence of the following long-lasting conditions: (a) Blindness, deafness, or a severe vision or hearing impairment (sensory disability) and (b) a condition that substantially limits one or more basic physical activities, such as walking, climbing stairs, reaching, lifting, or carrying (physical disability); and a four-part question that asked if the individual had a physical, mental, or emotional condition lasting 6 months or more that made it difficult to perform certain activities. The four activity categories were: (a) Learning, remembering, or concentrating (mental disability); (b) dressing, bathing, or getting around inside the home (self-care disability); (c) going outside the home alone to shop or visit a doctor's office (going outside the home disability); and (d) working at a job or business (employment disability). Under the Section 811 Program, each HUD Office jurisdiction receives sufficient capital advance funds for a minimum of 10 units. The total amount

of capital advance funds to support this minimum set-aside is then subtracted from the total capital advance available. The remainder is fair shared to each HUD Office jurisdiction whose fair share would exceed the set-aside based on the allocation formula fair share factors described below.

The fair share factors were developed by taking the count of disabilities in the data element for each state, or state portion, of each local HUD Office jurisdiction as a percent of the data element from the 2000 Census, described above, for the total United States. The resulting percentage for each local HUD Office is then adjusted to reflect the relative cost of providing housing among the local HUD Office jurisdictions. The adjusted needs percentage for each local HUD Office is then multiplied by the total amount of capital advance funds available nationwide.

The section 811 capital advance funds have been allocated, based on the formula above, to 51 local HUD Offices as shown on the following chart:

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Fiscal Year 2003 Allocations for Supportive Housing for Persons
with Disabilities

[Fiscal Year 2003 Section 811 Allocations]

Office	Capital Advance Authority	Units
Boston Hub:		
Boston	\$3,632,336	39
Hartford	2,245,965	24
Manchester	1,751,827	24
Providence	953,813	10
Total	8,583,941	97
New York Hub:		
New York	6,641,995	58
Total	6,641,995	58
Buffalo Hub:		
Buffalo	2,141,585	26
Total	2,141,585	26
Philadelphia Hub:		
Newark	4,482,779	45
Pittsburgh	1,656,375	22
Philadelphia	3,324,883	37
Charleston	1,475,945	21
Total	10,939,982	125
Baltimore Hub:		
Baltimore	1,697,173	22
Richmond	1,918,803	29
D.C.	2,186,276	27
Total	5,802,252	78
Greensboro Hub:		
Columbia	2,376,877	32
Greensboro	4,522,261	52
Total	6,899,138	84

Atlanta Hub:		
Atlanta	3,394,946	51
San Juan	2,744,052	36
Louisville	2,455,763	34
Knoxville	629,536	10
Nashville	1,119,399	17
Total	10,343,696	148
Jacksonville Hub:		
Jacksonville	6,038,870	92
Birmingham	2,320,615	35
Jackson	1,679,904	26
Total	10,039,389	153
Chicago Hub:		
Chicago	5,910,337	63
Indianapolis	2,783,123	38
Total	8,693,460	101
Columbus Hub:		
Cincinnati	696,103	10
Cleveland	1,372,104	18
Columbus	707,514	10
Total	2,775,721	38
Detroit Hub:		
Detroit	2,638,606	32
Grand Rapids	696,103	10
Total	3,334,709	42
Minneapolis Hub:		
Milwaukee	2,478,760	30
Minneapolis	2,355,869	27
Total	4,834,629	57
Fort Worth Hub:		
Fort Worth	3,836,864	63
Houston	629,536	10
Little Rock	1,531,828	26
New Orleans	2,140,496	34
San Antonio	596,252	10
Total	8,734,976	143
Kansas City Hub:		
Des Moines	1,424,719	21
Kansas City	1,715,413	25
Omaha	724,632	10
Oklahoma City	1,736,312	28
St. Louis	816,875	10
Total	6,417,951	94

Denver Hub:

Denver	3,172,424	47
Total	3,172,424	47

San Francisco Hub:

Honolulu (Guam)	1,711,728	10
Phoenix	2,293,719	34
Sacramento	890,099	10
San Francisco	3,066,499	32
Total	7,962,045	86

Los Angeles Hub:

Los Angeles	3,598,683	40
Total	3,598,683	40

Seattle Hub:

Anchorage	1,711,728	10
Portland	1,281,595	18
Seattle	2,900,835	33
Total	5,894,158	61
National Total	\$116,810,724	1,478

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III. Program Description; Eligible Applicants; Eligible Activities

(A) *Program Description.* HUD provides capital advances and contracts for project rental assistance in accordance with 24 CFR part 891. Capital advances may be used to construct, rehabilitate, or acquire structures (including structures from the Federal Deposit Insurance Corporation (FDIC)), to be developed into a variety of housing options described in section III(C) below. Capital advance funds bear no interest and are based on development cost limits in section IV(E) below. Repayment of the capital advance is not required as long as the housing remains available for at least 40 years for occupancy by very low-income persons with disabilities. PRAC funds are used to cover the difference between the tenants' contributions toward rent (30 percent of adjusted income) and the HUD-approved cost to operate the project.

(B) *Eligible Applicants.* Nonprofit organizations with a section 501(c)(3) tax exemption from the Internal Revenue Service and who meet the threshold requirements contained in Section V of the General Section of the SuperNOFA are the only eligible applicants for this program. See section IV(B) regarding limits on the total number of units and projects that an applicant may request.

(C) *Eligible Activities.* Section 811 capital advance funds must be used to finance the development of housing through new construction, rehabilitation, or acquisition with or without rehabilitation. Capital advance funds may also be used in combination with other non-Section 811 funding sources to develop additional units for a mixed-finance project. Project rental assistance funds are provided to cover the difference between the HUD-approved operating costs and the amount the residents pay (each resident pays 30 percent of adjusted income). The types of housing that can be developed with Section 811 capital advance funds include independent living projects, dwelling units in multifamily housing developments, condominium and cooperative housing and small group homes.

Note: For purposes of approving Section 811 capital advances, HUD will consider a proposal involving mixed-financing for additional units if you have legal control of an approvable site and the additional units do not cause the project, as a whole, to exceed the project size limits if the additional units will also house persons with disabilities. However, you must obtain funds to assist the additional units with other than

PRAC funds. HUD will not provide PRAC funds for non-Section 811 units.

(D) *Ineligible Activities.* Section 811 funds may not be used for any of the following:

- (1) Nursing homes, infirmaries and medical facilities;
- (2) Transitional housing;
- (3) Manufactured housing;
- (4) Intermediate care facilities;
- (5) Community centers, with or without special components for use by persons with disabilities;
- (6) Sheltered workshops and centers for persons with disabilities;
- (7) Headquarters for organizations for persons with disabilities; and
- (8) Refinancing of Sponsor-owned facilities without rehabilitation.

Note: You may propose to rehabilitate an existing currently-owned or leased structure that may or may not already serve persons with disabilities, except that the refinancing of any federally funded or assisted project or project insured or guaranteed by a federal agency is not permissible under this Section 811 NOFA. HUD does not consider it appropriate to utilize scarce program resources to refinance projects that have already received some form of assistance under a federal program. (For example, section 202, section 202/8 or section 202/PAC direct loan projects cannot be refinanced with capital advances and project rental assistance.)

IV. Program Requirements

By signing Form HUD-92016-CA, Application for a Section 811 Capital Advance, you are certifying that you will comply with the program requirements listed in the General Section of this SuperNOFA as well as the following requirements:

(A) *Statutory and Regulatory Requirements.* In addition to the statutory, regulatory, threshold and public policy requirements listed in Section V of the General Section of this SuperNOFA, you must comply with all statutory and regulatory requirements listed in Sections III, IV and IX of this program section of the SuperNOFA.

(B) *Application Unit/Project Limits.* A Sponsor or Co-Sponsor may not apply for more than 70 units of housing or 4 projects (whichever is less) for persons with disabilities in a single Hub. In addition, a Sponsor or Co-Sponsor may not apply for more units in a given HUD Office than allocated for the section 811 program in that HUD Office, or for more than 10 percent of the total units allocated in all HUD Offices. If the proposed project will be an independent living project, your application must request at least five units, not necessarily in one structure. If your proposed project will be a group home,

you must request at least two units per group home. If your proposed project will be a combination of an independent living project and a group home, your application must request at least the minimum number of units for each project type (*i.e.*, 5 units for an independent living project and 2 units for a group home). Affiliated entities that submit separate applications are considered a single entity for the purpose of these limits.

(C) *Project Size Limits.* (1) *Independent living project.* The minimum number of units that can be applied for in one application is five. All of the units are not required to be in one structure and they may be on scattered sites. The maximum number of persons with disabilities that can be housed in an independent living project is 14 plus one additional one or two bedroom unit for a resident manager, if necessary. However, if the proposed independent living project will be located on the same site or on an adjacent site containing existing housing for persons with disabilities, the total persons with disabilities housed in both the existing and the proposed project cannot exceed 14.

(2) If you are submitting an application for an independent living project with site control, you may request an exception to the above project size limit by providing the information required in Exhibit 4(d)(ix) in Appendix A of this program section of the SuperNOFA.

(3) *Group home.* The minimum number of persons with disabilities that can reside in a group home is two, and the maximum number is six. An additional one-bedroom unit can be provided for a resident manager. Only one person per bedroom is allowed, unless two residents choose to share one bedroom or a resident determines he/she needs another person to share his/her bedroom.

(D) *HUD/RHS Agreement.* HUD and the Rural Housing Service (RHS) have an agreement to coordinate the administration of the agencies' respective rental assistance programs. As a result, HUD is required to notify RHS of applications for housing assistance it receives. This notification gives RHS the opportunity to comment if it has concerns about the demand for additional assisted housing and possible harm to existing projects in the same housing market area. HUD will consider RHS comments in its review and application selection process.

(E) *Development Cost Limits.* (1) The following development cost limits, adjusted by locality as described in Section IV(E)(2) below, must be used to

determine the capital advance amount reserved for projects for persons with disabilities:

(a) *For independent living projects and dwelling units in multifamily housing developments, condominium and cooperative housing:* The total development cost of the project attributable to dwelling use (less the incremental development cost and the capitalized operating costs associated with any excess amenities and design features you will pay for) may not exceed:

Non-Elevator Structures:

- \$41,238 per family unit without a bedroom;
- \$47,548 per family unit with one bedroom;
- \$57,344 per family unit with two bedrooms;
- \$73,400 per family unit with three bedrooms;
- \$81,770 per family unit with four bedrooms.

For Elevator Structures:

- \$43,398 per family unit without a bedroom;
- \$49,748 per family unit with one bedroom;
- \$60,493 per family unit with two bedrooms;
- \$78,257 per family unit with three bedrooms;
- \$85,902 per family unit with four bedrooms.

(b) *For group homes only:*

TYPE OF DISABILITY

# Residents	Physical/developmental	Chronic mental illness
2	\$166,022	\$160,262
3	178,533	172,340
4	191,045	183,069
5	203,556	193,798
6	216,054	204,527

(c) These cost limits reflect those costs reasonable and necessary to develop a project of modest design that complies with HUD minimum property standards; the minimum group home requirements of 24 CFR 891.310(a) (if applicable); the accessibility requirements of 24 CFR 891.120(b) and 891.310(b); and the project design and cost standards of 24 CFR 891.120.

(2) Increased Development Cost Limits

(a) HUD may increase the development cost limits set forth in Section IV(E)(1) of this program section of the SuperNOFA by up to 140 percent in any geographic area where the cost levels require, and may increase the

development cost limits by up to 160 percent on a project-by-project basis. This increase may include covering additional costs to make dwelling units accessible through rehabilitation.

(b) If HUD finds that high construction costs in Alaska, Guam, the Virgin Islands or Hawaii make it infeasible to construct dwellings, without the sacrifice of sound standards of construction, design, and livability, within the development cost limits provided in Section IV(E)(1) of this program section of the SuperNOFA, the amount of capital advances may be increased to compensate for such costs. The increase may not exceed the limits established under this section (including any high cost area adjustment) by more than 50 percent.

(c) For group homes only, HUD Offices may approve increases in the development cost limits in Section IV(E)(1)(b), above, in areas where you can provide sufficient documentation that high land costs limit or prohibit project feasibility. An example of acceptable documentation is evidence of at least three land sales that have actually taken place (listed prices for land are not acceptable) within the last two years in the area where your project is to be built. The average cost of the documented sales must exceed ten percent of the development cost limit for your project in order for an increase to be considered.

(F) *Minimum Capital Investment.* Selected nonprofit organizations must provide a minimum capital investment of one-half of one percent of the HUD-approved capital advance amount not to exceed a maximum of \$10,000 in accordance with 24 CFR 891.145.

(G) *Accessibility.* Your project must meet accessibility requirements published at 24 CFR 891.120, 24 CFR 891.310 and Section 504 of the Rehabilitation Act of 1973, and, if new construction, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100. In addition, 24 CFR 8.4(b)(5) prohibits the selection of a site or location which has the purpose or effect of excluding persons with disabilities from the federally assisted program or activity. HUD will award higher points to applications that add accessible design features beyond those required under civil rights laws and regulations. See Section II (C) of the General Section of this SuperNOFA.

(H) *Conducting Business in Accordance With Core Values and Ethical Standards.* Section 811 Sponsors are not subject to the requirements of 24 CFR parts 84 and 85 as outlined in the

General Section of this SuperNOFA. However, Sponsors are still subject to the core values and ethical standards as they relate to the conflict of interest provisions in 24 CFR 891.130. To ensure compliance with the program's conflict of interest provisions, you are required to submit a signed Conflict of Interest Resolution and include it in your Section 811 application. Further, if awarded a Section 811 fund reservation, the officers, directors, board members, trustees, stockholders and authorized agents of the Section 811 Sponsor and Owner entities will be required to submit to HUD individual certifications regarding compliance with HUD's conflict of interest requirements.

(I) *Ensuring the Participation of Small Businesses, Small Disadvantaged Businesses, and Women-Owned Businesses.* Although the Section 811 program is not subject to the provisions of 24 CFR 85.36(e) as described in the corresponding paragraph in the General Section of the SuperNOFA, you are required to comply with Executive Order 12432, Minority Business Enterprise Development and Executive Order 11625, Prescribing Additional Arrangements for Developing and Coordinating a National Program for Minority Business Enterprise as they relate to the encouragement of HUD grantees to utilize minority business enterprises.

(J) *Fair Housing Requirements.* See Section V of the General Section of this SuperNOFA.

(K) *Economic Opportunities for Low and Very Low Income Persons.* See Section V of the General Section of this SuperNOFA.

(L) *Design and Cost Standards.* You must comply with HUD's Section 811 project design and cost standards (24 CFR 891.120 and 891.310), the Uniform Federal Accessibility Standards (24 CFR 40.7), Section 504 of the Rehabilitation Act of 1973 and HUD's implementing regulations at 24 CFR part 8, and for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991, the design and construction requirements of the Fair Housing Act and HUD's implementing regulations at 24 CFR part 100, and the Americans with Disabilities Act of 1990, where applicable.

(M) *Acquisition and Relocation.* You must comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (49 CFR part 24 and 24 CFR part 891.155(e)) (URA), which covers the acquisition of sites, with or without existing structures and with 24 CFR 8.4(b)(5) of the Section 504 regulations which prohibits discrimination based

on disability in determining the site or location of a federally-assisted facility. However, you are exempt from complying with the site acquisition requirements of the URA if you do not have the power of eminent domain and prior to entering into a contract of sale, option to purchase or any other method of obtaining site control, you inform the seller of the land: (1) That you do not have the power of eminent domain and, therefore, you will not acquire the property if negotiations fail to result in an amicable agreement, and (2) of the estimate of the fair market value of the property. An appraisal is not required to meet this requirement, however, your files must include an explanation, with reasonable evidence of the basis for the estimate.

(N) *Formation of Owner Corporation.* You must form an "Owner" in accordance with 24 CFR 891.305 after issuance of the capital advance; cause the Owner to file a request for determination of eligibility and a request for capital advance, and provide sufficient resources to the Owner to ensure the development and long-term operation of the project, including capitalizing the Owner at firm commitment processing in an amount sufficient to meet its obligations in connection with the project.

(O) *Supportive Services.* You are required to include a Supportive Services Plan and a certification from the appropriate state or local agency that the provision of services identified in your Supportive Services Plan is well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your proposed project. Exhibit 5 in Appendix A of this program section of the SuperNOFA, below, outlines the information that must be in the Supportive Services Plan. You must submit one copy of your Supportive Services Plan to the appropriate state or local agency well in advance of the application submission deadline date for the state or local agency to review your Supportive Services Plan and complete the Supportive Services Certification and return it to you so that you can include it in the application you submit to HUD.

(1) HUD will reject your application if the supportive services certification:

(a) Is not submitted with your application and is not submitted to HUD within the 14-day cure period; or
 (b) Indicates that the provision of supportive services is not well designed to address the individual health, mental health and other needs of persons with disabilities who will live in your project; or

(c) Indicates that the provision of supportive services will not enhance independent living success or promote the dignity of the persons with disabilities who will live in your proposed project.

(2) In addition, if the agency completing the certification will be a major funding or referral source for your proposed project or be responsible for licensing the project, HUD will reject your application if either the agency's supportive services certification indicates—or, where the agency fails to complete item 3 or 4 of the certification, HUD determines that:

(a) You failed to demonstrate that supportive services will be available on a consistent long-term basis; and/or

(b) The proposed housing is not consistent with state or local agency plans/policies addressing the housing needs of people with disabilities.

Any prospective resident of a Section 811 project who believes he/she needs supportive services must be given the choice to be responsible for acquiring his/her own services or to take part in your Supportive Services Plan which must be designed to meet the individual needs of each resident.

You must not require residents to accept any supportive services as a condition of occupancy or admission.

(P) *Davis-Bacon.* You must comply with the Davis-Bacon Requirements and the Contract Work Hours and Safety Standards Act.

(Q) *Flood Disaster Protection Act of 1973 and Coastal Barriers Resources Act.* You must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001–4128) and the Coastal Barrier Resources Act (16 U.S.C. 3601).

(R) *National Environmental Policy Act.* You must comply with the National Environmental Policy Act of 1969 (NEPA)(42 U.S.C. 4321) and applicable related environmental authorities at 24 CFR 50.4 and HUD's programmatic implementing regulations at 24 CFR part 50 and 24 CFR 891.155(b), especially, but not limited to, the provision of information to HUD at 24 CFR 50.31(b) and you must comply with any environmental conditions and safeguards at 24 CFR 50.3(c).

(S) *Sites.* (1) *Site Control or Site Identification.* In your application, you must provide either:

(a) *Evidence of Site Control*—If you have control of a site at the time you submit your application, you must include evidence of such as described in Exhibit 4(d)(i) in Appendix A of this program section of the SuperNOFA relative to site control.

or

(b) *Site Identification*—If you do not have site control of one or more of your sites, you must provide the information required in Exhibit 4(d)(x) in Appendix A of this program section of the SuperNOFA under "site identified" for any site not under control as a reasonable assurance that site control will be obtained within six months of fund reservation notification.

(2) *Phase I Environmental Site Assessment (ESA)*—If you have control of the site(s) at the time you submit your application, you must submit a Phase I ESA, in accordance with the American Society for Testing and Material (ASTM) Standards E 1527–97, as amended, completed or updated no earlier than six months prior to the application deadline date, in order for the application to be considered as an application with site control. The Phase I ESA must be completed and submitted with the application. The Phase I study is not a curable deficiency for the Section 811 Program. Therefore, it is important that you start the Phase I ESA process as soon after publication of this SuperNOFA as possible. Documents providing guidance in choosing an environmentally safe site, entitled "Choosing An Environmentally Safe Site" and the "Supplemental Guidance Environmental Information", are available on HUD's Web site at www.hud.gov.

(a) For a project that will involve demolition and/or rehabilitation of a structure(s) built before 1978, the Phase I must include the following: (i) an asbestos report that identifies the location and condition of any asbestos, and (ii) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs.

(b) For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site.

Note: If the property is to be acquired from the FDIC, include a copy of the FDIC prepared Transaction Screen Checklist or Phase I ESA, and applicable documentation, per the FDIC Environmental Guidelines.

(3) *Phase II ESA*—If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional. If the Phase II ESA reveals site contamination, the extent of the contamination and a plan for clean-up of the site must be submitted to the local HUD Office. The plan for clean-up must include a contract for remediation of the problem(s) and an approval letter from the applicable federal, state, and/or local agency with jurisdiction over the site.

In order for your application to be considered as an application with site control you must submit this information to the local HUD Office on or before July 14, 2003.

Note: This could be an expensive undertaking. You must pay for the cost of any clean-up and/or remediation.

(4) If your application contains evidence of site control where either the evidence or the site is not approvable, your application will *not* be rejected provided you indicate in your application that you are willing to seek an alternate site and provide an assurance that site control will be obtained within six months of fund reservation notification.

(T) *Lead-Based Paint*. You must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821–4846) and implementing regulations at 24 CFR part 35.

(U) *Delinquent Federal Debt*. See Section V of the General Section of this SuperNOFA.

(V) *Commercial Facilities*. A commercial facility for the benefit of the residents may be located and operated in the Section 811 project. However, the commercial facility cannot be funded with the use of Section 811 capital advance or PRAC funds. The maximum amount of space permitted for a commercial facility and other community space cannot exceed 10 percent of the total project cost. An exception to this 10 percent limitation is if the project involves acquisition or rehabilitation and the additional space was incorporated in the existing structure at the time the proposal was submitted to HUD. Commercial facilities are considered public accommodations under Title III of the Americans with Disabilities Act of 1990 (ADA), and thus must comply with all the accessibility requirements of the ADA.

(W) *False Statements*. See Section V of the General Section of this SuperNOFA.

(X) *Expiration of Section 811 Funds*. The FY 2003 Consolidated Appropriations requires HUD to obligate all Section 811 funds appropriated for FY 2003 by September 30, 2006. Under 31 U.S.C. 1551, no funds can be disbursed from this account after September 30, 2011. Under Section 811, obligation of funds occurs for both capital advances and project rental assistance upon fund reservation and acceptance. If all funds are not disbursed by HUD and expended by the project Owner by September 30, 2011, the funds, even though obligated, will expire and no further disbursements can be made from this account. In submitting an application, you need to carefully consider whether your proposed project can be completed through final capital advance closing no later than September 30, 2011. Furthermore, all unexpended balances, including any remaining balance on PRAC contracts, will be cancelled as of October 1, 2011. Amounts needed to maintain PRAC payments for any remaining term on the affected contracts beyond that date will have to be funded from other current appropriations.

V. Application Selection Process

(A) *Review for Curable Deficiencies*. You should ensure that your application is complete and that you have an original and four copies before submitting it to the appropriate HUD office. HUD will screen all applications received by the deadline to determine if there are any curable deficiencies. A curable deficiency is a missing Exhibit or portion of an Exhibit that will not affect the rating of your application. The following is a list of the only deficiencies that will be considered curable in a Section 811 application:

Exhibits

- (1) Form 92016–CA (Application Form)*
- (2) (a) Articles of Incorporation*
- (b) By-laws*
- (c) IRS tax exemption ruling*
- (4) (c)(ii) Energy efficiency
- (d)(vii) Letter from the State Historic Preservation Officer (SHPO)
- (d)(viii) Seek alternate site
- (5) Supportive Services Plan
- (7) Relocation
- (8) (a) Form HUD–424, Application for Federal Assistance
- (b) Standard Form LLL, Disclosure of Lobbying Activities (if applicable)
- (c) Form HUD–424B, Applicant Assurances and Certifications
- (d) Form HUD–2880, Applicant/Recipient Disclosure/Update Report
- (e) Form HUD–2991, Certification of Consistency with Consolidated Plan

(f) Form HUD–92041, Sponsor's Conflict of Interest Resolution

(g) Form HUD–92042, Sponsor's Resolution for Commitment to Project*

(i) Form HUD–2530, Previous Participation Certification

(j) Form HUD–92043, Supportive Services Certification

The HUD Office will notify you in writing if your application is missing any of the above exhibits or portions of exhibits and will give you 14 days from the date of the HUD notification to submit the information required to cure the noted deficiencies. The items identified by an asterisk (*) must be dated on or before the application deadline date.

(B) *Rating*. HUD will review and rate your application in accordance with the Application Selection Process in the General Section of this SuperNOFA with the following exception. HUD will not reject your application based on technical review without notifying you of the rejection with all the reasons for rejection and providing you an opportunity to appeal. You will have 14 calendar days from the date of HUD's written notice to appeal a technical rejection to the HUD Office.

Your application(s) will be either rated or technically rejected at the end of technical review. If your application meets all program eligibility requirements after completion of technical review, including HUD approval of you, the Section 811 applicant, based on HUD's evaluation of your previous participation activities as reported on Form HUD–2530, Previous Participation Certification, your application will be rated according to the Rating Factors in Section V(D) below. The HUD Office will make a determination on any appeals before making its selection recommendations.

If an Exhibit or portion of an Exhibit listed above as curable is not discovered as missing until technical processing, HUD will provide you with 14 calendar days in which to cure the deficiency.

(C) *Ranking and Selection Procedures*. Applications that have a total base score of 75 points or more (without the addition of RC/EC/EZ bonus points) and meet all of the applicable threshold requirements of Section V(B) of the General Section of the SuperNOFA will be eligible for selection and will be placed in rank order. HUD will select applications, after adding any bonus points for RC/EC/EZ, based on rank order, up to and including the last application that can be funded out of each HUD Program Center Office's allocation. HUD Program Center Offices will not skip over any applications in order to select one based on the funds

remaining. After making the initial selections, however, HUD Program Center Offices may use any residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent, rounded to the nearest whole number, provided the reduction will not render the project infeasible. For this purpose, however, HUD will not reduce the number of units in projects of five units or less.

After the HUD Program Center Offices have funded all possible projects based on the process above, residual funds from all HUD Program Center Offices within each Multifamily Hub will be combined. First, these funds will be used to restore units to projects reduced by HUD Program Center Offices based on the above instructions. Second, additional applications within each Multifamily Hub will be selected in rank order with only one application selected per HUD Program Center Office. More than one application may be selected per HUD Program Center Office if there are no approvable applications in other HUD Program Center Offices within the Multifamily Hub. This process will continue until there are no more approvable applications within the Multifamily Hub that can be selected with the remaining funds. Applications may not be skipped over to select one based on funds remaining. However, the HUD Multifamily Hub may use any remaining residual funds to select the next rank-ordered application by reducing the number of units by no more than 10 percent rounded to the nearest whole number, provided the reduction will not render the project infeasible or result in the project being less than 5 units.

Funds remaining after the Multifamily Hub selection process is completed will be returned to Headquarters. HUD Headquarters will use these funds first to restore units to projects reduced by HUD Program Center or Multifamily Hub Offices as a result of the instructions for using their residual funds. Second, HUD Headquarters will use these funds for selecting applications based on HUD Program Center Offices' rankings, beginning with the highest rated application nationwide. Only one application will be selected per HUD Program Center Office from the national residual amount. If there are no approvable applications in other HUD Program Center Offices, the process will begin again with the selection of the next highest rated application nationwide. This process will continue until all approvable applications are selected using the available remaining funds.

Headquarters may skip over a higher rated application in order to use as much of the available remaining funds as possible.

(D) *Factors For Award Used To Evaluate and Rate Applications.* HUD will rate applications that successfully complete technical processing using the Rating Factors set forth below and in accordance with the application submission requirements in Appendix A of this program section of the SuperNOFA. The maximum number of points an application may receive under this program is 102. This includes two (2) RC/EZ/EC bonus points, as described in the General Section of this SuperNOFA.

Rating Factor 1: Capacity of the Applicant and Relevant Organizational Staff (30 Points)

This factor addresses the extent to which you have the organizational resources to successfully implement the proposed activities in a timely manner. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2, 3(a), 3(b), 3(e), and 6 of Appendix A to this program section of the SuperNOFA.

In rating this factor, HUD will consider the extent to which your application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following:

(a) (15 points) The scope, extent, and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability;

(b)(i) (5 points) The scope, extent, and quality of your experience in providing housing or related services to minority persons or families.

(b)(ii) (5 points) The scope, extent, and quality of your ties to the community at large and to the minority and disability communities in particular.

For the purpose of this program section of the SuperNOFA, the term "minority" encompasses the basic racial and ethnic categories for federal statistics and administrative reporting, as defined in the General Section of the SuperNOFA in the section entitled "Race and Ethnicity."

To earn the maximum number of points under this subcriteria, you must describe both your relationships over time with the minority community and

significant previous experience in providing housing and/or supportive services to minorities generally and to minority persons with disabilities, in particular. For the purpose of this competition, "significant previous experience" means that the previous housing assistance or related services to minorities, i.e., the percentage of minorities being provided housing or related services in your current developments, was equal to or greater than the percentage of minorities in the jurisdiction where the previous housing or services occurred.

(c) (-2 to -4 points) HUD will deduct (except if the delay was beyond your control) 2 points if a fund reservation you received under either the Section 811 program of Supportive Housing for Persons with Disabilities or the Section 202 program of Supportive Housing for the Elderly has been extended beyond 24 months, 3 points if beyond 36 months, and 4 points if beyond 48 months. Examples of delays beyond your control include, but are not limited to, initial closing delays that are: (1) Directly attributable to HUD, (2) directly attributable to third party opposition, including litigation, and (3) due to a disaster, as declared by the President of the United States.

(d) (-1 point) HUD will deduct 1 point if amendment money was required as a result of the delay (except if the delay was beyond your control).

(e) (5 points) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or non-contiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model.

Rating Factor 2: Need/Extent of the Problem (15 Points)

This factor addresses the extent to which there is a need for funding the proposed activities to address a documented problem in the target area. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 4(a) and 4(b) of Appendix A of this program section of the SuperNOFA. HUD will consider the following in evaluating this factor:

The extent of the need for the project in the area based on a determination by the HUD Office. In making this determination, HUD will consider your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. The data should include a general assessment of the current conditions in the market for the type of

housing proposed, an estimate of the demand for additional housing of the type proposed in the applicable housing market area; as well as, information on the numbers and types of existing comparable subsidized housing for persons with disabilities, current occupancy in such housing and recent market experience, comparable subsidized housing for persons with disabilities under construction or for which fund reservations have been issued, and, in accordance with an agreement between HUD and RHS, comments from RHS on the demand for additional comparable subsidized housing and the possible harm to existing projects in the same housing market area. The Department also will review more favorably those applications which establish a connection between the proposed project and the community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. You must show how the proposed project will address an impediment to fair housing choice described in the AI or meet a need identified in the other type of planning document.

In evaluating this factor, HUD will rate your application as follows:

(a) (12 points) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration the Sponsor's evidence of need in the area, as well as other economic, demographic and housing market data available to HUD.

(b) (3 points) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization.

Rating Factor 3: Soundness of Approach (40 Points)

This factor addresses the quality and effectiveness of your proposal, the extent to which you involved persons with disabilities, including minority persons with disabilities in the development of the application and will involve them in the development and operation of the project, and the extent to which you coordinated your application with other organizations, including local independent living centers, with which you share common goals and objectives and are working toward meeting these objectives in a holistic and comprehensive manner.

There must be a clear relationship between the proposed activities, the community's needs and purposes of the program funding for your application to receive points for this factor. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 2(d), 3(f), 3(j), 4(c), 4(d), and 5 of Appendix A of this program section of the SuperNOFA. In evaluating this factor, HUD will consider the following:

(a)(i) (10 points) Site approvability—The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125(a), (d), and (e). Sites where amenities are accessible other than by project residence or private vehicle will be rated more favorably;

(a)(ii) (5 points) Site control—If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i)), your application will receive 5 points for site control.

(a)(iii) (-1 point) One or more of your proposed sites is not permissively zoned for the intended use.

(b) (10 points) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minorities and persons with disabilities and affirmatively furthering fair housing. In reviewing this criterion, HUD will assess whether the site meets the site and neighborhood standards at 24 CFR 891.125(b) and (c) by examining relevant data in your application or in the HUD Office. If appropriate, HUD may visit the site.

(i) The site will be deemed acceptable if it increases housing choice and opportunity by:

—Expanding housing opportunities in non-minority neighborhoods if located in such a neighborhood. ("Nonminority area" is defined as one in which the minority population is lower than 10 percent); or

—Contributing to the revitalization of and reinvestment in minority neighborhoods, including improvement of the level, quality and affordability of services furnished to minority persons with disabilities. You should refer to the Site and Neighborhood Standards provisions of the regulations governing

the Section 811 Supportive Housing Program (24 CFR 891.125(b) and (c)) when considering sites for your projects.

(ii) For the purpose of this competition, the term "minority neighborhood (area of minority concentration)" is defined as one where any one of the following statistical conditions exists:

—The percentage of persons of a particular racial or ethnic minority is at least 20 points higher than the minority's or combination of minorities' percentage in the housing market as a whole; or,

—The neighborhood's total percentage of minority persons is at least 20 points higher than the total percentage of minorities for the housing market area as a whole; or

—In the case of a metropolitan area, the neighborhood's total percentage of minority persons exceeds 50 percent of its population.

(c)(i) (4 points) The extent to which the proposed design of the project (exterior and interior) and its placement in the neighborhood will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible;

(c)(ii) (1 point) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project.

(d) (5 points) At least 51% of your board members are persons with disabilities.

(e) (3 points) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project;

(f) (2 points) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner;

Rating Factor 4: Leveraging Resources (5 Points)

This factor addresses your ability to secure other community resources that can be combined with HUD's program resources to achieve program purposes. Submit information responding to this factor in accordance with Application

Submission Requirements in Exhibits 3(c) and (d) of Appendix A of this program section of the SuperNOFA.

(a) (2 points) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project; and

(b) (3 points) The extent of your activities in the community, including previous experience in serving the area where the project is to be located and your demonstrated ability to enlist volunteers and raise local funds.

Rating Factor 5: Achieving Results and Program Evaluation (10 Points)

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. This factor addresses the extent to which your project will implement practical solutions that result in residents achieving independent living, economic empowerment, educational opportunities and improved living environments. Finally, this factor addresses the extent to which the long-term viability of your project will be sustained for the duration of the 40-year capital advance period. Submit information responding to this factor in accordance with Application Submission Requirements in Exhibits 3(g), 3(h), and 3(i), in Appendix A of this program section of the SuperNOFA.

(a) (5 points) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project.

(b) (2 points) The extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, economic empowerment, educational opportunities, and improved living environments (e.g., activities that will improve computer access, literacy and employment opportunities).

(c) (3 points) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for very low income persons with disabilities for the 40-year capital advance period.

Bonus Points

(2 bonus points) Location of proposed site in an RC/EZ/EC area, as described in the General Section of this SuperNOFA. Submit the information responding to the bonus points in accordance with the Application Submission Requirements in Exhibit 8(h) in Appendix A of this program section of the SuperNOFA.

(E) *Applicant Debriefing.* You may request a debriefing on your application in accordance with the General Section of this SuperNOFA, with the exception that the request must be made to the Director of Multifamily Housing in the HUD Field Office to which you sent your application.

VI. Application Submission Requirements

The application submission requirements are contained in Appendix A of this program section of the SuperNOFA. Your application must include all of the information, materials, forms, and exhibits listed in Appendix A of this program section of the SuperNOFA (unless you were selected for a Section 811 fund reservation within the last three funding cycles). If you qualify for this exception, you are not required to submit the information described in Exhibit 2(a), (b), and (c), in Appendix A of this program section of the SuperNOFA, which are the articles of incorporation (or other organizational documents), by-laws, and the IRS tax exemption, respectively. If there has been a change in any of these documents since your previous HUD approval, you must submit the updated information in your application. The HUD Office will verify your indication of previous HUD approval by checking the project number and approval status with the appropriate HUD Office based on information submitted.

In addition to this relief of paperwork burden in preparing applications, you are able to use information and exhibits previously prepared for prior applications under Section 811, Section 202, or other funding programs. Examples of exhibits that may be readily adapted or amended to decrease the

burden of application preparation include, among others, those on previous participation in the Section 202 or Section 811 programs, your experience in the provision of housing and services, supportive services plans, community ties, and experience serving minorities.

VII. Corrections to Deficient Applications

The General Section of the SuperNOFA provides the procedures for corrections to deficient applications.

VIII. Formation of Owner Corporation for Development of Section 811 Projects and for Section 811 Projects Involving Mixed-Financing

Applicant eligibility for purposes of applying for a Section 811 fund reservation under this NOFA has not changed; *i.e.*, all Section 811 Sponsors and Co-Sponsors must be nonprofit organizations. However, the Owner corporation, when later formed by the Sponsor, may be (1) a single-purpose nonprofit organization that has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986, or (2) for purposes of developing a mixed-finance project for developing additional units over and above the Section 811 units, a for-profit limited partnership with the nonprofit entity as the sole general partner.

IX. Authority

Section 811 of the Cranston-Gonzalez National Affordable Housing Act (Pub. L. 101-625, approved November 28, 1990), as amended by the Housing and Community Development Act of 1992 (Pub. L. 102-550, approved October 28, 1992); the Rescissions Act (Pub. L. 104-19, approved July 27, 1995); the American Homeownership and Economic Opportunity Act of 2000 (Pub. L. 106-569, approved December 27, 2000) and the Fiscal Year 2003 Consolidated Appropriations (Pub. L. 108-7, approved February 20, 2003) authorized a new supportive housing program for persons with disabilities, and replaced assistance for persons with disabilities previously covered by section 202 of the Housing Act of 1959 (section 202 continues, as amended by section 801 of the NAHA, and the HCD Act of 1992, to authorize supportive housing for the elderly).

BILLING CODE 4210-32-P

APPENDIX A

U.S. Department of Housing and Urban Development
Office of the Assistant Secretary for Housing
Federal Housing Commissioner -2003

SECTION 202

SUPPORTIVE HOUSING FOR THE ELDERLY

APPLICATION

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**SECTION 811**

**SUPPORTIVE HOUSING FOR  
PERSONS WITH DISABILITIES**

**APPLICATION**

The public reporting burden for this collection of information is estimated to average 15,960 hours per response for the Section 202 Supportive Housing Program for the Elderly and 10,556 hours per response for the Section 811 Supportive Housing Program for Persons with Disabilities, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0267 for the Section 202 program and OMB Approval No. 2502-0462 for the Section 811 program. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The information submitted in response to the Notice of Funding Availability for the Section 202 Supportive Housing Program for the Elderly and the Section 811 Supportive Housing Program for Persons with Disabilities is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**APPLICATION****SECTION 202 OR SECTION 811**

**INTRODUCTION:** This constitutes the Application to apply for funding under the Section 202 Supportive Housing for the Elderly or the Section 811 Supportive Housing for Persons with Disabilities Capital Advance Program. **You MUST contact the local HUD Office to obtain information about the submission of applications relevant to that Office. (NOTE: Attachment 1 is a list of the local HUD Offices for you to use in determining the appropriate HUD Office to which you should submit your application.)**

You must submit an **original and four (4) copies** of your application in response to a Federal Register Notice of Funding Availability (NOFA). The original and four copies **must be postmarked on or before midnight of June 13, 2003, and received in the local HUD Office within 15 days of the due date.** It is strongly recommended that you submit your application by mail **via the United States Postal Service.** Please refer to the General Section of the SuperNOFA for further instructions regarding application mailing and receipt procedures.

**NOTE: You may apply for a scattered site project in one application.**

**CONTENTS OF APPLICATION:** The Application for a Section 202 or Section 811 Capital Advance consists of four parts with a total of eight Exhibits. Included with the eight Exhibits are prescribed forms, certifications and resolutions. The components of the Application are:

- Part 1 - Application Form for Section 202 or Section 811 Supportive Housing - Capital Advance  
(Exhibit 1)
- Part 2 - Your Ability to Develop and Operate the Proposed Project  
(Exhibits 2 and 3)
- Part 3 - The Need for Supportive Housing for the Target Population in the Area to be Served, Site Control (and/or Identification of Site if 811) and Suitability of Site, Adequacy of the Provision of Supportive Services and of the Proposed Project  
(Exhibits 4 and 5)
- Part 4 - General Application Requirements, Certifications and Resolutions  
(Exhibits 6 through 8)

GENERAL INSTRUCTIONS FOR PREPARING APPLICATION: Please submit your application using the attached format, indexed and tabbed accordingly. The Application includes:

1. The Table of Contents which serves as a checklist for you to identify the submission page for the exhibit/portion of the exhibit in the order in which the application is to be assembled.
2. The Rating Factors for rating your application and the criteria necessary to receive bonus points.
3. The Application Contents identified by the Part of the application and the relevant exhibits. Parts 2 and 3 include exhibits related to the rating criteria and bonus points. All required forms are included in the section pertaining to the specific exhibits. **(NOTE: Information relating to the Phase I Environmental Site Assessment, Exhibit 4(d)(vi) must be obtained from the local HUD Office.)**
4. Attachments
  1. Letter Requesting SHPO/THPO Review
  2. Choosing An Environmentally Safe Site (found on [www.hud.gov](http://www.hud.gov))
  3. Supplemental to Choosing An Environmentally Safe Site
5. The Application Evaluation for you to provide HUD with comments and suggestions about the Application.
6. The Acknowledgment of Application Receipt you will receive with the date that HUD received your application and whether or not your application will receive further consideration.

Before preparing your application, you should carefully review the requirements of the Regulations (24 CFR Part 891) and general program instructions in Handbook 4571.3 REV-1, Section 202 Capital Advance Program for Housing the Elderly or Handbook 4571.2, Section 811 Capital Advance Program for Housing Persons with Disabilities. Note: Section 1001 of Title 18 of the United States Code (Criminal Code and Criminal Procedure, 72 Stat. 967 shall apply to all information supplied in the application submission). (18 U.S.C. 1001, among other things, provides that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.)

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| <b>EXHIBIT 1:</b> <b>Form HUD-92015-CA, Application for<br/>Section 202 Supportive Housing<br/>Capital Advance, OR</b>                     | _____       |
| <b>Form HUD-92016-CA, Application for<br/>Section 811 Supportive Housing<br/>Capital Advance</b>                                           | _____       |
| <b>PART II - YOUR ABILITY TO DEVELOP AND OPERATE<br/>THE PROPOSED PROJECT</b>                                                              |             |
| <b>EXHIBIT 2:</b> <b>Your Legal Status</b>                                                                                                 |             |
| (a) Articles of Incorporation (or<br>other organizational documents)                                                                       | _____       |
| (b) By-laws                                                                                                                                | _____       |
| (c) IRS Tax Exemption Ruling                                                                                                               | _____       |
| <b>[EXCEPTION: SEE EXHIBIT TO DETERMINE IF YOU<br/>MAY BE EXEMPT FROM SUBMITTING THESE<br/>DOCUMENTS.]</b>                                 |             |
| (d) <b>Section 811 Applicants Only</b> - the<br>number of people on your board and<br>the number of board members who have<br>disabilities | _____       |
| <b>EXHIBIT 3:</b> <b>Your purpose, community ties<br/>and experience:</b>                                                                  |             |
| (a) Purpose(s), current activities,<br>how long you have been in existence                                                                 | _____       |
| (b) Ties to the community at large,<br>to the target population, and<br>description of geographic areas<br>served                          | _____       |
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- |     |                                                                                      |       |
|-----|--------------------------------------------------------------------------------------|-------|
| (d) | Letters of support for your organization and for the proposed project                | _____ |
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| (f) | Efforts to involve target population                                                 | _____ |
| (g) | Description of practical solutions to be implemented                                 | _____ |
| (h) | Project Development Timeline                                                         | _____ |
| (i) | Description of how project will remain viable                                        | _____ |
| (j) | <b>For Section 811 only,</b><br>Identification/coordination with other organizations | _____ |

**PART III - THE NEED FOR SUPPORTIVE HOUSING FOR THE TARGET POPULATION IN THE AREA TO BE SERVED, SITE CONTROL (AND/OR IDENTIFICATION OF SITE IF 811) AND SUITABILITY OF SITE, ADEQUACY OF THE PROVISION OF SUPPORTIVE SERVICES AND OF THE PROPOSED PROJECT**

**EXHIBIT 4: Project information including:**

- |       |                                                                                                              |       |
|-------|--------------------------------------------------------------------------------------------------------------|-------|
| (a)   | Evidence of need for project                                                                                 | _____ |
| (b)   | How project will benefit target population and community                                                     | _____ |
| (c)   | A narrative description of the project, including:                                                           |       |
| (i)   | Building design                                                                                              | _____ |
| (ii)  | Whether and how project will promote energy efficiency                                                       | _____ |
| (iii) | If applicable, description of plans and actions to create a mixed-finance project                            | _____ |
| (d)   | Evidence of site control and permissive zoning, <b>OR</b> identification of site if applying for Section 811 |       |

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without having site control (in this latter case skip to **Identification of Site** below):

**Evidence of Site Control**

- |                                                     |                                                                                                                                                                |       |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| (i)                                                 | Site control document(s)                                                                                                                                       | _____ |
| (ii)                                                | Evidence site is free of limitations, restrictions, or reverters                                                                                               | _____ |
| (iii)                                               | Evidence of permissive zoning or statement of proposed action required to make project permissible                                                             | _____ |
| (iv)                                                | Narrative topographical/demographic description of site/area suitability, how site will promote greater housing opportunities for minorities/target population | _____ |
| (v)                                                 | Racial composition/concentration map of site                                                                                                                   | _____ |
| (vi)                                                | Phase I Environmental Site Assessment                                                                                                                          | _____ |
| (vii)                                               | Letter to State/Tribal Historic Preservation Office (SHPO/THPO)                                                                                                | _____ |
|                                                     | Response from SHPO/THPO                                                                                                                                        | _____ |
| <b>NOTE: (viii) through (xiv) apply to 811 Only</b> |                                                                                                                                                                |       |
| (viii)                                              | Willingness to seek an alternate site                                                                                                                          | _____ |
| (ix)                                                | Request for exception to project size limits (if applicable) - why site was selected and: (ILP with site control only)                                         |       |
| (A)                                                 | Preference/acceptance of people with disabilities to live in proposed housing                                                                                  | _____ |

- (B) Increased number of people warranted by market conditions in area \_\_\_\_\_
- (C) Compatibility of project with other residential development and population density of the area \_\_\_\_\_
- (D) Increased number of people will not prohibit successful integration into the community \_\_\_\_\_
- (E) Marketability of project in the community \_\_\_\_\_
- (F) Project size consistent with State and/or local policies governing similar housing \_\_\_\_\_
- (G) Willingness to have application processed at project size limit \_\_\_\_\_

**Identification of a Site (811 only):**

- (x) Location of site \_\_\_\_\_
- (xi) Steps undertaken to identify site; what must be done to obtain site control \_\_\_\_\_
- (xii) Whether site is properly zoned \_\_\_\_\_
- (xiii) Status of the sale of the site \_\_\_\_\_
- (xiv) Whether the site would involve relocation \_\_\_\_\_

PAGE

**EXHIBIT 5: Supportive Services Plan**

- 202** Provision of supportive services:
- (a) Description of services \_\_\_\_\_
  - (b) Public/private funding sources for proposed services \_\_\_\_\_
  - (c) Manner in which services will be provided \_\_\_\_\_

OR

- 811**
- (a) Description of occupancy \_\_\_\_\_
  - (b) Request for approval to limit occupancy, if applicable, including:
    - (i) Description of population to which occupancy will be limited \_\_\_\_\_
    - (ii) Why it is necessary to limit occupancy, including:
      - (A) How goals of 811 will still be achieved \_\_\_\_\_
      - (B) Why housing and services needs cannot be met in more integrated setting \_\_\_\_\_
    - (iii) Experience in providing housing and/or supportive services to proposed population \_\_\_\_\_
    - (iv) How you will ensure occupants will be integrated into neighborhood and community \_\_\_\_\_
  - (c) Supportive services needs of proposed population \_\_\_\_\_

|                                                                                                                                                                                                     | <b>PAGE</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| (d) List of community service providers with letters of intent                                                                                                                                      | _____       |
| (e) Evidence of each service provider's capability and experience                                                                                                                                   | _____       |
| (f) Extent of State and local agency involvement in project                                                                                                                                         | _____       |
| (g) Letter indicating your commitment to make services available or coordinate their availability                                                                                                   | _____       |
| (h) How residents will be afforded employment opportunities                                                                                                                                         | _____       |
| (i) Whether project will include manager's unit                                                                                                                                                     | _____       |
| (j) Statement that you will not condition occupancy on the resident's acceptance of supportive services                                                                                             | _____       |
| <br><b>PART IV - GENERAL APPLICATION REQUIREMENTS, CERTIFICATIONS AND RESOLUTIONS</b>                                                                                                               |             |
| <b>EXHIBIT 6:</b>                                                                                                                                                                                   |             |
| <b>A list of applications, if any, you have submitted or are planning to submit to any other HUD Office in response to the Section 202 or Section 811 NOFA, and required information about each</b> | _____       |
| <br><b>EXHIBIT 7:</b>                                                                                                                                                                               |             |
| <b>A statement that:</b>                                                                                                                                                                            |             |
| (a) Identifies all persons occupying property on application submission date                                                                                                                        | _____       |
| (b) Indicates estimated cost of relocation payments/other services                                                                                                                                  | _____       |
| (c) Identifies staff organization that will carry out relocation activities                                                                                                                         | _____       |

## PAGE

- (d) Identifies all persons who have moved from site within past 12 months \_\_\_\_\_

**NOTE:** Applies to all Section 202 applications and Section 811 applications with site control only

**EXHIBIT 8: CERTIFICATIONS AND RESOLUTIONS:**

- (a) Form HUD-424 \_\_\_\_\_
- (b) Standard Form LLL, Disclosure of Lobbying Activities, if applicable \_\_\_\_\_
- (c) Form HUD-424B, Applicant Assurances and Certifications \_\_\_\_\_
- (d) Applicant/Recipient Disclosure/Update Report (HUD-2880) \_\_\_\_\_
- (e) Certification of Consistency with the Consolidated Plan (HUD-2991) \_\_\_\_\_
- (f) Sponsor's Conflict of Interest Resolution (HUD-92041) \_\_\_\_\_
- (g) Sponsor's Resolution for Commitment to Project (HUD-92042) \_\_\_\_\_
- (h) Certification of Consistency with the RC/EZ/EC Strategic Plan (HUD-2990) \_\_\_\_\_
- (i) Form HUD-2530, Previous Participation Certificate \_\_\_\_\_

**Section 811 ONLY - Also submit the following:**

- (j) Supportive Services Certification (HUD-92043) \_\_\_\_\_



**RATING FACTORS AND BONUS POINTS**

Below are the Rating Factors and Bonus Points and the corresponding application Exhibits that will be reviewed to determine the ratings and the eligibility for bonus points:

**1. CAPACITY OF THE APPLICANT AND RELEVANT ORGANIZATIONAL STAFF**  
(Exhibit References: Exhibits 2, 3(a), 3(b), 3(e), and 5)

In rating this factor, HUD will consider the extent to which the application demonstrates your ability to develop and operate the proposed housing on a long-term basis, considering the following: **(25 points for 202, 30 points for 811)**

- (a) The scope, extent and quality of your experience in providing housing or related services to those proposed to be served by the project and the scope of the proposed project (i.e., number of units, services, relocation costs, development, and operation) in relationship to your demonstrated development and management capacity as well as your financial management capability. **(15 points)**
- (b) (i) The scope, extent and quality of your experience in providing housing or related services to minority persons or families. **(5 points)**
  - (ii) The scope, extent and quality of your ties to the community at large and to the minority and elderly (202) disability (811) communities in particular. **(5 points)**
- (c) A fund reservation you received under either the Section 202 program of Supportive Housing for the Elderly or the Section 811 program of Supportive Housing for Persons with Disabilities has been extended beyond 24 months **(-2 points)**, 36 months **(-3 points)**, or 48 months **(-4 points)** (except if the delay was beyond your control).
- (d) Amendment money was required as a result of the delay in (c) above (except if the delay was beyond your control). **(-1 point)**
- (e) You have experience in developing integrated housing (e.g., condominium units scattered within one or more buildings or non-contiguous independent living units on scattered sites) and/or the proposed project will be an integrated housing model. **(Section 811 only)**  
**(5 points)**

**2. NEED/EXTENT OF THE PROBLEM**

(Exhibit References: Exhibits 4(a) and 4(b))

In determining the extent to which there is a need for funding the proposed supportive housing project to address a documented problem in the target area, HUD will consider the extent of the need for the project in the area based on a determination by the HUD Office. This determination will be made by considering your evidence of need in the area, as well as other economic, demographic, and housing market data available to the HUD Office. HUD will also view more favorably those applications which establish a connection between the proposed project and the Community's Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(15 points)**

(a) The extent of the need for the project in the area based on a determination by the HUD Office, taking into consideration your evidence of need in the area, as well as other economic, demographic and housing market data available to HUD. **(12 points)**

(b) The extent that a connection has been established between the project and the community's Consolidated Plan, Analysis of Impediments to Fair Housing Choice (AI) or other planning document that analyzes fair housing issues and is prepared by a local planning or similar organization. **(3 points)**

**3. SOUNDNESS OF APPROACH**

(Exhibit References: Exhibits 2(d) (811 only), 4(c), 4(d), and 5)

In determining the quality and effectiveness of the project as well as the relationship between the project, the community's needs and purposes of the program funding, HUD will consider: **(45 points for 202, 40 points for 811)**

**Section 202**

(a)(i) The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants, adequacy of utilities and streets, freedom of the site from adverse environmental conditions, and compliance with site and neighborhood standards. **(15 points)**

- (ii) The proposed site is not permissively zoned for the intended use. **(-1 point)**
- (b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority elderly persons/families and affirmatively furthering fair housing. **(10 points)**
- (c) The extent to which the proposed design will meet the special physical needs of elderly persons the housing is expected to serve. **(4 points)**
- (d) The extent to which the proposed site and unit mix of the housing will enable you to manage and operate the housing efficiently and ensure that the provision of supportive services will be accomplished in an economical fashion. **(3 points)**
- (e) The extent to which the proposed design of the housing will accommodate the provision of supportive services that are expected to be needed, initially and over the useful life of the housing, by the category or categories of elderly persons the housing is expected to serve. **(3 points)**
- (f) The extent to which the proposed supportive services meet the identified needs of the anticipated residents. **(3 points)**
- (g) The extent to which you demonstrated that the identified supportive services will be provided on a consistent, long-term basis. **(3 points)**
- (h) The proposed design incorporates visitability standards and universal design in the construction or rehabilitation of the project. **(1 point)**
- (i) Your involvement of elderly persons, particularly minority elderly persons, in the development of the application and your intent to involve elderly persons, particularly minority elderly persons in the development and operation of the project. **(3 points)**

### **Section 811**

- (a)(i) Site approvability - The proximity or accessibility of the site to shopping, medical facilities, transportation, places of worship, recreational facilities, places of employment, and other necessary services to the intended tenants; adequacy of utilities and streets, and freedom of the site from

adverse environmental conditions (based on site visit for site control projects only); and compliance with site and neighborhood standards in 24 CFR 891.125 (a), (d), and (e). Sites where amenities are accessible other than solely by project residence or private vehicle will be rated more favorably.  
**(10 points)**

- (ii) Site control - If your application contains legally acceptable site control for all proposed sites and all of the proposed sites are approvable (i.e., receive a score of 1 or higher on Criterion (a)(i) above), your application will receive 5 points for site control. **(5 or 0 points)**
- (iii) One or more of your proposed sites is not permissively zoned for the intended use. **(-1 point)**
- (b) The suitability of the site from the standpoints of promoting a greater choice of housing opportunities for minority persons with disabilities and affirmatively furthering fair housing. **(10 points)**
- (c)(i) The extent to which the proposed design of the project (exterior and interior), and its placement in the neighborhood, will meet the individual needs of the residents and will facilitate their integration into the surrounding community and promote their ability to live as independently as possible. **(4 points)**
- (ii) The proposed design incorporates visitability standards and universal design. **(1 point)**
- (d) At least fifty-one percent of your board is comprised of persons with disabilities. **(5 or 0 points)**
- (e) You involved persons with disabilities (including minority persons with disabilities) in the development of the application, and will involve persons with disabilities (including minority persons with disabilities) in the development and operation of the project. **(3 points)**
- (f) The extent to which you coordinated your application with other organizations (including local independent living centers; a list of such can be obtained from the local HUD Office) that will not be directly participating in your project, but with which you share common goals and objectives and are working toward meeting these goals and objectives in a holistic and comprehensive manner. **(2 points)**

**4. LEVERAGING RESOURCES**

(Exhibit References: Exhibits 3(a), 3(b), 3(c), 3(d) and 3(e))

In determining your ability to secure other community resources which can be combined with HUD's program resources to achieve program purposes, HUD will consider: **(5 points)**

- (a) The extent of local government support (including financial assistance, donation of land, provision of services, etc.) for the project. **(2 points)**
- (b) The extent of your activities in the community, including previous experience in serving the area where the project is to be located, and your demonstrated ability to enlist volunteers and raise local funds. **(3 points)**

**5. ACHIEVING RESULTS AND PROGRAM EVALUATION**

(Exhibit References: Exhibits, 3(g), 3(h) and 3(i))

This factor reflects HUD's goal to embrace high standards of ethics, management and accountability and, as such, emphasizes HUD's commitment to ensuring that you keep the promises made in your application. This factor requires that you clearly identify the benefits or outcomes of your project and develop an evaluation plan to measure performance, which includes what you are going to measure, how you are going to measure it and the steps you will have in place to make adjustments to your project development timeline should you not be able to achieve any of the major milestones. In addition, this factor addresses the extent to which your project will implement practical solutions that will result in assisting residents in achieving independent living, educational opportunities, economic empowerment (811 only), and improved living environments. Finally, in determining the above as well as how the long-term viability of your project will be sustained over the 40 year capital advance period and whether your project will provide activities to support HUD's FY 2003 SuperNOFA Policy Priorities (811 only) HUD will consider: **(10 points)**

- (a) The extent to which your project development timeline is indicative of your full understanding of the development process and will, therefore, result in the timely development of your project. **(5 points)**
- (b) The extent to which your project will implement practical solutions that will result in assisting residents to achieve independent living, educational opportunities, economic empowerment (**811 only**) and improved living environments (e.g., activities that

will improve computer access, literacy and employment opportunities **(811 only)**. **(2 points)**

- (c) The extent to which you demonstrated that your project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. **(3 points)**

**BONUS POINTS (2 bonus pts)**

(Exhibit References: Exhibits 1 and 8(h))

Location of proposed site in a high performing Federally designated RC/EZ/EC community that will serve residents of the RC/EZ/EC and is consistent with the strategic plan of the RC/EZ/EC.

**PART I**

**APPLICATION FOR SECTION 202 SUPPORTIVE  
HOUSING - CAPITAL ADVANCE  
(FORM HUD-92015-CA)**

**OR**

**APPLICATION FOR SECTION 811 SUPPORTIVE  
HOUSING - CAPITAL ADVANCE  
(FORM HUD-92016-CA)**



**EXHIBIT 1**

Supportive Housing for the Elderly Section 202  
**Application for Capital Advance  
 Summary Information**

U.S. Department of Housing  
 and Urban Development  
 Office of Housing  
 Federal Housing Commissioner

OMB Approval No. 2502-0267  
 (exp. 7/31/2002)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>HUD Use Only</b>                                                                                                                                                                                                                                                                                                                                                                             | 202 Project Number                                                                                                                                                                                                | PRAC Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1. Sponsor's Name(s), Address(es) & Telephone Number (s)                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                   | 2. Minority Sponsor Designation. A minority sponsor is one in which at least 51 percent of the board members are minority.<br>Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes," place the numeric code as shown below in this box <input style="width:30px;" type="text"/><br>Codes: 2 - Black; 3 - Native American; 4 - Hispanic;<br>5 - Asian Pacific; 6 - Asian Indian                                                     |
| 1a. Sponsor is a "grassroots" organization <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   | 3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community?<br>(Contact local HUD Office for information on these designated areas.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," please place the appropriate number as shown above in this box <input style="width:30px;" type="text"/> |
| 3a. Address of Site                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 4a. Congressional District                                                                                                                                                                                                                                                                                                                                                                      | 5. Type of Area<br><input type="checkbox"/> Metropolitan<br><input type="checkbox"/> Non-metropolitan                                                                                                             | 6. Capital Advance Amount Requested<br>\$ <input style="width:60px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4b. Census Tract                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                   | 7. Project Rental Assistance Contract Amount Requested<br>\$ <input style="width:60px;" type="text"/>                                                                                                                                                                                                                                                                                                                                                                                       |
| 8. Total No. of 202 Units                                                                                                                                                                                                                                                                                                                                                                       | 8a. Number & Type of Resident Units Proposed<br><input type="checkbox"/> Efficiency <input type="checkbox"/> One bedroom                                                                                          | 8b. Resident Manager's Unit (check appropriate type)<br><input type="checkbox"/> Efficiency <input type="checkbox"/> One bedroom <input type="checkbox"/> Two bedroom                                                                                                                                                                                                                                                                                                                       |
| 9. Number of Buildings                                                                                                                                                                                                                                                                                                                                                                          | 10. Type of Project<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Rehabilitation<br><input type="checkbox"/> Acquisition<br>Year Built (yyyy) <input style="width:40px;" type="text"/> | 11. Type of Building(s)<br><input type="checkbox"/> Row/Townhouse <input type="checkbox"/> Semi-detached<br><input type="checkbox"/> Walk-up <input type="checkbox"/> Detached<br><input type="checkbox"/> Elevator                                                                                                                                                                                                                                                                         |
| 12. Number of Stories                                                                                                                                                                                                                                                                                                                                                                           | 13. Number of Parking Spaces                                                                                                                                                                                      | 14. Check utilities and services not included in the rent and to be paid directly by the tenant.<br><input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Heat <input type="checkbox"/> Gas                                                                                                                                                                                                                                                             |
| 15. Off-Site Facilities<br>Public At Site Feet from Site<br>Water <input type="checkbox"/> <input type="checkbox"/> _____<br>Sewer <input type="checkbox"/> <input type="checkbox"/> _____<br>Paving <input type="checkbox"/> <input type="checkbox"/> _____<br>Gas <input type="checkbox"/> <input type="checkbox"/> _____<br>Electric <input type="checkbox"/> <input type="checkbox"/> _____ |                                                                                                                                                                                                                   | 16a. Community Spaces to be included in Project                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   | 16b. Mixed-Finance or Mixed-Use Project For Additional Units<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>No. of Additional Units _____                                                                                                                                                                                                                                                                                                                                   |
| 17. Unusual Site Features<br><input type="checkbox"/> None <input type="checkbox"/> Poor Drainage<br><input type="checkbox"/> Cuts <input type="checkbox"/> Retaining Walls<br><input type="checkbox"/> Fill <input type="checkbox"/> Rock Foundations<br><input type="checkbox"/> Erosion <input type="checkbox"/> High Water Table<br><input type="checkbox"/> Other (specify) _____          |                                                                                                                                                                                                                   | 18. Mark one box<br><input type="checkbox"/> Consultant<br><input type="checkbox"/> Agent<br><input type="checkbox"/> Authorized Representative<br>Name, Address & Telephone Number                                                                                                                                                                                                                                                                                                         |
| 19. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.<br>Program Name _____ Form _____<br>_____                                                                                                                                                                                                |                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 20. Sponsor's Attorney (name, address & telephone number)                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                   | By (Signature of Sponsor's Authorized Representative)                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   | Type in Name _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                   | Type in Title _____ Date (mm/dd/yyyy) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

Previous editions are obsolete



**EXHIBIT 1**

Supportive Housing for Persons with Disabilities  
Section 811

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0462  
(exp.6/30/2002)

**Application for Capital Advance  
Summary Information**

|                                                                                                                                                                                                                                                                                     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>For HUD Use Only</b> HUD Project Number                                                                                                                                                                                                                                          |                           | PRAC Number                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
| 1. Name(s), Address(es), Contact Person, and Telephone Number(s) of Sponsor(s)                                                                                                                                                                                                      |                           | 2. Minority Sponsor Designation: A minority sponsor is one in which at least 51 percent of the board members are minority.<br>Is this sponsor a minority applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>If "Yes," identify by numeric code as shown below ..... <input type="checkbox"/><br>Codes: 2 - Black; 3 - Native American<br>4 - Hispanic; 5 - Asian Pacific 6 - Asian Indian                                               |                          |
| 1a. Sponsor is a "grassroots" organization <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                 |                           | 3b. Will project be located within the boundaries of a Federally-designated: (1) Empowerment Zone, (2) Enterprise Community, (3) Urban Enhanced Enterprise Community, (4) Strategic Planning Community, or (5) Renewal Community?<br>(Contact local HUD Office for information on these designated areas.)<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes," please indicate appropriate number as shown above. <input type="checkbox"/> |                          |
| 3a. Location of Site (city & State)                                                                                                                                                                                                                                                 |                           | 5. Capital Advance Amount Requested \$                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |
| 4a. Congressional District                                                                                                                                                                                                                                                          | 4b. Census Tract          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| 6. Project Rental Assistance Contract Amount Requested \$                                                                                                                                                                                                                           |                           | 7. Application Contains<br><input type="checkbox"/> Evidence of Site Control<br><input type="checkbox"/> Identification of Site                                                                                                                                                                                                                                                                                                                                 |                          |
| <b>Note:</b> For a group home(s) in 10. below, include the number of disabled residents in both the "Total Units" and the "Total Disabled Residents" categories. For an independent living project(s), include Resident Manager unit, if applicable, in the "Total Units" category. |                           | 8. Type of Construction<br><input type="checkbox"/> New Construction<br><input type="checkbox"/> Rehabilitation<br><input type="checkbox"/> Acquisition                                                                                                                                                                                                                                                                                                         |                          |
|                                                                                                                                                                                                                                                                                     |                           | 9a. Occupancy Type<br><input type="checkbox"/> Physically Disabled<br><input type="checkbox"/> Developmentally Disabled<br><input type="checkbox"/> Chronically Mentally Ill<br><input type="checkbox"/> Mixed Occupancy<br>Identify Categories _____                                                                                                                                                                                                           |                          |
|                                                                                                                                                                                                                                                                                     |                           | 9b. Restricted Occupancy Requested<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If "Yes," identify subcategory _____                                                                                                                                                                                                                                                                                                                       |                          |
| 10. Project Type & Number of Units/Residents Proposed                                                                                                                                                                                                                               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| a. Group Home                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| Site                                                                                                                                                                                                                                                                                | No. of Disabled Residents | Resident Mgr. Unit (Y/N)                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address                  |
| #1                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #2                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #3                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #4                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| b. Independent Living Project                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| Site                                                                                                                                                                                                                                                                                | Units by No. of Bedrooms  | Total Disabled Units Residents                                                                                                                                                                                                                                                                                                                                                                                                                                  | Resident Mgr. Unit (Y/N) |
|                                                                                                                                                                                                                                                                                     | 0 1 2 3                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #1                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #2                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #3                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #4                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| c. Condominium                                                                                                                                                                                                                                                                      |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| Site                                                                                                                                                                                                                                                                                | Units by No. of Bedrooms  | Total Disabled Units Residents                                                                                                                                                                                                                                                                                                                                                                                                                                  | Resident Mgr. Unit (Y/N) |
|                                                                                                                                                                                                                                                                                     | 0 1 2 3                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #1                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #2                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #3                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| #4                                                                                                                                                                                                                                                                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| <b>Note:</b> If an elevator structure in b or c above, indicate by placing an "E" next to the total number of units for each applicable site.                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
| <b>Totals</b>                                                                                                                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
|                                                                                                                                                                                                                                                                                     | Units (Section 811)       | Mixed Finance or Mixed Use Project for Additional Units<br><input type="checkbox"/> Yes <input type="checkbox"/> No # of Add'l Units _____                                                                                                                                                                                                                                                                                                                      |                          |
|                                                                                                                                                                                                                                                                                     | Disabled Residents        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |
|                                                                                                                                                                                                                                                                                     | Sites                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |

| <p>11. Check utilities and services not included in the rent and to be paid directly by the tenant:</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Heat</p> <p><input type="checkbox"/> Gas</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p>12. Unusual Site Features</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> Poor Drainage</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input type="checkbox"/> Cuts</td> <td><input type="checkbox"/> Retaining Walls</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Fill</td> <td><input type="checkbox"/> Rock Foundations</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Erosion</td> <td><input type="checkbox"/> High Water Table</td> <td></td> </tr> </table> | <input type="checkbox"/> None            | <input type="checkbox"/> Poor Drainage | <input type="checkbox"/> Other (specify) | <input type="checkbox"/> Cuts | <input type="checkbox"/> Retaining Walls |                          | <input type="checkbox"/> Fill | <input type="checkbox"/> Rock Foundations |                          | <input type="checkbox"/> Erosion | <input type="checkbox"/> High Water Table |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------|------------------------------------------|-------------------------------|------------------------------------------|--------------------------|-------------------------------|-------------------------------------------|--------------------------|----------------------------------|-------------------------------------------|--------|--------------------------|--------------------------|-------|-----|--------------------------|--------------------------|-------|----------|--------------------------|--------------------------|-------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Poor Drainage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Other (specify) |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <input type="checkbox"/> Cuts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Retaining Walls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <input type="checkbox"/> Fill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Rock Foundations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <input type="checkbox"/> Erosion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> High Water Table                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                        |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| <p>13. Off-Site Facilities:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Public</th> <th style="text-align: center;">At Site</th> <th style="text-align: center;">Ft. from Site</th> </tr> </thead> <tbody> <tr> <td>Water</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Sewer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Paving</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Gas</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Electric</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Public                                   | At Site                                | Ft. from Site                            | Water                         | <input type="checkbox"/>                 | <input type="checkbox"/> | _____                         | Sewer                                     | <input type="checkbox"/> | <input type="checkbox"/>         | _____                                     | Paving | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Gas | <input type="checkbox"/> | <input type="checkbox"/> | _____ | Electric | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <p>14. Community Spaces to be Included in Project; (identified by site no. indicated in 10 above):</p><br><br><br> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Public                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | At Site                                  | Ft. from Site                          |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Water                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Sewer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Paving                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Gas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |
| Electric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>                 | _____                                  |                                          |                               |                                          |                          |                               |                                           |                          |                                  |                                           |        |                          |                          |       |     |                          |                          |       |          |                          |                          |       |                                                                                                                    |

15. If Sponsor is applying for more than one HUD program from the SuperNOFA, indicate which application(s) contain the forms with original signatures.

|              |      |
|--------------|------|
| Program Name | Form |
|--------------|------|

16. Name, Address and Telephone Number of (mark one box)

- Consultant
- Agent
- Authorized Representative

17. Sponsor's Attorney (name, address and telephone number)

By (signature of sponsor's authorized representative)

\_\_\_\_\_  
Type in Name

\_\_\_\_\_  
Title

Public reporting burden for this collection of information is estimated to average 46 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is in support of HUD's efforts to expand the supply of Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD to determine applicant eligibility and ability to develop housing for disabled with statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste or mismanagement of public funds. This application does not collect any sensitive information. HUD does not ensure confidentiality.

**PART II**

**YOUR ABILITY TO DEVELOP AND  
OPERATE THE PROPOSED PROJECT**



**EXHIBIT 2 - Evidence of your legal status** (Private Nonprofit or Nonprofit Consumer Cooperative if applying for Section 202 or Nonprofit with 501(c)(3) IRS tax exemption if applying for Section 811) (If another organization(s) is co-sponsoring the application with you, each Co-Sponsor must also submit the following):

- (a) Articles of Incorporation, constitution, or other organizational documents
- (b) By-laws
- (c) IRS tax exemption ruling (this must be submitted by all Sponsors, including churches)

[EXCEPTION: IF YOU RECEIVED A SECTION 202 (IF APPLYING FOR SECTION 202) OR SECTION 811 (IF APPLYING FOR SECTION 811) FUND RESERVATION WITHIN THE LAST THREE FUNDING CYCLES, YOU ARE NOT REQUIRED TO SUBMIT THE DOCUMENTS DESCRIBED IN (a), (b), and (c) ABOVE. INSTEAD, SUBMIT THE PROJECT NUMBER OF THE LATEST APPLICATION AND THE HUD OFFICE TO WHICH IT WAS SUBMITTED. IF THERE HAVE BEEN ANY MODIFICATIONS OR ADDITIONS TO THE SUBJECT DOCUMENTS, INDICATE SUCH, AND SUBMIT THE NEW MATERIAL.]

- (d) **Section 811 Applicants Only** - The number of people on your board and the number of board members who have disabilities



**EXHIBIT 3 - Your purpose, community ties and experience:**

- (a) A description of your purpose(s), current activities, and how long you have been in existence.
- (b) A description of your ties to the community in which your project will be located and to the minority and elderly (202) or disability (811) communities in particular, including a description of the specific geographic area(s) in which you have served.
- (c) A description of local government support for the project (including financial assistance, donation of land, provision of services, etc.).
- (d) Letters of support for your organization and for the proposed project from organizations familiar with the housing and supportive services needs of the target population (elderly (202) or persons with disabilities ((811) e.g., the local center for independent living, the Statewide Independent Living Council) that you expect to serve in the proposed project.
- (e) A description of your housing and/or supportive services experience. The description should include any rental housing projects (including any integrated housing developments if applying for Section 811) and/or supportive services facilities that you sponsored, own and/or operate, your past or current involvement in any programs other than housing that demonstrates your management capabilities (including financial management) and experience, your experience in serving the target population (the elderly, including elderly persons with disabilities, and/or families and minorities (202), or persons with disabilities and minorities (811)); and the reasons for receiving any increases in fund reservations for developing and/or operating previously funded Section 202 or Section 811 projects.

The description should include data on the facilities and services provided, the racial/ethnic composition of the populations served, if available, and information and

**(EXHIBIT 3 Cont'd)**

testimonials from residents or community leaders on the quality of the activities. Examples of activities that could be described include housing counseling, nutrition and food services, special housing referral, screening and information projects.

- (f) A description of your efforts to involve members of the target population (elderly persons, including minority elderly persons (202), or person with disabilities including minority persons with disabilities and persons with disabilities similar to those of the prospective residents (811)) in the development of the application as well as your intent to involve the target population in the development and operation of the project.

(g) **202**

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include any activities that will enhance the quality of life for the residents. And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

**811**

A description of the practical solutions you will implement which will enable residents of your project to achieve independent living and economic empowerment. In addition, describe the educational opportunities you will provide for the residents and how you will provide them. This description should include the activities you will undertake to improve computer access, literacy and employment opportunities (e.g., provide programs that can teach residents how to use computers to become educated as well as

**(EXHIBIT 3 Cont'd)**

achieve economic self-sufficiency through job training and placement). And, finally, describe how your proposed project will be an improved living environment for the residents when compared to their previous place of residence.

- (h) Describe your plan for completing the proposed project. Include a project development timeline which lists the major development stages for the project with associated dates that must be met in order to get the project to initial closing and start of construction within the 18-month fund reservation period as well as the full completion of the project, including final closing.
- (i) Describe how you will ensure that your proposed project will remain viable as housing with the availability of supportive services for the target population for the 40-year capital advance period. This description should address the measures you would take should any of the following occur:
  - (i) funding for any of the needed supportive services becomes depleted;
  - (ii) if, for any state funded services for your project, the state changes its policy regarding the provision of supportive services to projects such as the one you propose; or
  - (iii) if the need for housing for the population you will be serving wanes over time, causing vacancies in your project.
- (j) A description of the steps you took to coordinate your application with other organizations (e.g., the local center for independent living) that will not be directly involved in your project but with which you share common goals and objectives, to complement and/or support the proposed project so that the project will provide a comprehensive and holistic solution to the needs of persons with disabilities. **(811 Only)**



**PART III**

**THE NEED FOR SUPPORTIVE HOUSING FOR THE  
TARGET POPULATION, SITE  
CONTROL (AND/OR IDENTIFICATION OF SITE IF  
811) AND SUITABILITY OF SITE**

**ADEQUACY OF THE PROVISION OF SUPPORTIVE  
SERVICES AND OF THE PROPOSED PROJECT**



**EXHIBIT 4 - Need and Project Information**

- (a) Evidence of need for supportive housing.

**202**

Include a description of the category or categories of elderly persons the housing is intended to serve and evidence demonstrating sustained effective demand for supportive housing for that population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing Federally assisted housing for the elderly (HUD and the Rural Housing Service (RHS)) e.g., public housing), State or local data on the limitations in activities of daily living among the elderly in the area; aging in place in existing assisted rentals; trends in demographic changes in elderly population and households; the numbers of income eligible elderly households by size, tenure and housing condition; the types of supportive services arrangements currently available in the area; and the use of such services as evidenced by data from local social service agencies or agencies on aging. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

**811**

Include a description of the proposed population and evidence demonstrating sustained effective demand for supportive housing for the proposed population in the market area to be served, taking into consideration the occupancy and vacancy conditions in existing comparable subsidized housing for persons with disabilities, State or local needs assessments of persons with disabilities in the area, the types of supportive services arrangements currently available in the area, and the use of such services as evidenced by data from local social service agencies. Also, a description of how information in the community's Analysis of Impediments to Fair Housing Choice was used in documenting the need for the project.

**(EXHIBIT 4 Cont'd)**

(b) A description of how the proposed project will benefit the target population and the community in which it will be located.

(c) Description of the project.

(i) **202**

Narrative description of the building design including a description of the number of units with bedroom distribution, any special design features including any features that incorporate visitability standards and universal design, amenities, and/or community space, and how this design will facilitate the delivery of services in an economical fashion and accommodate the changing needs of the residents over the next 10-20 years.

**811**

Narrative description of the building(s) including the number and type of structure(s), number of units with bedroom distribution if independent living units (including dwelling units in multifamily housing developments, condominiums and cooperatives), number of bedrooms if group home, number of residents with disabilities, and any resident manager per structure; identification of all community spaces, amenities or features planned for the housing and a description of how the spaces, amenities, or features will be used, and the extent to which they are necessary to accommodate the needs of the proposed residents. A narrative description of the building design (both interior and exterior), including any special design features, as well as any features that incorporate visitability standards and universal design. Also include a description of how the design of the proposed project will facilitate the integration of the residents into the surrounding community and promote

**(EXHIBIT 4 Cont'd)**

the ability of the residents to live as independently as possible.

**NOTE: (202 and 811)** If the community spaces, amenities, or features do not comply with the project design and cost standards of 24 CFR 891.120 and the special project standards of 24 CFR 891.210 (202) or 891.310 (811), you must demonstrate your ability and willingness to contribute both the incremental development cost and continuing operating cost associated with the community spaces, amenities, or features;

- (ii) Describe whether and how the project will promote energy efficiency, including any plans to incorporate energy efficiency features in the operation of the project through the use of Energy Star labeled products and appliances and, if applicable, innovative construction or rehabilitation methods or technologies to be used that will promote efficient construction.
- (iii) For site control applications, if applicable, a description of any plans and actions you have taken to create a mixed-finance project by developing additional units (i.e., in addition to the 202 or 811 units, whichever is applicable) with the use of 202 or 811 capital advance funds, whichever is applicable, in combination with other funding sources. Provide copies of any letters you have sent seeking outside funding for the non-202 or non-811 units and any responses thereto. You must also demonstrate your ability to proceed with the development of a 202 or 811 project that will not involve mixed-financing, as proposed in your application, in the event you are later unable to obtain the necessary outside funding or HUD disapproves your proposal for a mixed-finance project.

**(EXHIBIT 4 Cont'd)**

**NOTES:** 1) Approval of the Section 202 or Section 811 capital advance will not necessarily be approval of the mixed-finance proposal. If approved for a reservation of capital advance funds, you will be required to submit, after reservation of capital advance funds, a detailed proposal outlining how you will fund both development and operation of the additional units in accordance with HUD instructions that will be issued later. Based on the strength of your organization and HUD's prior experience with your projects, as well as your outline of your intentions, at the time of making the fund reservation, HUD will determine whether you will be permitted to submit a mixed-finance proposal at a later time. Only those Sponsors that indicate in their application for a fund reservation an intention to propose additional units will be eligible to submit, at a later time, a mixed-finance proposal for additional units. (A mixed-finance project does not include the development of Section 202 or Section 811 units using secondary/supplementary financing or the development of a mixed-use project in which the Section 202 or Section 811 units are mortgaged separately from the other uses of the structure). 2) For a Section 811 mixed-finance project, the additional units cannot cause the project to exceed the project size limit for the type of project proposed, unless the additional units will house people who do not have a disability.

- (d) Evidence of site control and permissive zoning.

**NOTE:** If you are applying for Section 811 without control of any or all of your proposed sites, you must provide the information under **Identification of a Site** below for any site you are submitting without evidence of control of that site.

**(EXHIBIT 4 Cont'd)**

- (i) Acceptable evidence of site control is limited to any one of the following:
- (A) Deed or long-term leasehold which evidences that you have title to or a leasehold interest in the site. If a leasehold, the term of the lease must be at least 75 years;
  - (B) Contract of sale for the site which is free of any limitations affecting ability to deliver ownership to you after you receive and accept a notice of Section 202 or Section 811 capital advance. (The only condition for closing on the sale can be your receipt and acceptance of the capital advance.) The contract of sale cannot require closing earlier than the Section 202 or Section 811 closing (whichever is applicable);
  - (C) Option to purchase or for a long-term leasehold which must remain in effect for six months from the date on which the applications are due, must state a firm price binding on the seller, and be renewable at the end of the six month option period. The only condition on which the option may be terminated is if you are not awarded a fund reservation;
  - (D) If the site is covered by a mortgage under a HUD program, (e.g., a previously funded Section 202 or Section 811 project or an FHA-insured mortgage) you must submit evidence that consent to release of the site from the mortgage has been obtained or is being requested from HUD and from the mortgagee, if other than HUD; or

**(EXHIBIT 4 Cont'd)**

- (E) For sites to be acquired from a public body, evidence is needed that the public body possesses clear title to the site and has entered into a legally binding agreement to lease or convey the site to you after you receive and accept a notice of Section 202 or Section 811 capital advance. Where HUD determines that time constraints of the funding round will not permit you to obtain all of the required official actions (e.g., approval of Community Planning Boards) that are necessary to convey publicly-owned sites, you may include in your application a letter from the mayor or director of the appropriate local agency indicating that conveyance or leasing of the site is acceptable without imposition of additional covenants or restrictions, and only contingent on the necessary approval action. Such a letter of commitment will be considered sufficient evidence of site control.
- (ii) Whether you have title to the site, a contract of sale, an option to purchase, or are acquiring a site from a public body, you must provide evidence (a title policy or other acceptable evidence) that the site is free of any limitations, restrictions, or reverters which could adversely affect the use of the site for the proposed project for the 40-year capital advance period under HUD's regulations and requirements (e.g., reversion to seller if title is transferred). If the title evidence contains restrictions or covenants, copies of the restrictions or covenants must be submitted with the application. If the site is subject to any such limitations, restrictions, or reverters, the application will be rejected if it's a 202 or the site will be rejected if

**(EXHIBIT 4 Cont'd)**

it is an 811. Purchase money mortgages that will be satisfied from capital advance funds are not considered to be limitations or restrictions that would adversely affect the use of the site. If the contract of sale or option agreement contains provisions that allow a Sponsor not to purchase the property for reasons such as environmental problems, failure of the site to pass inspection, or the appraisal is less than the purchase price, then such provisions are not objectionable and a Sponsor is allowed to terminate the contract of sale or the option agreement.

**NOTE:** A proposed project site may not be acquired or optioned from a general contractor (or its affiliate) that will construct the Section 202 or Section 811 project or from any other development team member.

(iii) Evidence that the project as proposed is permissible under applicable zoning ordinances or regulations or a statement of the proposed action required to make the proposed project permissible and the basis for the belief that the proposed action will be completed successfully before the submission of the firm commitment application (e.g., a summary of the results of any requests for rezoning and/or the procedures for obtaining special or conditional use permits on land in similar zoning classifications and the time required for such rezoning, or preliminary indications of acceptability from zoning bodies, etc.).

**NOTE:** If applying for Section 811, you should be aware that under certain circumstances the Fair Housing Act requires localities to make reasonable accommodations to their zoning ordinances or regulations to offer persons with disabilities an opportunity

**(EXHIBIT 4 Cont'd)**

to live in an area of their choice. If you are relying upon a theory of reasonable accommodation to satisfy the zoning requirement, then you must clearly articulate the basis for your reasonable accommodation theory.

- (iv) Narrative topographical and demographic description of the suitability of the site and area (as well as a description of the characteristics of the neighborhood (811 only)), how the site will promote greater housing opportunities for minority elderly and elderly persons with disabilities (202) or minority persons with disabilities (811), thereby affirmatively furthering fair housing.

**NOTE:** You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the applicable jurisdiction's Analysis of Impediments (AI) to Fair Housing Choice, which is a component of the jurisdiction's Consolidated Plan or any other planning document that addresses fair housing issues. The applicable Consolidated Plan and AI may be the Community's, the County's, or the State's, to which input should have been provided by local community organizations, agencies in the community and residents of the community. Alternatively, a document that addresses fair housing issues and remedies to barriers to fair housing in the community that was previously prepared by a local planning, or similar organization, may be used. For **Section 202**, applicable impediments could include the need for improved housing quality and services for elderly minority families, lack of affirmative marketing and outreach to minority elderly persons, and the need for

**(EXHIBIT 4 Cont'd)**

quality eldercare services within areas of minority concentration when compared with the type and quality of similar services and housing in nonminority areas. For **Section 811**, applicable impediments could include a lack of units that are accessible to persons with disabilities, a lack of transportation services or other assistance that would serve persons with disabilities, or the need for improved quality and services for all persons with disabilities.

- (v) A map showing the location of the site, the racial composition of the neighborhood, and any areas of racial concentration.

**NOTE:** For this competition, when determining the racial and ethnic composition of the neighborhood surrounding the proposed site, you should use the racial and ethnic data categories stated in the general Section of the SuperNOFA in the section entitled "Race and Ethnicity", and data from the 2000 Census of Population. Data from the 2000 Census may be found at [www.factfinder.census.gov/servlet/BasicFactsServlet](http://www.factfinder.census.gov/servlet/BasicFactsServlet).

- (vi) A Phase I Environmental Site Assessment (ESA), in accordance with the American Society for Testing and Material (ASTM) Standards E 1527-97, as amended, must be completed and submitted with the application. In order for the Phase I ESA to be acceptable, it must have been completed or updated no earlier than six months prior to the application deadline date. **For the Section 811 program only, it is NOT a curable deficiency.** Therefore, it is important to start the site assessment process as soon after the publication of the NOFA as possible.

For a project that will involve demolition and/or rehabilitation of a

**(EXHIBIT 4 Cont'd)**

structure(s) built before 1978, the Phase I must include the following: (1) an asbestos report that identifies the location and condition of asbestos, and (2) a certification that any asbestos identified in the asbestos report that is in friable condition will be abated, that any non-friable asbestos that has been identified in the asbestos report and that will be affected by the demolition/rehabilitation will be abated, and that any asbestos to be abated have been included within the project costs. For a project that does not involve demolition/rehabilitation of a structure(s) built before 1978, the Phase I must include a certification to the same.

If the Phase I ESA indicates the possible presence of contamination and/or hazards, you must decide whether to continue with this site or choose another site. Should you choose another site, the same Phase I ESA process identified above must be followed for the new site. If the property is to be acquired from the FDIC/RTC, include a copy of the FDIC/RTC prepared Transaction Screen Checklist or Phase I ESA and applicable documentation, per the FDIC/RTC Environmental Guidelines. If you choose to continue with the original site on which the Phase I ESA indicated contamination or hazards, you must undertake a detailed Phase II ESA by an appropriate professional.

If the Phase II Assessment reveals site contamination, you must submit the extent of the contamination and a plan for clean-up of the site including a contract for remediation of the problem(s) and an approval letter from the applicable Federal, State and/or local agency with jurisdiction over the site to the local HUD Office. The Phase II and any necessary plan for clean-up does not have to be submitted with the

**(EXHIBIT 4 Cont'd)**

application but must be submitted to the local HUD office by **July 14, 2003**. If it is not submitted by that date, the application will be rejected if it is a 202 application and the site will be rejected if it is an 811 application.

**NOTE: You must pay for the cost of any clean-up or remediation which can be very expensive.**

- (vii) The letter you sent to the State/Tribal Historic Preservation Officer (SHPO/THPO) initiating consultation with their office and requesting their review of your determinations and findings with respect to the historical significance of your proposed project. A sample letter is included in Attachment 1 to this Application.

Also include the SHPO/THPO response to your letter.

**(viii) through (xiv) apply to Section 811 only**

- (viii) A statement that you are willing to seek a different site if the preferred site is unapprovable and that site control will be obtained within six months of notification of fund reservation.  
**(Section 811 only)**

- (ix) If an exception to the project size limits is being requested, describe why the site was selected and demonstrate the following: **(Only for Section 811 applications for independent living projects [not group homes] with site control)**

- (A) People with disabilities have indicated their acceptance or preference to live in housing with as many units/people as proposed for the project.

**(EXHIBIT 4 Cont'd)**

- (B) The increased number of units/people is warranted by the market conditions in the area in which the project will be located.
- (C) Your project is compatible with other residential development and the population density of the area in which the project is to be located.
- (D) The increased number of people will not prohibit their successful integration into the community.
- (E) The project is marketable in the community.
- (F) The size of the project is consistent with State and/or local policies governing similar housing for the proposed population.
- (G) A statement that you are willing to have your application processed at the project size limit should HUD not approve the exception.

**Identification of a Site**

If you have identified a site, but do not have it under control, you must submit the following information: **(Section 811 only)**

**NOTE:** If a Section 811 application is submitted without evidence of site control and does not provide a specific street address for the identified site(s) (e.g., only an indication that the project will be developed in a particular part of town but a site(s) has not been chosen) the application will be rejected.

- (x) A description of the location of the site, including its street address, its unit number (if condominium), neighborhood/community characteristics (to include racial and ethnic data), amenities, adjacent housing and/or

**(EXHIBIT 4 Cont'd)**

facilities, how the site will promote greater housing opportunities for minority persons with disabilities and affirmatively further fair housing.

You can best demonstrate your commitment to affirmatively furthering fair housing by describing how your proposed activities will assist the jurisdiction in overcoming impediments to fair housing choice identified in the community's AI or any other planning document that addresses fair housing issues. Examples of the applicable impediments include the need for improved housing quality and services for minority persons with disabilities and the need for quality services for persons with disabilities within the type and quality of similar services and housing in minority areas.

- (xi) A description of the activities undertaken to identify the site, as well as what actions must be taken to obtain control of the site, if approved for funding.
- (xii) An indication as to whether the site is properly zoned. If it is not, an indication of the actions necessary for proper zoning and whether these can be accomplished within six months of fund reservation award, if approved for funding.
- (xiii) A status of the sale of the site.
- (xiv) An indication as to whether the site would involve relocation.



**(EXHIBIT 5)****EXHIBIT 5 - Supportive Services Plan**

- 202** Provision of supportive services in the proposed facility.
- (a) A detailed description of the supportive services proposed to be provided to the anticipated occupancy.
  - (b) A description of public or private sources of assistance that reasonably could be expected to fund the proposed services.
  - (c) The manner in which such services will be provided to such persons (*i.e.*, on or off-site), including whether a service coordinator will facilitate the adequate provision of such services, and how the services will meet the identified needs of the residents.

**NOTE:** You may not require residents, as a condition of occupancy, to accept any supportive services.

- 811** A supportive services plan that includes:

**NOTE:** Your supportive services plan and the supportive services certification (Exhibit 8(j)) must be sent to the appropriate State or local agency (identified by the HUD Office) far enough in advance of the application deadline date so that the agency can review the plan, complete the certification and return both to you for inclusion in your application to HUD.

- (a) A detailed description of whether the housing is expected to serve persons with physical disabilities, developmental disabilities, or chronic mental illness or any combination of the three. Include how and from whom/where persons will be referred and admitted for occupancy in the project. You may, with the approval of the Secretary,

**(EXHIBIT 5 Cont'd)**

limit occupancy within housing developed under this SuperNOFA to persons with disabilities who have similar disabilities and require a similar set of supportive services in a supportive housing environment. However, the Owner must permit occupancy by any qualified person with a disability who could benefit from the housing and/or services provided, regardless of the person's disability.

- (b) If requesting approval to limit occupancy, also submit the following:
  - (i) A description of the population of persons with disabilities to which occupancy will be limited.
  - (ii) An explanation of why it is necessary to limit occupancy of the proposed project(s) to the population described in (i) above, including the following:
    - (A) An explanation of how limiting occupancy to a subcategory of persons with disabilities promotes the goals of the Section 811 program.
    - (B) An explanation of why the housing and/or service needs of this population cannot be met in a more integrated setting.
  - (iii) A description of your experience in providing housing and/or supportive services to proposed occupants.
  - (iv) A description of how you will ensure that occupants of the proposed project will be integrated into the neighborhood and community.
- (c) A detailed description of the supportive service needs of the persons

**(EXHIBIT 5 Cont'd)**

with disabilities that the housing is expected to serve.

- (d) A list of community service providers, (including consumer-controlled providers), including letters of intent to provide services to proposed residents from as many potential providers as possible.
- (e) The evidence of each service provider's capability and experience in providing such supportive services (even if you will be the service provider).
- (f) Identification of the extent of State and/or local agency involvement in the project (i.e., funding for the provision of supportive services, referral of residents, or licensing the project). If there will be any State or local agency involvement, a description of the State/local agency's philosophy/policy concerning housing for the population to be served and a demonstration that your application is consistent with State and/or local agency plans and policies governing the development and operation of housing for persons with disabilities.
- (g) If you will be making any supportive services available to the residents or will be coordinating the availability of any supportive services, a letter providing:
  - (i) A description of the supportive services that you will make available to the residents or, if you will be coordinating the availability of any supportive services, a description of the supportive service(s) and how the coordination will be implemented;
  - (ii) An assurance that any supportive services that you will make

**(EXHIBIT 5 Cont'd)**

available to the residents will be based on their individual needs;

and

- (iii) A commitment to make the supportive services available or coordinate their availability for the life of the project.
- (h) A description of how the residents will be afforded opportunities for employment.
- (i) An indication as to whether the project will include a unit for a resident manager.
- (j) A statement that you will not condition occupancy on the resident's acceptance of any supportive services.

**PART IV**

**GENERAL APPLICATION REQUIREMENTS,  
CERTIFICATIONS AND RESOLUTIONS**



**EXHIBIT 6:** A list of the applications, if any, you have submitted or are planning to submit to any other HUD Office in response to the Section 202 or Section 811 NOFA. Indicate by HUD Office, the proposed location by city and State and the number of units requested for each application. Include a list of all FY 2002 and prior year Section 202 and Section 811 capital advance projects to which you are a party. Identify each by project number and HUD Office and include the following information:

- (a) whether the project has initially closed and, if so, when;
- (b) if the project was older than 24 months when it initially closed (specify how old) or if older than 24 months now (specify how old) and has not initially closed, provide the reasons for the delay in closing;
- (c) whether amendment money was or will be needed for any project in (b) above; and,
- (d) those projects which have not been finally closed.



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**EXHIBIT 7: A statement that: (not applicable to Section 811 applications without site control)**

- (a) identifies all persons (families, individuals, businesses and nonprofit organizations) by race/minority group, and status as owners or tenants occupying the property on the date of submission of the application for a capital advance.
- (b) indicates the estimated cost of relocation payments and other services.
- (c) identifies the staff organization that will carry out the relocation activities.
- (d) identifies all persons that have moved from the site within the past 12 months.

**[NOTE: IF ANY OF THE RELOCATION COSTS WILL BE FUNDED FROM SOURCES OTHER THAN THE SECTION 202 OR SECTION 811 CAPITAL ADVANCE, YOU MUST PROVIDE EVIDENCE OF A FIRM COMMITMENT OF THESE FUNDS. WHEN EVALUATING APPLICATIONS, HUD WILL CONSIDER THE TOTAL COST OF PROPOSALS (i.e., COST OF SITE ACQUISITION, RELOCATION, CONSTRUCTION AND OTHER PROJECT COSTS).]**



**EXHIBIT 8: Certifications and Resolutions** (attached) - In addition to the certifications and assurances listed in the **General Section** of the SuperNOFA with the exception of Form HUD-424A, Form HUD-424C, Form HUD-424D, Form HUD-424M and the OMB Circulars which are not required, you are required to submit signed copies of the following:

- (a) Form HUD-424 - Application for Federal Assistance, indication of whether you are delinquent on any Federal debt, and compliance with Executive Order 12372 (a certification that you have submitted a copy of your application, if required, to the State agency (Single Point of Contact) for state review in accordance with Executive Order 12372).
- (b) Standard Form LLL - Disclosure of Lobbying Activities (if applicable) - a disclosure of activities conducted to influence any Federal transactions. (See instructions for submitting this form in the Consolidated Application Submissions section of the **General Section** of the SuperNOFA.)
- (c) Form HUD-424B, Applicant Assurances and Certifications. A certification to provide a drug-free workplace and a certification regarding debarment and suspension that attests to the ability of your principals (pursuant to 24 CFR 24.510).
- (d) Applicant/Recipient Disclosure/Update Report, including Social Security and Employee Identification Numbers, (HUD-2880). A disclosure of assistance from other government sources received in connection with the project.
- (e) Certification of Consistency with the Consolidated Plan (Plan), (HUD-2991) for the jurisdiction in which the proposed project will be located. The certification must be made by the unit of general local government if it is required to have, or has, a complete Plan. Otherwise, the certification may be made by the State, or by the unit of general local government if the project will be located within the jurisdiction of the unit of general local government authorized to use an abbreviated strategy, and if it is willing

**(EXHIBIT 8 Cont'd)**

to prepare such a Plan.

All certifications must be made by the public official responsible for submitting the Plan to HUD. The certifications must be submitted as part of the application by the application submission deadline date set forth in the program section of the SuperNOFA. The Plan regulations are published in 24 CFR part 91.

- (f) Sponsor's Conflict of Interest Resolution, (HUD-92041). A certified Board Resolution that no officer or director of the Sponsor or Owner has or will have any financial interest in any contract with the Owner or in any firm or corporation that has or will have a contract with the Owner, including a current listing of all duly qualified and sitting officers and directors by title and the beginning and ending dates of each person's term.
- (g) Sponsor's Resolution for Commitment to Project, (HUD-92042). A certified Board Resolution acknowledging responsibilities of sponsorship, long-term support of the project(s), your willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of your membership. Also, it shall indicate your willingness to fund the estimated start-up expenses, the Minimum Capital Investment (one-half of one-percent of the HUD-approved capital advance, not to exceed \$10,000 or for Section 202 national Sponsors, not to exceed \$25,000), and the estimated cost of any amenities or features (and operating costs related thereto) that would not be covered by the approved capital advance.
- (h) Certification of Consistency with the RC/EZ/EC Strategic Plan, (HUD-2990). A certification that the project is consistent with the RC/EZ/EC strategic plan, is located within the RC/EZ/EC, and serves RC/EZ/EC residents. (This certification is not required if the project site(s) will not be located in an RC/EZ/EC.)

**(EXHIBIT 8 Cont'd)**

- (i) Form HUD-2530, Previous Participation Certification. This form provides HUD with a certified report of all your previous participation in HUD multifamily housing projects. The information is used to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency.
  
- (j) Supportive Services Certification, (HUD-92043) (Section 811 Only). A certification from the appropriate State or local agency (identified in the application or obtained from the local HUD Office), indicating whether the:
  - (1) Provision of supportive services is well designed to serve the needs of persons with disabilities the housing is expected to serve;
  - (2) The provision of supportive services will enhance independent living success and promote the dignity of those who will access your proposed project;
  - (3) Supportive services will be available on a consistent, long-term basis; and
  - (4) Proposed housing is consistent with State or local plans and policies addressing the housing needs of people with disabilities if the State or local agency will provide funding for the provision of supportive services, refer residents to the project or license the project. (The name, address, and telephone number of the appropriate agency can also be obtained from the appropriate HUD Office.)



**EXHIBIT 8(a)**

**Application for  
Federal Assistance**

U.S. Department of Housing  
and Urban Development

OMB Approval No.2501-0017 (exp. 03/31/2005)

1. Type of Submission  
 Application       Preapplication

|                                  |                                    |
|----------------------------------|------------------------------------|
| 2. Date Submitted                | 4. HUD Application Number          |
| 3. Date and Time Received by HUD | 5. Existing Grant Number           |
|                                  | 6. Applicant Identification Number |

|                                                                                                                                                                                                                                                                                                                                                                                               |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 7. Applicant's Legal Name                                                                                                                                                                                                                                                                                                                                                                     |                                | 8. Organizational Unit                                                                                                                                                                                                                                                                                                                                              |                                         |
| 9. Address (give city, county, State, and zip code)<br>A. Address:<br>B. City:<br>C. County:<br>D. State:<br>E. Zip Code:                                                                                                                                                                                                                                                                     |                                | 10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)<br>A. Name:<br>B. Title:<br>C. Phone:<br>D. Fax:<br>E. E-mail:                                                                                                                                                 |                                         |
| 11. Employer Identification Number (EIN) or SSN                                                                                                                                                                                                                                                                                                                                               |                                | 12. Type of Applicant (enter appropriate letter in box)                                                                                                                                                                                                                                                                                                             |                                         |
| 13. Type of Application<br><input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision<br>If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/><br>A. Increase Amount B. Decrease Amount C. Increase Duration<br>D. Decrease Duration E. Other (Specify)              |                                | A. State<br>B. County<br>C. Municipal<br>D. Township<br>E. Interstate<br>F. Intermunicipal<br>G. Special District<br>H. Independent School District<br>I. University or College<br>J. Indian Tribe<br>K. Tribally Designated Housing Entity (TDHE)<br>L. Individual<br>M. Profit Organization<br>N. Non-profit<br>O. Public Housing Authority<br>P. Other (Specify) |                                         |
| 15. Catalog of Federal Domestic Assistance (CFDA) Number<br><br>Title:<br>Component Title:                                                                                                                                                                                                                                                                                                    |                                | 14. Name of Federal Agency<br><b>U.S. Department of Housing and Urban Development</b>                                                                                                                                                                                                                                                                               |                                         |
| 17. Areas affected by Program (boroughs, cities, counties, States, Indian Reservation, etc.)                                                                                                                                                                                                                                                                                                  |                                | 16. Descriptive Title of Applicant's Program                                                                                                                                                                                                                                                                                                                        |                                         |
| 18a. Proposed Program start date                                                                                                                                                                                                                                                                                                                                                              | 18b. Proposed Program end date | 19a. Congressional Districts of Applicant                                                                                                                                                                                                                                                                                                                           | 19b. Congressional Districts of Program |
| 20. Estimated Funding: <b>Applicant must complete the Funding Matrix on Page 2.</b>                                                                                                                                                                                                                                                                                                           |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| 21. Is Application subject to review by State Executive Order 12372 Process?<br>A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____<br>B. No <input type="checkbox"/> Program is not covered by E.O. 12372<br><input type="checkbox"/> Program has not been selected by State for review. |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |
| 22. Is the Applicant delinquent on any Federal debt? <input type="checkbox"/> No<br><input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.                                                                                                                                                                                                                            |                                |                                                                                                                                                                                                                                                                                                                                                                     |                                         |

| <b>Funding Matrix</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                 |                 |                     |                |                    |       |                |       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|-----------------|---------------------|----------------|--------------------|-------|----------------|-------|
| The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |                 |                 |                     |                |                    |       |                |       |
| Grant Program*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HUD Share | Applicant Match | Other HUD Funds | Other Federal Share | State Share    | Local/Tribal Share | Other | Program Income | Total |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                 |                 |                     |                |                    |       |                |       |
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| <b>Grand Totals</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                 |                 |                     |                |                    |       |                |       |
| * For FHIPs, show both initiative and component                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                 |                 |                     |                |                    |       |                |       |
| <b>Certifications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                 |                 |                     |                |                    |       |                |       |
| <p>I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.</p> <p>Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage of the Byrd Amendment, but State-recognized Indian tribes and TDHEs established under State law are not excluded from the statute's coverage.</p> <p>This application incorporates the Assurances and Certifications (HUD-424B) attached to this application or renews and incorporates for the funding you are seeking the Assurances and Certifications currently on file with HUD. To the best of my knowledge and belief, all information in this application is true and correct and constitutes material representation of fact upon which HUD may rely in awarding the agreement.</p> |           |                 |                 |                     |                |                    |       |                |       |
| 23. Signature of Authorized Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                 |                 |                     | Name (printed) |                    |       |                |       |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                 |                 |                     |                | Date (mm/dd/yyyy)  |       |                |       |

## Instructions for the HUD-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This form must be used by applicants requesting funding from the Department of Housing and Urban Development. This application form HUD-424 incorporates the Assurances and Certifications (HUD-424-B). You may either (1) attach the Assurances and Certifications to the application or (2) renew the certifications that you previously made on behalf of your organization and submitted to HUD if the legal name of your organization has not changed and you were the authorized representative who signed the Assurances and Certifications.

### Item Number Instructions

1. Please indicate whether your application is for a formal application submission or a preliminary application (pre-application). HUD does not accept pre-applications for programs funded through the SuperNOFA.
2. Enter the date you are submitting your application to HUD.
3. This box will be completed by HUD. When received by HUD, your application will be stamped:
  - (a) with a date; and
  - (b) with the time received.
4. Leave Blank. This will be completed by the HUD program office receiving your application. When HUD accepts electronic applications for the grant program you are applying for, this number will be computer generated.
5. If your application is to renew or continue an existing grant, provide the existing grant number. If a new award, please leave blank.
6. Leave blank if you have not been provided a HUD ID number or user number. If you are a Public Housing Authority, enter your HUD issued Public Housing Authority ID number.
7. Enter the legal name of your organization applying for HUD funding.
8. Enter the name of the primary unit in your organization, if applicable, which will be responsible for the program.
9. Enter the complete address of your organization.
10. Enter the name, title, telephone number, fax number, and E-mail of the person to contact on matters related to your application.
11. Enter your organization's Employer Identification Number (EIN) as assigned by the Internal Revenue Service or if you are applying as an individual, your Social Security Number.

12. Choose from the list and enter the appropriate letter in the space provided. You must be an eligible applicant to apply for assistance. You must read the program information requirements to determine if you are a type of applicant that is eligible to apply for assistance under the program.

13. Enter the type of application you are submitting for funding consideration.

Check the appropriate box.

"New" means you are applying for a new grant award.

"Continuation" means you are requesting an extension of an existing award.

"Renewal" means you are requesting funding for renewal of an existing grant. e.g. Supportive Housing Program (SHP) or Shelter + Care grant.

"Revision" means you are submitting a revision prior to the application due date in response to HUD's request for clarification or modification to your initial submission.

14. Pre-filled.

15. Enter the Catalog of Federal Domestic Assistance (CFDA) number and title and, if applicable, component title of the program.

16. Enter a brief description of your program and key activities.

17. Identify the location(s) where your activities will take place. If this is the entire state, enter "Entire State".

18a. Enter the proposed start date.

18b. Enter the proposed end date.

19a. List the Congressional District(s) where your organization is located.

19b. List any Congressional District(s) where your program of activities or project sites will be located.

20. You must complete the funding matrix on page 2 of this form.

Enter the following information:

**Grant Program:** The HUD funding program under which you are applying.

**HUD Share:** Please check the program requirements. Enter the amount of HUD funds you are requesting in your application.

**Applicant Match:** Enter the amount of funds or cash equivalent of in-kind contributions you are contributing to your project or program of activities.

**Other Federal Share:** Enter the amount of other Federal funds for your program of activities.

**Instructions for the HUD-424 (Continued)**

**State Share:** Enter the amount of funds or cash equivalent of in-kind services the State is providing to your project or program of activities.

**Local/Tribal Share:** Enter the amount of funds or cash equivalent of in-kind services your local/tribal government is providing to your project or program of activities.

**Other:** Enter the amount of other sources of private, non-profit, or other funds or cash equivalent of in-kind services being provided to your project or program of activities.

**Program Income:** Enter the amount of program income you expect to generate over the life of your award.

**Total:** Please total all columns and fill in the amounts.

21. You should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 or check your application kit to determine whether the State Intergovernmental Review Process is required.

22. This question applies to your applicant organization, not the person signing as your organization's authorized representative. Categories of debt include disallowed costs that requires repayment to HUD.

23. To be signed by the authorized representative of your organization. A copy of your governing body's authorization for you to sign this application must be available in your organization's office.

**EXHIBIT 8(b)**

**DISCLOSURE OF LOBBYING ACTIVITIES**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure.)

Approved by OMB  
0348-0046

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. CONTRACT<br><input type="checkbox"/> b. GRANT<br><input type="checkbox"/> c. COOPERATIVE AGREEMENT<br><input type="checkbox"/> d. LOAN<br><input type="checkbox"/> e. LOAN GUARANTEE<br><input type="checkbox"/> f. LOAN INSURANCE                                                                                                                                                                                                                                                                    | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. BID/OFFER/APPLICATION<br><input type="checkbox"/> b. INITIAL AWARD<br><input type="checkbox"/> c. POST-AWARD                                                                                                                                             | <b>3. Report Type</b><br><input type="checkbox"/> a. INITIAL FILING<br><input type="checkbox"/> b. MATERIAL CHANGE<br>FOR MATERIAL CHANGE ONLY:<br>YEAR _____ QUARTER _____<br>DATE OF LAST REPORT _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input type="checkbox"/> PRIME <input type="checkbox"/> SUBAWARDEE<br>TIER _____, IF KNOWN: _____<br><br>Congressional District, if known: _____                                                                                                                                                                                                                                                                                                                                                                    | <b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of</b><br><br><br>Congressional District, if known: _____                                                                                                                                                                                          |                                                                                                                                                                                                          |
| <b>6. Federal Department/Agency</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: _____                                                                                                                                                                                                                                        |                                                                                                                                                                                                          |
| <b>8. Federal Action Number if known:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>9. Award Amount if known:</b><br>\$ _____                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                          |
| <b>10a. Name and Address of Lobbying Entity</b><br><i>(If individual, last name, first name, MI)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>b. Individual Performing Services</b> <i>(including address if different from No. 10A) (last name, first name, MI)</i>                                                                                                                                                                                                   |                                                                                                                                                                                                          |
| <i>(attach Continuation sheet(s) SF LLL-A, if necessary)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |
| <b>11. Amount of Payment (check all that apply):</b><br>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>13. Type of Payment (check all that apply):</b><br><input type="checkbox"/> a. RETAINER<br><input type="checkbox"/> b. ONE-TIME FEE<br><input type="checkbox"/> c. COMMISSION<br><input type="checkbox"/> d. CONTINGENT FEE<br><input type="checkbox"/> e. DEFERRED<br><input type="checkbox"/> f. OTHER; SPECIFY: _____ |                                                                                                                                                                                                          |
| <b>12. Form of Payment (check all that apply):</b><br><input type="checkbox"/> a. cash<br><input type="checkbox"/> b. in-kind; specify: nature _____<br>value _____                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |
| <b>14. Brief Description of Services performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment indicated in item 11:</b><br><br><br><i>(attach Continuation sheet(s) SF LLL-A, if necessary)</i>                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |
| <b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                          |
| <b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b> | Signature: _____<br>Printed Name: _____<br>Title: _____<br>Telephone No.: _____      Date: _____                                                                                                                                                                                                                            |                                                                                                                                                                                                          |
| Federal Use Only:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                             | AUTHORIZED FOR LOCAL REPRODUCTION<br>Standard Form - LLL                                                                                                                                                 |

## INSTRUCTIONS

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10.
  - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.
  - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 9a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. In other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**EXHIBIT 8 (c)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>Applicant Assurances and Certifications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | U.S. Department of Housing and Urban Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OMB Approval No. 2501-0017<br>(exp. 03/31/2005) |
| <b>Instructions for the HUD-424-B Assurances and Certifications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or an individual must provide the following assurances and certifications. By signing this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| As the duly authorized representative of the applicant, I certify that the applicant [Insert below the Name and title of the Authorized Representative, name of Organization and the date of signature]:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| Name: _____, Title: _____<br>Organization: _____, Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |
| <p>1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the applicant to act in connection with the application and to provide any additional information as may be required.</p> <p>2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and implementing regulations (24 CFR Part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).</p> <p>3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR Part 8, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.</p> <p>4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR Part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status, or national origin; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.</p> | <p>5. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR Part 24 and 24 CFR 42, Subpart A.</p> <p>6. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 <i>et seq.</i>) and related Federal authorities prior to the commitment or expenditure of funds for property acquisition and physical development activities subject to implementing regulations at 24 CFR parts 50 or 58.</p> <p>7. Will or will continue to provide a drug-free workplace by:</p> <p>(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition;</p> <p>(b) Establishing an on-going drug-free awareness program to inform employees about –</p> <p>(1) The dangers of drug abuse in the workplace;</p> <p>(2) The applicant's policy of maintaining a drug-free workplace;</p> <p>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and</p> <p>(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;</p> <p>(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required in Paragraph (a);</p> <p>(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –</p> <p>(1) Abide by the terms of the statement; and</p> <p>(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;</p> |                                                 |

**Applicant Assurances and Certifications (Continued)**

**U.S. Department of Housing and Urban Development**

OMB Approval No. 2501-0017  
(exp. 03/31/2005)

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee has worked, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(h). The applicant may insert in the space provided below the site(s) for the performance of work or may provide this information in connection with each application.

(i). Place of Performance (street address, city, county, state, zip code)

8. In accordance with 24 CFR Part 24, and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three year period preceding this proposal, been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in the preceding paragraph of this certification; and

(d) Where the applicant is unable to certify to any of the statements in this certification, an explanation shall be attached.

(e) Will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - Lower Tier Covered Transaction," provided by the HUD without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

These certifications and assurances are material representations of the fact upon which HUD can rely when awarding a grant. If it is later determined that I, the applicant, knowingly made an erroneous certifications or assurance, I may be subject to criminal prosecution. HUD may also terminate the grant and take other available remedies.

**EXHIBIT 8 (d)**

**Applicant/Recipient  
Disclosure/Update Report**

U.S. Department of Housing  
and Urban Development

OMB Approval No. 2510-0011 (exp. 06/30/2003)

**Instructions.** (See Public Reporting Statement and Privacy Act Statement and detailed instructions on page 2.)

**Applicant/Recipient Information**

Indicate whether this is an Initial Report  or an Update Report

|                                                                                             |                                                             |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| 1. Applicant/Recipient Name, Address, and Phone (include area code):<br><br>( ) -           | 2. Social Security Number or Employer ID Number:<br><br>- - |
| 3. HUD Program Name                                                                         | 4. Amount of HUD Assistance Requested/Received              |
| 5. State the name and location (street address, City and State) of the project or activity: |                                                             |

**Part I Threshold Determinations**

|                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Are you applying for assistance for a specific project or activity? These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. (For further information see 24 CFR Sec. 4.3).<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9<br><input type="checkbox"/> Yes <input type="checkbox"/> No. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. **However,** you must sign the certification at the end of the report.

**Part II Other Government Assistance Provided or Requested / Expected Sources and Use of Funds.**

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

| Department/State/Local Agency Name and Address | Type of Assistance | Amount Requested/Provided | Expected Uses of the Funds |
|------------------------------------------------|--------------------|---------------------------|----------------------------|
|                                                |                    |                           |                            |
|                                                |                    |                           |                            |

(Note: Use Additional pages if necessary.)

**Part III Interested Parties.** You must disclose:

- All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
- any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

| Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first) | Social Security No. or Employee ID No. | Type of Participation in Project/Activity | Financial Interest in Project/Activity (\$ and %) |
|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|---------------------------------------------------|
|                                                                                                                                              |                                        |                                           |                                                   |
|                                                                                                                                              |                                        |                                           |                                                   |

(Note: Use Additional pages if necessary.)

**Certification**

**Warning:** If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional non-disclosure, is subject to civil money penalty not to exceed \$10,000 for each violation.  
I certify that this information is true and complete.

|                     |                    |
|---------------------|--------------------|
| Signature:<br><br>X | Date: (mm/dd/yyyy) |
|---------------------|--------------------|

**Public reporting burden** for this collection of information is estimated to average 2.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Privacy Act Statement.** Except for Social Security Numbers (SSNs) and Employer Identification Numbers (EINs), the Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under section 102 of the Department of Housing and Urban Development Reform Act of 1989, 42 U.S.C. 3531. Disclosure of SSNs and EINs is optional. The SSN or EIN is used as a unique identifier. The information you provide will enable HUD to carry out its responsibilities under Sections 102(b), (c), and (d) of the Department of Housing and Urban Development Reform Act of 1989, Pub. L. 101-235, approved December 15, 1989. These provisions will help ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. They will also help ensure that HUD assistance for a specific housing project under Section 102(d) is not more than is necessary to make the project feasible after taking account of other government assistance. HUD will make available to the public all applicant disclosure reports for five years in the case of applications for competitive assistance, and for generally three years in the case of other applications. Update reports will be made available along with the disclosure reports, but in no case for a period generally less than three years. All reports, both initial reports and update reports, will be made available in accordance with the Freedom of Information Act (5 U.S.C. §552) and HUD's implementing regulations at 24 CFR Part 15. HUD will use the information in evaluating individual assistance applications and in performing internal administrative analyses to assist in the management of specific HUD programs. The information will also be used in making the determination under Section 102(d) whether HUD assistance for a specific housing project is more than is necessary to make the project feasible after taking account of other government assistance. You must provide all the required information. Failure to provide any required information may delay the processing of your application, and may result in sanctions and penalties, including imposition of the administrative and civil money penalties specified under 24 CFR §4.38.

**Note:** This form only covers assistance made available by the Department. States and units of general local government that carry out responsibilities under Sections 102(b) and (c) of the Reform Act must develop their own procedures for complying with the Act.

## Instructions

### Overview.

A. Coverage. You must complete this report if:

- (1) You are applying for assistance from HUD for a specific project or activity and you have received, or expect to receive, assistance from HUD in excess of \$200,000 during the fiscal year;
- (2) You are updating a prior report as discussed below; or
- (3) You are submitting an application for assistance to an entity other than HUD, a State or local government if the application is required by statute or regulation to be submitted to HUD for approval or for any other purpose.

B. Update reports (filed by "Recipients" of HUD Assistance):

**General.** All recipients of covered assistance must submit update reports to the Department to reflect substantial changes to the initial applicant disclosure reports.

### Line-by-Line Instructions.

#### Applicant/Recipient Information.

All applicants for HUD competitive assistance, must complete the information required in blocks 1-5 of form HUD-2880:

1. Enter the full name, address, city, State, zip code, and telephone number (including area code) of the applicant/recipient. Where the applicant/recipient is an individual, the last name, first name, and middle initial must be entered.
2. Entry of the applicant/recipient's SSN or EIN, as appropriate, is optional.
3. Applicants enter the HUD program name under which the assistance is being requested.
4. Applicants enter the amount of HUD assistance that is being requested. Recipients enter the amount of HUD assistance that has been provided and to which the update report relates. The amounts are those stated in the application or award documentation. NOTE: In the case of assistance that is provided pursuant to contract over a period of time (such as project-based assistance under section 8 of the United States Housing Act of 1937), the amount of assistance to be reported includes all amounts that are to be provided over the term of the contract, irrespective of when they are to be received.
5. Applicants enter the name and full address of the project or activity for which the HUD assistance is sought. Recipients enter the name and full address of the HUD-assisted project or activity to which the update report relates. The most appropriate government identifying number must be used (e.g., RFP No.; IFB No.; grant announcement No.; or contract, grant, or loan No.) Include prefixes.

#### Part I. Threshold Determinations - Applicants Only

Part I contains information to help the applicant determine whether the remainder of the form must be completed. **Recipients filing Update Reports should not complete this Part.**

If the answer to *either* questions 1 or 2 is No, the applicant need not complete Parts II and III of the report, but must sign the certification at the end of the form.

#### Part II. Other Government Assistance and Expected Sources and Uses of Funds.

A. Other Government Assistance. This Part is to be completed by both applicants and recipients for assistance and recipients filing update reports. Applicants and recipients must report any other government assistance involved in the project or activity for which assistance is sought. Applicants and recipients must report any other government assistance involved in the project or activity. Other government assistance is defined in note 4 on the last page. For purposes of this definition, other government assistance is expected to be made available if, based on an assessment of all the circumstances involved, there are reasonable grounds to anticipate that the assistance will be forthcoming.

Both applicant and recipient disclosures must include all other government assistance involved with the HUD assistance, as well as any other government assistance that was made available before the request, but that has continuing vitality at the time of the request. Examples of this latter category include tax credits that provide for a number of years of tax benefits, and grant assistance that continues to benefit the project at the time of the assistance request.

The following information must be provided:

1. Enter the name and address, city, State, and zip code of the government agency making the assistance available.
  2. State the type of other government assistance (e.g., loan, grant, loan insurance).
  3. Enter the dollar amount of the other government assistance that is, or is expected to be, made available with respect to the project or activities for which the HUD assistance is sought (applicants) or has been provided (recipients).
  4. Uses of funds. Each reportable use of funds must clearly identify the purpose to which they are to be put. Reasonable aggregations may be used, such as "total structure" to include a number of structural costs, such as roof, elevators, exterior masonry, etc.
- B. Non-Government Assistance. Note that the applicant and recipient disclosure report must specify all expected sources and uses of funds - both from HUD *and any other source* - that have been or are to be, made available for the project or activity. Non-government sources of

funds typically include (but are not limited to) foundations and private contributors.

### Part III. Interested Parties.

This Part is to be completed by both applicants and recipients filing update reports. Applicants must provide information on:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

**Note:** A financial interest means any financial involvement in the project or activity, including (but not limited to) situations in which an individual or entity has an equity interest in the project or activity, shares in any profit on resale or any distribution of surplus cash or other assets of the project or activity, or receives compensation for any goods or services provided in connection with the project or activity. Residency of an individual in housing for which assistance is being sought is not, by itself, considered a covered financial interest.

The information required below must be provided.

1. Enter the full names and addresses. If the person is an entity, the listing must include the full name and address of the entity as well as the CEO. Please list all names alphabetically.
2. Entry of the Social Security Number (SSN) or Employee Identification Number (EIN), as appropriate, for each person listed is optional.
3. Enter the type of participation in the project or activity for each person listed: i.e., the person's specific role in the project (e.g., contractor, consultant, planner, investor).
4. Enter the financial interest in the project or activity for each person listed. The interest must be expressed both as a dollar amount and as a percentage of the amount of the HUD assistance involved.

**Note** that if any of the source/use information required by this report has been provided elsewhere in this application package, the applicant need

not repeat the information, but need only refer to the form and location to incorporate it into this report. (It is likely that some of the information required by this report has been provided on SF 424A, and on various budget forms accompanying the application.) If this report requires information beyond that provided elsewhere in the application package, the applicant must include in this report all the additional information required.

Recipients must submit an update report for any change in previously disclosed sources and uses of funds as provided in Section I.D.5., above.

#### Notes:

1. All citations are to 24 CFR Part 4, which was published in the Federal Register. [April 1, 1996, at 63 Fed. Reg. 14448.]
2. Assistance means any contract, grant, loan, cooperative agreement, or other form of assistance, including the insurance or guarantee of a loan or mortgage, that is provided with respect to a specific project or activity under a program administered by the Department. The term does not include contracts, such as procurements contracts, that are subject to the Fed. Acquisition Regulation (FAR) (48 CFR Chapter 1).
3. See 24 CFR §4.9 for detailed guidance on how the threshold is calculated.
4. "Other government assistance" is defined to include any loan, grant, guarantee, insurance, payment, rebate, subsidy, credit, tax benefit, or any other form of direct or indirect assistance from the Federal Government (other than that requested from HUD in the application), a State, or a unit of general local government, or any agency or instrumentality thereof, that is, or is expected to be made, available with respect to the project or activities for which the assistance is sought.
5. For the purpose of this form and 24 CFR Part 4, "person" means an individual (including a consultant, lobbyist, or lawyer); corporation; company; association; authority; firm; partnership; society; State, unit of general local government, or other government entity, or agency thereof (including a public housing agency); Indian tribe; and any other organization or group of people.



**EXHIBIT 8(e)**

**Certification of Consistency  
with the Consolidated Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

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

Project Name: \_\_\_\_\_

Location of the Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the Federal  
Program to which the  
applicant is applying: \_\_\_\_\_

Name of  
Certifying Jurisdiction: \_\_\_\_\_

Certifying Official  
of the Jurisdiction  
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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



**EXHIBIT 8 (f)****SPONSOR'S CONFLICT OF  
INTEREST RESOLUTION**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0267  
(exp. 12/31/2003)

**Public reporting burden** for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: The Secretary of Housing and Urban Development

SUBJECT: Section 202 Program - Application for Fund Reservation  
Section 811 Program - Application for Fund Reservation

Sponsor:  
Project Location:

WHEREAS, Section 202 of the Housing Act of 1959, as amended, authorizes the making of capital advances for housing for the elderly to private, nonprofit corporations, OR Section 811 of the National Affordable Housing Act of 1990, as amended, authorizes the making of capital advances to nonprofit corporations for housing for persons with disabilities, no part of the net earnings of which inure to the benefit of any member, founder, contributor or individual;

WHEREAS, HUD has implemented this statutory requirement by promulgating a regulation providing that the Sponsor may not be controlled by or under the direction of persons or firms seeking to derive profit or gain therefrom. The regulation also prohibits any officer or director of the Sponsor from having any financial interest in any contract in connection with the rendition of services, the provision of goods or supplies, procurement of furnishings or equipment, construction of the project, procurement of the site or any other matters whatsoever, except with respect to management or supportive services contracts entered into by the Owner with the Sponsor or its nonprofit affiliate.

WHEREAS, HUD has determined that assurance of compliance with this prohibition can best be obtained by requiring that all officers and directors of the Sponsor certify that they do not have and will not have during their term of office, any prohibited financial interest.

WHEREAS, because of the time constraints imposed under the application process and difficulties in meeting these deadlines caused by such factors as large boards and unavailability of officers and directors of the board, some prospective Sponsors have been unable or experienced hardship in obtaining all of the required certifications for submission with the applications for fund reservation.

WHEREAS, HUD is willing to defer submission of the required Sponsors' Conflict of Interest and Disclosure Certifications until the submission of the firm commitment applications by those Owners for which fund reservations were approved, if such certifications are provided by all the Sponsor's officers and directors listed below, who are duly qualified and sitting in these capacities from the date of the Sponsor's fund reservation application.

**[LIST THE NAME, TITLE, AND THE BEGINNING AND ENDING DATES OF THE TERM OF ALL OFFICERS AND DIRECTORS]**

NOW, THEREFORE, in order to induce HUD to forego requiring submission of the Conflict of Interest and Disclosure Certifications until after projects have been selected and fund reservations granted, it is hereby resolved and agreed by the Board of Directors of the Sponsor:

1. That it will submit an updated Incumbency Certificate, in a form prescribed by HUD, showing all changes in incumbency for submission with the Owner's Application for Firm Commitment, initial closing and final closing.
2. That no officer or director of the Sponsor has or will be permitted to have any prohibited interest which would prevent him or her from signing the required Conflict of Interest and Disclosure Certification.
3. That the fund reservation will be subject to cancellation by HUD if the officers or directors of either the Sponsor or the Owner fail to submit Conflict of Interest and Disclosure Certifications duly executed by each and all of their respective officers and directors.
4. That no HUD capital advance funds or project rental assistance funds will be expended on account of any contract or arrangement where a conflict of interest is determined to exist, and the Sponsor shall be responsible for the payment of any and all obligations involving its officers and directors.
5. That should any contract or arrangement entered into by the Owner be determined by HUD to involve a conflict of interest, involving either the Sponsor's or Owner's officers or directors, the Sponsor will exercise its best efforts to cause the Owner to promptly cancel or terminate such contract or arrangement at HUD's request.

Adopted and approved by the Board of Trustees of the Sponsor on the \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Authorized Signature

**EXHIBIT 8 (g)**

**SPONSOR'S RESOLUTION FOR  
COMMITMENT TO PROJECT**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0267  
(exp. 07/31/2002)  
OMB Approval No. 2502-0462  
(exp. 06/30/2002)

**Public reporting burden** for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for the Elderly under Section 202 and Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for the elderly and for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

TO: Secretary of Housing and Urban Development

SUBJECT: Section 202 Program - Application for Fund Reservation  
Section 811 Program - Application for Fund Reservation

Sponsor:  
Project Location:

1. WHEREAS, under the Section 202 Program for Supportive Housing for the Elderly, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed \$25,000 (\$10,000 for sponsors not affiliated with a national sponsor) and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

OR

Whereas, under the Section 811 Program of Supportive Housing for Persons with Disabilities, the Sponsor acknowledges its responsibilities of sponsorship, long-term support, its willingness to assist the Owner to develop, own, manage and provide appropriate services in connection with the proposed project, and that it reflects the will of its membership. The Sponsor is required to make a commitment to cover the estimated start-up expenses, the minimum capital investment of 1/2 of one percent of the HUD-approved capital advance, not to exceed \$10,000 and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

2. WHEREAS, HUD has determined that assurance by the Sponsor of its commitment and willingness to provide those funds can best be assured by requiring a resolution of the Board of Directors that funds will be made available for such purposes.

3. NOW, THEREFORE, the Board of Directors of the Sponsor hereby resolves and agrees that funds will be available for the subject project to meet estimated start-up expenses, the minimum capital investment and the estimated cost of any amenities or features (and operating costs related thereto) which would not be covered by the approved capital advance.

Adopted and approved by \_\_\_\_\_ of the Sponsor on the \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature



**EXHIBIT 8(h)**

**Certification of Consistency  
with the RC/EZ/EC Strategic  
Plan**

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in this application are consistent with the Strategic Plan of a Federally-designated Empowerment Zone (EZ), Enterprise Community (EC), an Urban Enhanced Enterprise Community, Strategic Planning Community or Renewal Community.

(Type or clearly print the following information)

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

Name of the Federal  
Program to which the  
applicant is applying \_\_\_\_\_

Name of RC/EZ/EC \_\_\_\_\_

I further certify that the proposed activities/projects will be located within the RC/EZ/EC/Urban Enhanced EC or Strategic Planning Community and will serve the RC/EZ/EC/Urban Enhanced EC, Strategic Planning Community residents, or Renewal Community. (2 points)

Name of the  
Official Authorized  
to Certify the RC/EZ/EC \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_



**Previous Participation Certification**

U.S. Department of Housing and Urban Development  
Office of Housing/Federal Housing Commissioner

U.S. Department of Agriculture  
Farmers Home Administration

OMB Approval No. 2502-0118  
(exp. 2/29/2004)

**Part I To be completed by Principals of Multifamily Projects. See Instructions Reason for Submitting Certification**

For HUD HQ/FmHA use only

1. Agency Name and City where the application is filed

2. Project Name, Project Number, City and Zip Code contained in the application

3. Loan or Contract Amount

4. Number of Units or Beds

5. Section of Act

6. Type of Project (check one)

Existing       Rehabilitation       Proposed (New)

**List of All Proposed Principal Participants**

7. Names and Addresses of All Known Principals and Affiliates (people, businesses & organizations) proposing to participate in the project described above. (list names alphabetically; last, first, middle initial)

| 8. Role of Each Principal in Project | 9. Expected % Ownership Interest in Project | 10. Social Security or IRS Employer Number |
|--------------------------------------|---------------------------------------------|--------------------------------------------|
|                                      |                                             |                                            |
|                                      |                                             |                                            |
|                                      |                                             |                                            |

**Certifications:** I (meaning the individual who signs as well as the corporations, partnerships or other parties listed above who certify) hereby apply to HUD or USDA-FmHA, as the case may be, for approval to participate as a principal in the role and project listed above based upon my following previous participation record and this Certification.

I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief and are made in good faith, including the data contained in Schedule A and Exhibits signed by me and attached to this form. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

I further certify that:

1. Schedule A contains a listing of every assisted or insured project of HUD, USDA-FmHA and State and local government housing finance agencies in which I have been or am now a principal.

2. For the period beginning 10 years prior to the date of this certification, and except as shown by me on the certification.

a. No mortgage on a project listed by me has ever been in default, assigned to the Government or foreclosed, nor has mortgage relief by the mortgagee been given;

b. I have not experienced defaults or noncompliances under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project;

c. To the best of my knowledge, there are no unresolved findings raised as a result of HUD audits, management reviews or other Governmental investigations concerning me or my projects;

d. There has not been a suspension or termination of payments under any HUD assistance contract in which I have had a legal or beneficial interest;

e. I have not been convicted of a felony and am not presently, to my knowledge, the subject of a complaint or indictment charging a felony.

(A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);

f. I have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or a State Government from doing business with such Department or Agency;

g. I have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.

3. All the names of the parties, known to me to be principals in this project(s) in which I propose to participate, are listed above.

4. I am not a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part O and

USDA's Standard of Conduct in 7 C.F.R. Part O Subpart B.

5. I am not a principal participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification have not been filed with HUD or FmHA.

6. To my knowledge I have not been found by HUD or FmHA to be in noncompliance with any applicable civil rights laws.

7. I am not a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.

8. Statements above (if any) to which I cannot certify have been deleted by striking through the words with a pen. I have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances which I think helps to qualify me as a responsible principal for participation in this project.

Typed or Printed Name of Principal

Signature of Principal

Certification Date (mm/dd/yyyy)

Area Code and Telephone No.

This form was prepared by (Please print name)

Previous editions are obsolete

EXHIBIT 8 (1)

**Schedule A: List of Previous Projects and Section 8 Contracts.** By my name below is the complete list of my previous projects and my participation history as a principal in Multifamily Housing programs of HUD/FmHA, State, and Local Housing Finance Agencies. **Note:** Read and follow the instruction sheet carefully. Abbreviate where possible. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If you have no previous projects write, by your name, "No previous participation, First Experience."

| 1. List each Principal's Name<br>(list in alphabetical order,<br>last name first) | 2. List Previous Projects<br>(give the I.D. number, project name, city location,<br>& government agency involved<br>if other than HUD) | 3. List Principal's Role(s)<br>(indicate dates participated, and<br>if fee or identity of interest participant) | 4. Status of Loan<br>(current, defaulted,<br>assigned, or<br>foreclosed) | 5. Was Project ever in Default,<br>during your participation?<br>Yes <input type="checkbox"/> No <input type="checkbox"/><br>if "Yes," explain | 6. Last Mgmt.<br>and/or<br>Physical Inspectn<br>Rating |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                                   |                                                                                                                                        |                                                                                                                 |                                                                          |                                                                                                                                                |                                                        |
|                                                                                   |                                                                                                                                        |                                                                                                                 |                                                                          |                                                                                                                                                |                                                        |

**Part II - For HUD Internal Processing Only**

Received and checked by me for accuracy and completeness; recommend approval or referral to Headquarters as checked below:

Date (mm/dd/yyyy)  A. No adverse information; form HUD-2530 approval is recommended.  C. Disclosure or Certification problem

Staff  B. Name match in system  D. Other, our memorandum is attached.

Supervisor  Approved  Yes  No  Date (mm/dd/yyyy)

Director of Housing / Director, Multifamily Division

#### Instructions for Completing the Previous Participation Certificate, form HUD-2530

Carefully read these instructions and the applicable regulations. A copy of those regulations published at 24 C.F.R. 200.210 to 200.245 can be obtained from the Multifamily Housing Representative at any HUD Office. Type or print neatly in ink when filling out this form. Mark answers in all blocks of the form. If the form is not filled completely, it will delay approval of your application.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. If you have many projects to list (20 or more) and expect to be applying frequently for participation in HUD projects, you should consider filing a Master List. See Master List instructions below under "Instructions for Completing Schedule A."

**Carefully read the certification before you sign it.** Any questions regarding the form or how to complete it can be answered by your HUD Office Multifamily Housing Representative. **Purpose:** This form provides HUD with a certified report of all previous participation in HUD multifamily housing projects by those parties making application. The information requested in this form is used by HUD to determine if you meet the standards established to ensure that all principal participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify your record of previous participation in HUD/USDA-FmHA, State and Local Housing Finance Agency projects by completing and signing this form, before your project application or participation can be approved.

HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.

**Note** that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.

**Who Must Sign and File Form HUD-2530:** Form HUD-2530 must be completed and signed by all parties applying to become principal participants in HUD multifamily housing projects, including those who have no previous participation. The form must be signed and filed by all principals and their affiliates who propose participating in the HUD project. Use a separate form for each role in the project unless there is an identity of interest.

Principals include all individuals, joint ventures, partnerships, corporations, trusts, non-profit organizations, any other public or private entity, that will participate in the proposed project as a sponsor, owner, prime contractor, turnkey developer, managing agent, nursing home administrator or operator, packager, or consultant. Architects and attorneys who have any interest in the project other than an arms length fee arrangement for professional services are also considered principals by HUD.

In the case of partnerships, all general partners regardless of their percentage interest and limited partners having a 25 percent or more interest in the partnership are considered principals. In the case of public or private corporations or governmental entities, principals include the president, vice president, secretary, treasurer and all other executive officers who are directly responsible to the board of directors, or any equivalent governing body, as well as all directors and each stockholder having a 10 percent or more interest in the corporation.

Affiliates are defined as any person or business concern that directly or indirectly controls the policy of a principal or has the power to do so. A holding or parent corporation would be an example of an affiliate if one of its subsidiaries is a principal.

**Exception for Corporations** - All principals and affiliates must personally sign the certificate except in the following situation. When a corporation is a principal, all of its officers, directors, trustees and stockholders with 10 percent or more of the common (voting) stock need not sign personally if they all have the same record to report. The officer who is authorized to sign for the corporation or agency will list the names and title of those who elect to sign. However, any person who has a record of participation in HUD projects that is separate from that of his or her organization must report that activity on this form and sign his or her name. The objective is full disclosure.

**Exemptions** - The names of the following parties do not need to be listed on form HUD-2530: Public Housing Agencies, tenants, owners of less than five condominium or cooperative units and all others whose interests were acquired by inheritance or court order.

**Where and When Form HUD-2530 Must Be Filed:** The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects, or when otherwise required in the situations listed below:

- Projects to be financed with mortgages insured under the National Housing Act (FHA).
- Projects to be financed according to Section 202 of the Housing Act of 1959 (Elderly and Handicapped).
- Projects in which 20 percent or more of the units are to receive a subsidy as described in 24 C.F.R. 200.213.
- Purchase of a project subject to a mortgage insured or held by the Secretary of HUD.
- Purchase of a Secretary-owned project.
- Proposed substitution or addition of a principal, or principal participation in a different capacity from that previously approved for the same project.
- Proposed acquisition by an existing limited partner of an additional interest in a project resulting in a total interest of 25 percent or more, or proposed acquisition by a corporate stockholder of an additional interest in a project resulting in a total interest of 10 percent or more.

• Projects with U.S.D.A., Farmers Home Administration, or with state or local government housing finance agencies that include rental assistance under Section 8 of the Housing Act of 1937. For projects of this type, form HUD-2530 should be filed with the appropriate applications directly to those agencies.

**Review of Adverse Determination:** If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration by the HUD Review Committee. Alternatively, you may request a hearing before a Hearing Officer. Either request must be made in writing within 30 days from your receipt of the notice of determination.

If you do request reconsideration by the Review Committee and the reconsideration results in an adverse determination, you may then request a hearing before a Hearing Officer. The Hearing Officer will issue a report to the Review Committee. You will be notified of the final ruling by certified mail.

#### Specific Line Instructions:

**Reason for Submitting this Certification:** e.g., refinancing, management, change in ownership, transfer of physical assets, etc.

**Block 1:** Fill in the name of the agency to which you are applying. For example: HUD Office, Farmers Home Administration District office, or the name of a State or local housing finance agency. Below that, fill in the name of the city where the office is located.

**Block 2:** Fill in the name of the project, such as "Greenwood Apts." If the name has not yet been selected, write "Name unknown." Below that, enter the HUD contract or project identification number, the Farmers Home Administration project number, or the State or local housing finance agency project or contract number. Include all project or contract identification numbers that are relevant to the project. Also enter the name of the city in which the project is located, and the ZIP Code of the site location.

**Block 3:** Fill in the dollar amount requested in the proposed mortgage, or the annual amount of rental assistance requested.

**Block 4:** Fill in the number of apartment units proposed, such as "40 units." For hospital projects or nursing homes, fill in the number of beds proposed, such as "100 beds."

**Block 5:** Fill in the section of the Housing Act under which the application is filed.

**Block 7:** Definitions of all those who are considered principals and affiliates are given above in the section titled "Who Must Sign and File...."

**Block 8:** Beside the name of each principal, fill in the role that each will perform. The following are possible roles that the principals may perform: Sponsor, Owner, Prime Contractor, Turnkey Developer, Managing Agent, Packager, Consultant, General Partner, Limited Partner (include percentage), Executive Officer, Director, Trustee, Major Stockholder, or Nursing Home Administrator. Beside the name of each affiliate, write the name of the person or firm of affiliation, such as "Affiliate of Smith Construction Co."

**Block 9:** Fill in the percentage of ownership in the proposed project that each principal is expected to have. Also specify if the participant is a general or limited partner. Beside the name of those parties who will not be owners, write "None."

**Block 10:** Fill in the Social Security Number or IRS employer number of every party listed, including affiliates.

**Instructions for Completing Schedule A:**  
Be sure that Schedule A is filled in completely, accurately and the certification is properly dated and signed, because it will serve as a legal record of your previous experience. All Multifamily Housing projects involving HUD/FmHA, and State and local Housing Finance Agencies in which you have previously participated must be listed. Applicants are reminded that previous participation pertains to the individual principal within an entity as well as the entity itself. A newly formed company may not have previous participation, but the principals within the company may have had extensive participation and disclosure of that activity is required. To avoid duplication of disclosure, list the project and then the entities or individuals involved in that project. You may use the name or a number code to denote the entity or individual that participated. The number code can then be used in column 3 to denote role.

**Column 2:** List the project or contract identification of each previous project. All previous projects must be included or your certification cannot be processed. Include the name of all projects, the cities in which they are located and the government agency (HUD, USDA-FmHA or State or local housing finance agency) that was involved. At the end of your list of projects, draw a straight line across the page to separate your record of projects from that of others signing this form who have a different record to report.

**Column 3:** List the role(s) of your participation, dates participated, and if fee or identity of interest with owners.

**Column 4:** Indicate the current status of the loan. Except for current loans, the date associated with the status is required. Loans under a workout arrangement are considered assigned. An explanation of the circumstances surrounding the status is required for all non-current loans.

**Column 5:** Explain any project defaults during your participation.

**Column 6:** Enter the latest Management and/or Physical Inspection Review rating. If either of the ratings are below average, the report issued by HUD is required to be submitted along with the applicant's explanation of the circumstances surrounding the rating.

**No Previous Record:** Even if you have never participated in a HUD project before, you must complete form HUD-2530. If you have no record of previous projects to list, fill in your name in column 1 of Schedule A, and write across the form by your name - "No previous participation, first experience."

**Master List System:** If you expect to file this form frequently and you have a long list of previous projects to report on Schedule A, you should consider filing a Master List. By doing so, you will avoid having to list all your previous projects each time you file a new application.

To make a Master List, use form HUD-2530. On page 1, in block 1, enter (in capital letters) the words "Master List." In blocks 2 through 6 enter in "N.A." meaning Not Applicable. Complete blocks 7 through 10.

In the box below the statement of certification, fill in the names of all parties who wish to file a Master List together (type or print neatly). Beside each name, every party must sign the form. In the box titled "Proposed Role," fill in "N.A." Also, fill in the date you sign the form

and provide a telephone number where you can be reached during the day. No determinations will be made on these certifications.

File one copy of the Master List with each HUD Office where you do business and mail one copy to the following address:

HUD-2530 Master List  
Participation and Compliance  
Division - Housing  
U.S. Department of Housing and  
Urban Development  
451 Seventh Street, S.W.  
Washington, D.C. 20410

Once you have filed a Master List, you do not need to complete Schedule A when you submit form HUD-2530. Instead, write the name of the participant in column 1 of Schedule A and beside that write "See Master List on file." Also give the date that appears on the Master List that you submitted. Below that, report all changes and additions that have occurred since that date. Be sure to include any mortgage defaults, assignments or foreclosures not listed previously.

If you have withdrawn from a project since the date the Master List was filed, be sure to name the project. Give the project identification number, the month and year your participation began and/or ended.

**Certification:**

After you have completed all other parts of form HUD-2530, including Schedule A, read the Certification carefully. In the box below the statement of certification, fill in the name of all principals and affiliates (type or print neatly). Beside the name of each principal and affiliate, each party must sign the form, with the exception in some cases of individuals associated with a corporation (see "Exception for Corporations" in the section of the instructions titled "Who Must Sign and File form

HUD-2530"). Beside each signature, fill in the role of each party (the same as shown in block 8). In addition, each person who signs the form should fill in the date that he or she signs, as well as providing a telephone number where he or she can be reached during business hours. By providing a telephone number where you can be reached, you will help to prevent any possible delay caused by mailing and processing time in the event HUD has any questions.

If you cannot certify and sign the certification as it is printed because some statements do not correctly describe your record, use a pen and strike through those parts that differ with your record, then sign and certify to that remaining part which does describe you or your record.

Attach a signed letter, note or an explanation of the items you have struck out on the certification and report the facts of your correct record. Item A(2)(e) relates to felony convictions within the past 10 years. If you have been convicted of a felony within 10 years, strike out all of A(2)(e) on the certificate and attach your statement giving your explanation. A felony conviction will not necessarily cause your participation to be disapproved unless there is a criminal record or other evidence that your previous conduct or method of doing business has been such that your participation in the project would make it an unacceptable risk from the underwriting standpoint of an insurer, lender or governmental agency.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law (42 U.S.C. 3535(d) and 24 C.F.R. 200.217) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a principal may not participate in a proposed or existing multifamily project. HUD uses this information to evaluate whether or not principals pose an unsatisfactory underwriting risk. The information is used to evaluate the potential principals and approve only individuals and organizations who will honor their legal, financial and contractual obligations.

**Privacy Act Statement:** The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records, and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN.

**Public reporting burden:** for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

A response is mandatory. Failure to provide any of the information will result in your disapproval for participation in this HUD program.

Previous editions are obsolete

ref Handbook 4065.1 form HUD-2530 (5/2001)

**EXHIBIT 8(j)****CERTIFICATION FOR  
PROVISION OF  
SUPPORTIVE SERVICES  
(Section 811 Only)**

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0462  
(exp. 12/31/2003)

Public reporting burden for this collection of information is estimated to average .40 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This collection of information is required for HUD's Supportive Housing for Persons with Disabilities under Section 811. The information is necessary to assist HUD in determining applicant eligibility and ability to develop housing for persons with disabilities within statutory and program criteria. A thorough evaluation of an applicant's qualifications and capabilities is critical to protect the Government's financial interest and to mitigate any possibility of fraud, waste, or mismanagement of public funds. This collection of information does not collect any sensitive information. HUD does not ensure confidentiality.

The undersigned certifies that this Agency has reviewed the Sponsor's supportive services plan and finds that:

1. The provision of supportive services is:

Well designed       Not well designed

to serve the individual needs of persons with disabilities the housing is expected to serve.

2. The provision of supportive services will enhance independent living success and promote the dignity of those who will access the proposed project.

Will enhance       Will not enhance

3. The supportive services will be available on a consistent, long-term basis.

Yes       No

4. The proposed housing is:

Consistent       Inconsistent

with State or local plans and policies addressing the housing needs of people with disabilities.

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Project Location

\_\_\_\_\_  
(Print Name of Authorized Official)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Agency Name)



**ATTACHMENT 1****LETTER REQUESTING SHPO/THPO REVIEW**

Applicant return address  
Date

[SHPO/THPO mailing address]  
(see: [www.ncshpo.org](http://www.ncshpo.org) or [www.nathpo.org](http://www.nathpo.org))

Dear [SHPO/THPO]:

In accordance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470f), and its implementing regulation, 36 CFR 800, "Protection of Historic Properties," and as authorized by the U.S. Department of Housing and Urban Development (HUD) as an applicant for a Section [202/811] Supportive Housing Capital Advance, we are initiating consultation with your office regarding the proposed [xxx project] (ex. rehabilitation of 123 Elm Street, Anytown, AB). Please find enclosed the necessary documentation per §800.11.

Based on our initial research, we have made the required determinations and findings, which we now ask you to review. Please respond in writing to us and HUD within the thirty-day time period as noted at §800.3(c)4. HUD's mailing address is:

[xxx]

If you concur with the findings in this submission, please sign and date on the line below and return as noted above. If you do not concur, we request that you express your concerns and objections clearly in writing so that HUD may continue the consultation process as needed. Please also indicate in your non-concurrence letter if there are other sources of information that should be checked, and if there are other parties, tribes, or members of the public you believe should be included in the consultation process. Thank you for your prompt attention to this matter.

Sincerely,

Applicant signatory

CONCURRENCE: \_\_\_\_\_

State/Tribal Historic Preservation Officer/Date



**Description of the Undertaking**

[xxx] (Specify federal involvement; include photographs, drawings, location map, etc).

**Area of Potential Effect**

We define the Area of Potential Effect for this proposed project as [xxx] (written boundary description). Please see the attached map marked with the APE boundary. We made this determination for the following reason(s): [xxx].

**Basis for Determining No Historic Properties Affected (Option #1)**

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that no historic properties will be affected by this project. We base this finding on: [xxx].

**OR**

**Basis for Determining Historic Properties Affected (Option #2)**

To obtain background information on the APE and to identify any potential historic properties, we researched and contacted the following sources:

[xxx] (list surveys, National Register data, research at SHPO office or local govt, etc.)

Based on our initial information search, it is our determination that historic properties will be affected by this project and that additional consultation will be required to assess/resolve effects. We base this finding on: [xxx].

04/16/03

16:49

**ATTACHMENT 2**

**CHOOSING AN ENVIRONMENTALLY "SAFE" SITE**

THIS DOCUMENT IS AVAILABLE ON HUD'S WEB SITE AT [WWW.HUD.GOV](http://WWW.HUD.GOV)

**ATTACHMENT 3****Choosing an Environmentally "Safe" Site  
Supplemental Guidance  
Environmental Information  
For 202/811 Programs..**

Under 24 CFR Part 50, the U.S. Department of Housing and Urban Development (HUD) has the responsibility for conducting the environmental review for 202 and 811 Programs. **In the conduct of its review, applicants may be asked to provide information necessary for completing the environmental review in an expeditious and comprehensive manner.** What follows is the type of information collected and analyzed in the conduct of the environmental review.

**NATURAL RESOURCES**

The natural environment is important, and there are many federal regulations and executive orders promulgated to "protect" and conserve natural resources, historic properties, endangered and threatened species and their habitats. Wetlands, coastal barrier resources, and wild and scenic rivers are natural resources, which may also be under threat from development activities. Each of these natural resources has their own regulatory requirements with regard to determining potential environmental impacts.

**Natural Resources**

- + Rivers
- + Streams
- + Lakes
- + Ponds
- + Designated Wetlands
- + Drainage ways
- + Swamps
- + Creeks
- + Waterways
- + Coastlines
- + Unique natural features
- + Endangered Species\*

**ENDANGERED AND THREATENED SPECIES**

\*In some areas, like Seattle, Washington or Portland, Oregon for example, there is an aggressive effort to protect certain types of salmon and their habitat (living environment). As a result, all projects may be considered a "threat" to their survival, as they may impact either the species or their habitat. In other areas, especially with regard to endangered species, it may be a butterfly, insect, or certain types of birds that are under threat. Articles in newspapers or on the news may alert you to controversies surrounding natural resource issues, especially those involving endangered species and wetlands.



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**\*\*Applicants must comply with the requirements under the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001-4128) and the Coastal Barrier Resources Act (19 U.S.C. 3601).**

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**MANMADE HAZARDS**

**Completion of the Phase I Assessment is required and must be included among the Exhibits for submission.** However, other potential hazardous or site contaminations problems may be discovered during the conduct of they environmental review. Specific environmental risks and hazards that may result in site contamination are discussed in Choosing an Environmentally "Safe" Site. Additional environmental information on manmade hazards that HUD may collect in the conduct of the environmental review may include the following categories.

**Manmade Hazards**

- + Industrial Operations  
(e.g. lead smelter, facilities handling explosive material, heavy industry, etc.)
- + Airports
- + Landfills, dumps,
- + Odors
- + Noise
- + Traffic (major transportation or truck routes, railroad lines, highways, etc)
- + Agricultural operations
- + Incinerators, oil refineries
- + Large parking facilities/lots
- + Nuisances and Hazards (natural and built)

**Acknowledgment of  
Application Receipt**

U.S. Department of Housing  
and Urban Development

Type or clearly print the Applicant's name and full address in the space below.

(fold line)

Type or clearly print the following information:

Name of the Federal  
Program to which the  
applicant is applying: \_\_\_\_\_

**To Be Completed by HUD**

- HUD received your application by the deadline and will consider it for funding. In accordance with Section 103 of the Department of Housing and Urban Development Reform Act of 1989, no information will be released by HUD regarding the relative standing of any applicant until funding announcements are made. However, you may be contacted by HUD after initial screening to permit you to correct certain application deficiencies.
- HUD did not receive your application by the deadline; therefore, your application will not receive further consideration. Your application is:
  - Enclosed
  - Being sent under separate cover

Processor's Name \_\_\_\_\_

Date of Receipt \_\_\_\_\_



**Client Comments and  
Suggestions**U.S. Department of Housing  
and Urban Development**You are our Client!  
Your comments and suggestions, please!**

The Department of Housing and Urban Development in preparing this Notice of Funding Availability and application forms, has tried to produce a more user friendly, customer driven funding process. Please let us have your comments and recommendations for improvements to this document. You may leave this form attached to your application, or feel free to detach the form and return it to:

The Department of Housing and Urban Development  
Office of Departmental Grants Management and Oversight  
Room 3156  
451 7th Street, SW  
Washington, DC 20410

**Please Provide Comments on HUD's Efforts:**

The NOFA (insert title) \_\_\_\_\_

is: (please check one)

- (a)  is clear and easily understandable  
(b)  better than before, but still needs improvement (please specify)

(c) other (please specify)

The application form (insert title) \_\_\_\_\_

is: (please check one)

- (a)  is acceptable given the volume of information required by statute and the volume of information required for accountability in selecting and funding projects.  
(b)  is simpler and more user-friendly than before, but still needs work (please specify).

(c) other comments (please specify)

**Name & Organization (Optional):**

Are additional pages attached?  Yes  No



**APPENDIX B****LOCAL HUD OFFICES****NOTES:**

- (1) The first line of the mailing address for all offices is Department of Housing and Urban Development. Telephone numbers listed are not toll-free.
- (2) Applications for projects proposed to be located within the jurisdiction of the Sacramento, California Office must be submitted to the San Francisco, California Office.
- (3) Applications for projects proposed to be located within the jurisdiction of the Cincinnati, Ohio Office must be submitted to the Columbus, Ohio Office.
- (4) Applications for projects proposed to be located within the jurisdiction of the Washington, DC Office must be submitted to the Baltimore, Maryland Office.
- (5) Applications for projects proposed to be located within the jurisdiction of the Grand Rapids, Michigan Office must be submitted to the Detroit, Michigan Office.

**HUD - BOSTON HUB****HARTFORD OFFICE**

One Corporate Center  
19th Floor  
Hartford, CT 06103-3220  
(860) 240-4800  
TTY Number: (860) 240-4665

**BOSTON OFFICE**

Room 301  
Thomas P. O'Neill, Jr.  
Federal Building  
10 Causeway Street  
Boston, MA 02222-1092  
(617) 994-8500  
TTY Number: (617) 565-5453

**MANCHESTER OFFICE**

Norris Cotton Federal Building  
275 Chestnut Street  
Manchester, NH 03101-2487  
(603) 666-7510  
TTY Number: (603) 666-7518

**PROVIDENCE OFFICE**

Sixth Floor  
10 Weybosset Street  
Providence, RI 02903-2808  
(401) 528-5230  
TTY Number: (401) 528-5403

**HUD - NEW YORK HUB****NEW YORK OFFICE**

26 Federal Plaza, Room 3200  
New York, NY 10278-0068  
(212) 264-8000  
TTY Number: (212) 264-0927

**HUD - BUFFALO HUB****BUFFALO OFFICE**

Lafayette Court Building  
465 Main Street, 2<sup>nd</sup> Floor  
Buffalo, NY 14203-1780  
(716) 551-5755, ext. 5000  
TTY Number: (716) 551-5787

**HUD - PHILADELPHIA HUB****PHILADELPHIA OFFICE**

The Wanamaker Building  
100 Penn Square East  
Philadelphia, PA 19107-3380  
(215) 656-0600  
TTY Number: (215) 656-3452

**CHARLESTON OFFICE**

Suite 708  
405 Capitol Street  
Charleston, WV 25301-1795  
(304) 347-7000  
TTY Number: (304) 347-5332

**NEWARK OFFICE**

Thirteenth Floor  
One Newark Center  
Newark, NJ 07102-5260  
(973) 622-7900  
TTY Number: (973) 645-3298

**PITTSBURGH OFFICE**

339 Sixth Avenue  
Sixth Floor  
Pittsburgh, PA 15222-2507  
(412) 644-6428  
TTY Number: (412) 644-5747

**HUD - BALTIMORE HUB****BALTIMORE OFFICE**

Fifth Floor  
City Crescent Building  
10 South Howard Street  
Baltimore, MD 21201-2505  
(410) 962-2520  
TTY Number: (410) 962-0106

**RICHMOND OFFICE**

600 East Broad Street  
Richmond, VA 23219  
(804) 771-2100, ext. 3839  
TTY Number: (804) 771-2038

**HUD - GREENSBORO HUB****GREENSBORO OFFICE**

Koger Building  
2306 West Meadowview Road  
Greensboro, NC 27407-3707  
(336) 547-4069  
TTY Number: (336) 547-4020

**COLUMBIA OFFICE**

Strom Thurmond Federal Building  
1835-45 Assembly Street  
Columbia, SC 29201-2480  
(803) 765-5592  
TTY Number: (803) 253-3209

**HUD - ATLANTA HUB****ATLANTA OFFICE**

ATTN: Multifamily Housing  
40 Marietta Street - Five Points Plaza  
Atlanta, GA 30303-2806  
(404) 331-4976  
TTY Number: (404) 730-2654

**SAN JUAN OFFICE**

Edificio Administracion de Terrenos  
171 Carlos Chardon Avenue,  
Suite 301  
San Juan, PR 00918-0903  
(787) 766-5401  
TTY Number: (787) 766-5909

**LOUISVILLE OFFICE**

601 West Broadway  
Louisville, KY 40202  
(502) 582-5251  
TTY Number: 1-800-648-6056

**KNOXVILLE OFFICE**

Third Floor  
John J. Duncan Federal Building  
710 Locust Street  
Knoxville, TN 37902-2526  
(423) 545-4384  
TTY Number: (423) 545-4559

**NASHVILLE OFFICE**

Suite 200  
235 Cumberland Bend  
Nashville, TN 37228-1803  
(615) 736-5213  
TTY Number: (615) 736-2886

**HUD - JACKSONVILLE HUB****JACKSONVILLE OFFICE**

Suite 2200  
Southern Bell Tower  
301 West Bay Street  
Jacksonville, FL 32202-5121  
(904) 232-2626  
TTY Number: (904) 232-2631

**BIRMINGHAM OFFICE**

Medical Forum Building  
950 22nd St., North  
Suite 900  
Birmingham, AL 35203-5301  
(205) 731-2624  
TTY Number: (205) 731-2624

**JACKSON OFFICE**

Suite 910  
Doctor A.H. McCoy Federal Building  
100 West Capitol Street  
Jackson, MS 39269-1096  
(601) 965-4700  
TTY Number: (601) 965-4171

**HUD - CHICAGO HUB****CHICAGO OFFICE**

Ralph H. Metcalfe Federal Building  
77 West Jackson Boulevard  
Chicago, IL 60604-3507  
(312) 353-5680  
TTY Number: (312) 353-5944

**INDIANAPOLIS OFFICE**

151 North Delaware Street  
Indianapolis, IN 46204-2526  
(317) 226-6303  
TTY Number: (317) 226-7081

**HUD - DETROIT HUB****DETROIT OFFICE**

Patrick V. McNamara Federal Building  
477 Michigan Avenue, Suite 1635  
Detroit, MI 48226-2592  
(313) 226-7900  
TTY Number: (313) 226-6899

**HUD - COLUMBUS HUB****COLUMBUS OFFICE**

200 North High Street  
7th Floor  
Columbus, OH 43215-2499  
(614) 469-5737  
TTY Number: (614) 469-6694

**CLEVELAND OFFICE**

US Bank Centre  
1350 Euclid Avenue  
Suite 500  
Cleveland, OH 44115-1815  
(216) 522-4058  
TTY Number: (216) 522-2261

**HUD - MINNEAPOLIS HUB****MINNEAPOLIS OFFICE**

920 Second Avenue South  
Minneapolis, MN 55402  
(612) 370-3000  
TTY Number: (612) 370-3186

**MILWAUKEE OFFICE**

Suite 1380  
Henry S. Reuss Federal Plaza  
310 West Wisconsin Avenue, Suite 1380  
Milwaukee, WI 53203-2289  
(414) 297-3214, ext. 8673  
TTY Number: (414) 297-1423

**HUD - FT. WORTH HUB****LITTLE ROCK OFFICE**

Suite 900  
TCBY Tower  
425 West Capitol Avenue  
Little Rock, AR 72201-3488  
(501) 324-5931  
TTY Number: (501) 324-5931

**NEW ORLEANS OFFICE**

Ninth Floor  
Hale Boggs Federal Building  
501 Magazine Street  
New Orleans, LA 70130-3099  
(504) 589-7200  
TTY Number: (504) 589-7279

**FT. WORTH OFFICE**

801 Cherry Street  
P.O. Box 2905  
Fort Worth, TX 76113-2905  
(817) 978-5965  
TTY Number: (817) 978-5595

**HOUSTON OFFICE**

Suite 200  
Norfolk Tower  
2211 Norfolk  
Houston, TX 77098-4096  
(713) 313-2274  
TTY Number: (713) 834-3274

**SAN ANTONIO OFFICE**

106 South St. Mary's, Suite 405  
San Antonio, TX 78205  
(210) 475-6800  
TTY Number: (210) 475-6885

**HUD - GREAT PLAINS****DES MOINES OFFICE**

Room 239  
Federal Building  
210 Walnut Street  
Des Moines, IA 50309-2155  
(515) 284-4583  
TTY Number: (515) 284-4728

**KANSAS CITY OFFICE**

Room 200  
Gateway Tower II  
400 State Avenue  
Kansas City, KS 66101-2406  
(913) 551-5462  
TTY Number: (913) 551-6972

**OMAHA OFFICE**

Executive Tower Centre  
10909 Mill Valley Road  
Omaha, NE 68154-3955  
(402) 492-3122  
TTY Number: (402) 492-3183

**ST. LOUIS OFFICE**

Third Floor  
Robert A. Young Federal Building  
1222 Spruce Street, Room 3.207  
St. Louis, MO 63103-2836  
(314) 539-6583  
TTY Number: (314) 539-6331

**OKLAHOMA CITY OFFICE**

500 West Main Street  
Suite 400  
Oklahoma City, OK 73102-2233  
(405) 553-7401  
TTY Number: 1-800-877-8339

**HUD - DENVER HUB**

**DENVER OFFICE**

633 17th Street  
Denver, CO 80202-3607  
(303) 672-5343  
TTY Number: (303) 672-5113

**HUD - SAN FRANCISCO HUB**

**PHOENIX OFFICE**

One North Central #600  
Phoenix, AZ 85004  
(602) 379-7149  
TTY Number: (602) 379-4557

**SAN FRANCISCO OFFICE**

Philip Burton Federal Building and U.S. Courthouse  
450 Golden Gate Avenue  
P.O. Box 36003  
San Francisco, CA 94102-3448  
(415) 436-8356  
TTY Number: (415) 436-6594

**HONOLULU OFFICE**

500 Ala Moana Boulevard, Suite 3A  
Honolulu, HI 96813  
(808) 522-8185  
TTY Number: (808) 522-8193

**HUD - LOS ANGELES HUB**

**LOS ANGELES OFFICE**

611 West 6th Street  
Suite 800  
Los Angeles, CA 90017-3106  
(213) 894-8000  
TTY Number: (213) 894-8133

**HUD - SEATTLE HUB****PORTLAND OFFICE**

400 Southwest Sixth Avenue  
Suite 700  
Portland, OR 97204-1632  
(206) 220-5241  
TTY Number: (206) 220-5254

**ANCHORAGE OFFICE**

949 East 36<sup>th</sup> Avenue, Suite 401  
Anchorage, AK 99508  
(206) 220-5241  
TTY Number: (206) 220-5254

**SEATTLE OFFICE**

909 First Avenue, Suite 200  
Seattle, WA 98104  
(206) 220-5241  
TTY Number: (206) 220-5254