



# CITY OF CRESCENT CITY HOUSING AUTHORITY

## Application for Project Based Vouchers



### **OVERVIEW**

This application is for Project Based Voucher (PBV) rental units for very low-income individuals and families. Awarded projects will be required to submit additional information in order to comply with The City of Crescent City Housing Authority (CCHA) policies and U.S. Department of Housing and Urban Development (HUD) regulations. CCHA reserves the right to request additional information from an applicant as deemed necessary.

### **TYPE OF REQUEST**

Application Program Type: (As defined in 24 CFR 983)	<input type="checkbox"/> Existing Housing Units <input type="checkbox"/> Rehabilitating Housing Units <input type="checkbox"/> New Construction Units
Number of Project Based Vouchers Being Requested: ** Minimum of 50 - Maximum of 70	
What is the length of the Project Based Voucher contract you are seeking?	
Has the project received full funding or commitment letters at this time?	Yes      No
If yes, when and what kind of funding have you been awarded or was committed to the project?	
If no, what funding are you seeking and what is the projected decision date?	

### **OWNER INFORMATION**

Owner Entity Name:	
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Owner Address:	
Owner Telephone #:	
Owner Contact Person:	
Contact Person Telephone #:	
Contact Person Email:	
Federal Tax ID Number:	
Is the Owner a Non-Profit Entity and if so, what type of entity and where was it formed?	
Number of years' experience of affordable housing ownership:	

**DEVELOPMENT (PROPERTY) INFORMATION**

Development/Property Name:	
Property Address:	
Parcel Identification Number (PIN):	
Census Tract(s):	
Poverty Rate in Census Tract:	
Total Number of Units in Development:	
Does the property include units designated for seniors? If so, specify number of units.	
Date the project is anticipated to be ready for occupancy:	



**Developer Information**

Developer Name and Contact Information (if applicable):	
Number of years' experience developing affordable housing:	

**SITE LOCATION**

Distance in miles	Service	Name or description of facility
	Public transportation	
	Public parks	
	Public libraries	
	Grocery store	
	Public school	
	Health clinic/medical facility	
	Pharmacy	

Please provide a statement as to the extent which the project will further CCHA's goal of deconcentrating poverty and expanding housing and economic opportunities pursuant to CCHA's Five Year and Annual Plan.

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**AMENITIES**

Amenity	Provided by owner (Y/N)
Off-street parking	
Laundry facilities	
Outdoor play area for resident use	
Outdoor sitting area for resident use	
Multi-purpose room	
Onsite management	
Computer/learning center	
Features adapted for persons with disabilities	
Fitness center	



**PROPOSED UNIT MIX**

Please indicate the number of units of each type for the proposed development assuming that funding is received. The total unit count should equal the total number of units in the development (the entire building or buildings).

Number of Units with:	PBV/HCV Units	Other Restricted Units	Market Units	Total Units
0 Bedroom (Studio)				
1 Bedroom				
2 Bedroom				
3 Bedroom				
4 Bedroom				
Total				

Will the project comply with Section 504 of the Rehabilitation Act of 1973, which mandates certain accessibility features?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many Americans With Disabilities Act (ADA) accessible units are in your project?	
How many ADA accessible units will be included in the assigned PBV units?	

**PROPOSED RENT**

Please include proposed rent for each bedroom size in the table below.

Bedroom size	Requested rent
0 (studio)	
1	
2	
3	
4	
5	



## **PROJECT DESCRIPTION (DETAILED)**

Please attach a written detailed narrative to thoroughly describe the proposed project.

At a minimum, the narrative should address the following:

- a. Description of the type of housing to be provided, including number of units, total number of PBV units, number of buildings, floor plans, number of bedrooms, building amenities to be provided, and photos of each building.
- b. Need for the project and market study.
- c. Characteristics of the population to be served including individuals, couples, families with children, age, gender, race, ethnicity, disabilities, income classifications, and other demographic descriptors as appropriate to the project.
- d. Description of supportive services to be provided for the residents.
- e. Public Transportation options.
- f. Location and characteristics of the site including, but not limited to, relevant zoning issues, neighborhood amenities and characteristics, distance to local amenities and services, health care, employment options and stores.
- g. Description of the proposed design, layout and other construction elements of the project; include, as appropriate, architectural drawings, floor plans, accessibility modifications, and evidence of compliance with local permits and zoning requirements.
- h. Proposed contract rents for each unit type and utility responsibilities.
- i. Disclosure of other governmental assistance for the proposed project.
- j. Project financing plan with evidence of financing or lender interest and the proposed terms of financing. Financing plan should include all sources and amounts of funding anticipated to be used to develop and operate the project, including any local funding requests from the City/County.
- k. Management plan, including number of years' experience managing affordable housing and total number of units managed.

## **PROJECT TIMELINES**

Describe the project timelines. Identify relevant development activities that will move your project forward to full occupancy.

## **DEVELOPER EXPERIENCE**

Please attach a description of the applicants experience in the development and management of rental properties, especially those servicing low-income individuals and families. Please note the number of years of experience as well as the number of units.



**CERTIFICATION**

I am an officer authorized to make a binding contractual commitment for the applicant.

I have received, read, and understand the provisions of this application.

I acknowledge that failure to disclose a material fact or misrepresent a fact can result in disqualification of the development proposal from further consideration of an award. I certify that all information contained in this application is true and correct to the best of my knowledge and belief.

I understand by signing this form that the City of Crescent City Housing Authority (CCHA) may, at its choosing, conduct a check with credit verification agencies.

I understand CCHA is not obligated to pay, nor will it in fact pay, any costs or losses incurred by the applicant at any time including, but not limited to, the cost of: 1) any prior actions by the applicant in order to complete this application, and 2) any future actions by applicant in connection with any negotiations between the applicant and CCHA including, but not limited to, actions to comply with requirements of CCHA or any applicable federal, state, or local laws/regulations. I agree to comply with all federal, state or local laws or regulations that may apply to this project.

I agree the applicant will not enter into, execute or be a party to any covenant, agreement, lease, deed, assignment, conveyance, or any other written instrument which restricts the sale, lease, use or occupancy of the property or any part thereof, upon the basis of race, color, religion, sex, or national origin. The applicant will comply with all federal, state, and local laws, in effect from time to time, prohibiting discrimination or segregation and will not discriminate by reason of race, color, religion, sex or national origin in the sale, lease, use or occupancy of the property.

I certify the applicant will not displace tenants (forcible move) from the units to be assisted at the proposed site.

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

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

Applicant Entity: \_\_\_\_\_

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



