

SECTION 811 CAPITAL ADVANCE PROGRAM

APPLICATION FOR FUND RESERVATION

PRELIMINARY EVALUATION REVIEW CHECKLIST FORMAT

Instructions:

1. The checklist contains seven sections to be completed concurrently by the specified reviewing disciplines. Attach extra sheets as necessary.
2. Each reviewing discipline should check all applicable items and provide all information requested, even if the application is found unapprovable on the basis of any single item or factor.
3. When completed, the reviews shall be routed to the Multifamily Housing Representative through PC&R. The MHR shall complete a summary of all reviews.
4. Applicable Fund Reservation application exhibits are identified to assist the reviewing disciplines.

Project Sponsor: _____

Project Address: _____

Number of Units & Residents: _____

Project No.: _____

PRELIMINARY EVALUATION SUMMARY

Reviewing Office	Recommendation	
	Acceptable	Not Acceptable
Section A - Multifamily Housing Representative (MHR)	_____	_____
Section B - Mortgage Credit Branch	_____	_____
Section C - Valuation Branch	_____	_____
Section D - Architectural, Engineering, and Cost Branch	_____	_____
Section E - Field Office Counsel	_____	_____

Section F - Economic and Market
Analysis Division
Section G - Fair Housing and
Equal Opportunity

(Signature of MHR)

Date

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Determination of Acceptability

- Based on the preliminary evaluation, subject project is considered eligible.

OR

- Based on the preliminary evaluation, this project is ineligible for processing because it did not meet the threshold criteria checked below:

- (1) Application was received by HUD at the appropriate address by August 12, 1991 and was complete or is missing no more than one complete exhibit (excluding exhibits which are certifications);
- (2) Sponsor acceptably corrected deficiencies (including furnishing missing certifications) within 14 calendar days from the date of the notification of deficiency letter;
- (3) Sponsor, proposed facilities and proposed occupants are eligible under Section 811;
- (4) Sponsor has experience in developing and/or operating housing, medical or other facilities and/or providing services to persons with disabilities, families or minority groups;
- (5) Application included a supportive services plan meeting the requirements of 890.265 (c)(16);
- (6) There is reasonable expectation that the Sponsor can meet the Minimum Capital Investment requirement and start-up expenses;
- (7) Application contains evidence of legally-binding site control or the appropriate identification of a site;

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- (8) The Sponsor is in compliance with civil rights laws and regulations as follows:
 - (a) There are no pending civil rights suits against the Sponsor instituted by the Department of Justice;
 - (b) There are no outstanding findings of noncompliance with civil rights statutes, Executive Orders or regulations as a result of formal administrative proceedings, or where the Secretary has issued a charge under the Fair Housing Act, unless the Sponsor is operating under a compliance agreement designed to correct the areas of noncompliance;
 - (c) There has not been a deferral of the processing of applications from the Sponsor imposed by HUD under Title VI of the Civil Rights Act of 1964, the Attorney General's Guidelines (28 CFR 50.3), and the HUD Title VI regulations (24 CFR 1.8) and procedures (HUD Handbook 8040.1) or under Section 504 of the Rehabilitation Act of 1973 and the HUD Section 504 Regulations (24 CFR 8.57).
 - (9) Even without a site visit, it is reasonable to expect the proposed site meets site and neighborhood standards, including minority and disabled concentration considerations, and is not in a floodway or Coastal High Hazard (velocity) area;
 - (10) There is sufficient market demand for the number and type of units proposed based on preliminary review; and
 - (11) Application was responsive to the Field Office Invitation (i.e., did not request more units than advertised for the Region).

— (12) Other.

Comments: _____

If found to be ineligible, the Sponsor will be notified by letter that the application was found ineligible for further consideration and a copy of the letter will be forwarded to Headquarters, Office of Elderly and Assisted Housing, Attention: Development Branch (HMEED), and to the Director, Office of Regional Housing.

Date of Letter: _____

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Section 811 - Application for Fund Reservation
Preliminary Evaluation Review Checklist

Section A - Multifamily Housing Representative

Sponsor Name: _____
Project Address: _____
Project No.: _____

The following exhibits contain information for review by the Multifamily Housing Representative. Check the exhibits for completeness.

EXHIBIT NO.	COMPLETE	INCOMPLETE	MISSING
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____
19	_____	_____	_____
20	_____	_____	_____
21	_____	_____	_____

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After review of the exhibits for completeness, check one of the following:

1. The application is missing two or more complete exhibits (other than exhibits which are certifications) and should be rejected. (Further review is not required)
2. To complete our review, the following information is requested from the Sponsor:

Information Requested	Date Requested	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The additional information submitted by the Sponsor has been reviewed, but the application is still incomplete and must be rejected.
4. The application is complete.

Review Items of Complete Applications:

1. The proposed facilities and intended occupants are eligible under the Section 811 program. (Exhibits 1 and 2)
 Yes _____ No _____ If No, the application must be rejected.
 Comments: _____

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- 2. The Sponsor has previous experience in developing and/or operating housing, medical or other facilities, and/or the provision of services to persons with disabilities, families or minority groups, preferably, but not necessarily among those in the low- and moderate-income category. (Exhibits 9, 11, 13)

Yes _____ No _____ If No, the application must be rejected.

Comments: _____

RECOMMENDATION: Application is:

_____ acceptable for technical processing.

_____ rejected for the following reason(s):

Print Name of MHR: _____

Signature of MHR: _____

Date: _____

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Section B - Mortgage Credit Branch

Sponsor Name: _____
 Project Address: _____
 Project No.: _____

The following exhibits contain information for review by Mortgage Credit. Check the exhibits for completeness.

EXHIBIT NO.	COMPLETE	INCOMPLETE	MISSING
2	_____	_____	_____
3	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
17	_____	_____	_____
20	_____	_____	_____
28	_____	_____	_____

After review of the exhibits for completeness, check one of the following:

1. The application is missing two or more complete exhibits (other than exhibits which are certifications) and should be rejected. (Further review is not required)

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2. To complete our review, the following information is requested from the Sponsor:

Information Requested	Date Requested	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. The additional information submitted by the Sponsor has been reviewed, but the application is still incomplete and must be rejected.

4. _ The application is complete.

Review Items of Complete Applications:

1. The Sponsor's board resolution to provide a specific amount of funds to cover the minimum capital investment and start-up expenses is included in the application. (NOTE: Funds expended for eligible start-up expenses can be recovered at initial closing and thus would be available to cover all or part of the minimum capital investment.)

Yes___ No___ If No, was a board resolution provided by another organization to furnish these funds?

Yes___ No___ If No, the application must be rejected.

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If Yes, name of organization:

Comments: _____

2. The Sponsor will be able to meet the minimum capital investment requirement.

Yes___ No___ If No. the application must be rejected.

Comments: _____

3. The Sponsor can cover the start-up expenses. (NOTE: Section 106(b) funds, if requested, may be counted in determining the Sponsor's ability to cover start-up expenses, but not the minimum capital investment.)

Yes___ No___ If No, the application must be rejected.

Comments: _____

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4. Does the project have excessive design features?

Yes____ No____ If Yes, did the Sponsor make a
commitment in the application to pay for
these features and does it have the
financial capacity to cover the cost?

Yes____ No____ If No, the application must be
rejected.

Comments: _____

RECOMMENDATION: Application is:

_____ acceptable for technical processing.

_____ rejected for the following reason(s):

Print Name of Reviewer: _____

Signature of Reviewer: _____

Date: _____

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Preliminary Evaluation Review Checklist Format

Section C - Valuation Branch

Sponsor Name: _____

Project Address: _____

Project No.: _____

The following exhibits contain information for review by Valuation. Check the exhibits for completeness.

EXHIBIT NO.	COMPLETE	INCOMPLETE	MISSING
<u>1</u>	_____	_____	_____
<u>16</u>	_____	_____	_____
<u>17</u>	_____	_____	_____
<u>19</u>	_____	_____	_____
<u>20</u>	_____	_____	_____

After review of the exhibits for completeness, check one of the following:

1. The application is missing two or more complete exhibits (other than exhibits which are certifications) and should be rejected. (Further review is not required.)
2. To complete our review, the following information is requested from the Sponsor:

Information Requested	Date Requested	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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3. The additional information submitted by the Sponsor has been reviewed, but the application is still incomplete and must be rejected.
4. The application is complete.

Review Items of Complete Applications:

Based on the application submission, even without the benefit of a site visit, it is reasonable to expect the proposed site meets site and neighborhood standards requirements, and that it is not located in a floodway and/or a Coastal High Hazard Area.

Yes____ No____

Comments: _____

RECOMMENDATION: Application is:

_____ acceptable for technical processing.

_____ rejected for the following reason(s):

Print Name of Reviewer: _____

Signature of Reviewer: _____

Date: _____

Section 811 - Application for Fund Reservation
Preliminary Evaluation Review Checklist Format

Section D - Architectural, Engineering and Cost Branch

Sponsor Name: _____

Project Address: _____

Project No.: _____

The following exhibits contain information for review by Architectural, Engineering and Cost. Check the exhibits for completeness:

EXHIBIT NO.	COMPLETE	INCOMPLETE	MISSING
_____ 1 _____	_____	_____	_____
_____ 16 _____	_____	_____	_____
_____ 18 _____	_____	_____	_____
_____ 19 _____	_____	_____	_____
_____ 20 _____	_____	_____	_____
_____ 23 _____	_____	_____	_____
_____ 28 _____	_____	_____	_____

After reviewing exhibits for completeness, check one of the following:

1. _ The application is missing two or more complete exhibits and should be rejected, unless the exhibits are certifications. (Further review is not required.)
2. _ To complete our review, the following information is requested from the Sponsor:

Information Requested	Date Requested	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

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3. _ The additional information submitted by the Sponsor has been reviewed, but the application is still incomplete and must be rejected.
4. _ The application is complete and acceptable for technical processing.

Print Name of Reviewer: _____

Signature: _____

Date: _____

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Section E - Field Office Counsel

Sponsor Name: _____

Project Address: _____

Project No.: _____

The following exhibits contain information for review by the Field Office Counsel. Check the exhibits for completeness.

EXHIBIT NO.	COMPLETE	INCOMPLETE	MISSING
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4			
10			
16			

After reviewing exhibits for completeness, check one of the following:

1. The application is missing two or more complete exhibits (other than exhibits which are certifications) and should be rejected. (Further review is not required.)
2. To complete our review, the following information is requested from the Sponsor:

Information Requested	Date Requested	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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3. The additional information submitted by the Sponsor has been reviewed, but the application is still incomplete and must be rejected.
4. The application is complete.

Review items of complete applications:

1. The Sponsor is an eligible private, nonprofit entity, no part of the net earnings of which inures to the benefit of any private party and which is not controlled by or under the direction of persons seeking to derive profit or gain therefrom.

Yes_____ No_____

Comments: _____

2. The Sponsor is not a public body or an instrumentality of a public body.

Yes _____ No _____

Comments: _____

3. The Sponsor has the necessary legal authority to sponsor the project, to assist the Owner and to apply for the capital advance.

Yes _____ No _____

Comments: _____

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4. The Sponsor has a current IRS exemption ruling or a blanket exemption with Sponsor specifically named in the list.

Yes _____ No _____

Comments: _____

5. If the Sponsor has submitted documentary evidence of site control, it does not contain restrictive covenants or reverter clauses unacceptable to HUD.

Yes _____ No _____

Comments: _____

6. The Sponsor's board has adopted a resolution certifying that no officer or board member of the Sponsor, or of the Owner when formed, has or will be permitted to have any financial interest in any contract or in any firm or corporation that has a contract with the Owner in connection with the construction or operation of the project, procurement of the site or other matters whatsoever. (NOTE: This prohibition,

as to the Sponsor's officers or board, does not apply to any management contract entered into by the Owner with the Sponsor or its nonprofit affiliate.)

Yes _____ No _____

Comments: _____

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7. An incumbency certificate has been submitted for the Sponsor in typed form, listing all the duly qualified and sitting officers and directors, of the Sponsor, duly certified by an officer of the Sponsor.

Yes _____ No _____

Comments: _____

NOTE: If the answer to any item is checked "No," Counsel will check "not acceptable" below and the application will be rejected.

RECOMMENDATION: Application is:

_____ acceptable for technical processing

_____ rejected for the following reason(s):

Print Name of Reviewer: _____

Signature of Field Office Counsel: _____

Date: _____

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Preliminary Evaluation Review Checklist Format

Section F - Economic and Market Analysis Staff

Sponsor Name: _____
Project Address: _____
Project No.: _____

The following exhibits contain information for review by EMAS. Check the exhibits for completeness.

EXHIBIT NO.	COMPLETE	INCOMPLETE	MISSING
15	_____	_____	_____
16	_____	_____	_____
20	_____	_____	_____
23	_____	_____	_____

After reviewing exhibits for completeness, check one of the following:

1. The application is missing two or more complete exhibits (other than exhibits which are certifications) and should be rejected. (Further review is not required.)
2. To complete our review, the following information is requested from the Sponsor:

Information Requested	Date Requested	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

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3. The additional information submitted by the Sponsor has been reviewed, but the application is still incomplete and must be rejected.

4. _ The application is complete.

Review items of complete applications:

Based on a preliminary review, there is sufficient market for the number and type of units proposed and no known adverse market conditions in assisted housing for persons with disabilities in the market area.

Yes_____ No_____ If No, the application is to be rejected.

Comments: _____

RECOMMENDATION: Application is:

_____ acceptable for technical processing

_____ rejected for the following reason(s):

Print Name of Reviewer: _____

Signature of Reviewer: _____

Date: _____

Section 811 - Application for Fund Reservation
Preliminary Evaluation Review Checklist Format

Section G - Fair Housing and Equal Opportunity

Sponsor Name: _____

Project Address: _____

Project No.: _____

The following exhibits contain information for review by FHEO. Check the exhibits for completeness.

EXHIBIT NO. COMPLETE INCOMPLETE MISSING

8			
9			
11			
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After reviewing exhibits for completeness, check one of the following:

1. The application is missing two or more complete exhibits (other than exhibits which are certifications) and should be rejected. (Further review is not required.)
2. To complete our review, the following information is requested from the Sponsor:

Information Requested	Date Requested	Date Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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3. The additional information submitted by the Sponsor has been reviewed, but the application is still incomplete and must be rejected.
4. The application is complete.

Review items of complete applications:

1. Based on the application submission, even without the benefit of a site visit, the proposed site meets site and neighborhood standards.

Yes No If No, without proper justification, application is to be rejected.

Comments: _____

2. Sponsor is in compliance with civil rights laws and regulations, i.e., there is no pending Department of Justice civil rights suit, or an outstanding finding of non-compliance with civil rights statutes, executive orders, or regulations (as a result of formal administrative proceedings), or Secretarial charge under the Fair Housing Act which has not been satisfied, and there has not been a deferral of the processing of applications from the Sponsor.

Yes ____ No ____

Comments: _____

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3. The Sponsor's certifications (Exhibits 21, 22, 28, and 29) are acceptable in connection with compliance with civil rights laws, regulations, Executive Orders, and equal opportunity requirements. (NOTE: FHEO shall accept the Certifications unless there is documented evidence to the contrary.)

Yes ____ No ____

Comments: _____

4. The Sponsor is on HUD's list of ineligible participants.

Yes ____ No ____

If Yes, application must be rejected.

Comments: _____

RECOMMENDATION: Application is:

_____ acceptable for technical processing

_____ rejected for the following reason(s):

Print Name of Reviewer: _____

Signature of Reviewer: _____

Date: _____