# [Picture](javascript:ClickThumbnail(23))

# City of Spokane Addendum

**PLEASE READ THIS BEFORE COMPLETING THE COMBINED FUNDERS APPLICATION!**

This is the City of Spokane Multifamily Housing Program supplement to the Combined Funders Application (CFA). The CFA is used by some Washington public entities that provide funding for affordable housing. The CFA has 5 parts: 1) Assembly and Table of Contents; 2) Application, a Word document with narrative questions in “Sections”; 3) and an Excel spreadsheet with “Forms”, 4) a funder-specific “Addendum”, and 5) attachments. These are compiled to form the application. For clarification on some questions, the funders use guidance provided by the WA State Commerce Department’s Housing Trust Fund (HTF) in its HTF Handbook, so you will see references and links to it in the CFA.

If you are applying to multiple public funders that use the CFA, you must complete the addendum for each funder and submit it to the funder with the CFA in the format it requires. The City’s application will be released before the application of the WA State Dept. of Commerce and after the Washington State Housing Finance Commission’s (WSHFC) limited 9% tax credit round in May/June of 2018. The CFA is not expected to change in a significant way, but there could be format, content, or calculations that are more current in their versions. The City will accept the most recent version of the CFA from Commerce or WSHFC. If you are not applying to other funders, note that the City does not require all of the questions, sections, and forms in the CFA. This City Addendum includes additional questions, forms, and information you need to add. If you have questions about what to do, contact Melora Sharts at 509.625.6840 or [msharts@spokanecity.org](mailto:msharts@spokanecity.org), or Paul Trautman at 509.625.6329 or ptrautman@spokanecity.org.

All applicants requesting funding from the City of Spokane must complete and submit the information requested in this Addendum, in addition to the CFA. Assembly instructions are with the Table of Contents.

**Section 1 – City Supplemental Questions**

## Priorities

|  |  |
| --- | --- |
| 1. What City priority (or priorities) apply to your project and how does your project meet it (them)? If you state that you will provide Permanent Supportive Housing for the chronically homeless, the project must operate under the Housing First model, which includes low barriers to entry and other factors, must participate in the Coordinated Assessment System for all housing placements and must enter data into the Homeless Management Information System (HMIS). If you are providing Permanent Supportive Housing that is not under the Housing First model, you should use the priority for housing units for households at or below 30% of area median income. | |
|  |  |

## DUNS Identifier

|  |  |
| --- | --- |
| 1. Provide your DUNS Identifier, if you are not an individual. If you do not have a DUNS Identifier at the time of application, it is required for federal funding and must be obtained before your loan is documented. You may request a number at: <http://fedgov.dnb.com/webform/> Contact Paul Trautman at 509.625.6329 for assistance. Successful applicants must register on the federal System for Award Management (SAM) at [www.sam.gov](http://www.sam.gov). You need your DUNS number for SAM. | |
|  |  |

## FHA Insurance

|  |  |
| --- | --- |
| 1. Will the Project have a loan insured by the Federal Housing Administration (FHA)? If yes, provide detail. | |
|  |  |

## HOME units

|  |  |
| --- | --- |
| 1. Specifically identify the HOME units and proposed income levels in your project. Provide the units size (by bedroom count) and income level targeted (e.g., 30% AMI, 50% AMI, or market) for each unit size. For example, 1) 2 three-bedroom units, including one at or below 30% AMI and one at or below 50% and 2) 1 four-bedroom unit at or below 50% AMI. This information must be consistent with Forms 8A (Proposed Rents and AMIs Served) and 8D (Operating Pro Forma). If two or more funders provide HOME funds, the same units cannot be shared by multiple HOME funders. | |
|  |  |

# Section 1 – City/County Applicant Assurances

The undersigned has applied to City/County for federal HOME Program financing, as indicated in this application, and is to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purpose, and that all statements made in this application and the attachments are true and made for the purpose of obtaining the loan. Verification and other relevant information may be obtained from any source named in this application and/or in attachments. The City/County is authorized to discuss and/or show this Application and information contained herein, or in the exhibits and attachments hereto, with any necessary party referenced herein and/or involved in the City’s Multifamily Housing Program or County’s Affordable Housing Program.

The undersigned agrees to comply with all local, state, and federal requirements, where applicable, including, but not limited to, the Davis-Bacon Act, Section 504, the Fair Housing Act, Affirmative Marketing to Minority and Women-Owned Business Enterprises, the Uniform Relocation Act, and others listed in the County’s Affordable Housing Program Funding Policies and/or the City’s Multifamily Housing Program Description.

The undersigned assumes responsibility for obtaining bids and selecting and utilizing contractors. The contractor selection procedures and contracts must be reviewed by City/County prior to execution to ensure compliance with federal requirements. Consideration of minority and women-owned businesses is required. A listing of state certified minority and women-owned businesses is available from City/County. Selected contractors may not be on the General Services Administration’s Consolidated List of Debarred, Suspended, and Ineligible Contractors. The City/County does not warrant the performance of any contractor.

The undersigned understands that the Application and other materials submitted may be disclosed if required by the Washington Public Disclosure Act, Chapter 42.17 RCW.

This is an application for financing, not a binding contract. This application may be denied, set aside pending receipt of additional information, or recommended for approval. Financing terms offered may differ from those that were requested. A commitment for financing, if issued by City/County, will only be expressed in a separate written conditional loan commitment after full consideration of this application and incorporation of the recommendations of their respective Advisory Committees.

Failure to comply with all terms of the Agreements during the period of affordability may result in repayment of all City/County funds received for the project.

Signature Title       Date

*The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that applicant has the capacity to enter into a binding contract); because all or part of the applicant’s income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.*

*We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, creed, sex, age, marital status, national origin, or handicap.*

# Section 1 - City of Spokane Application Survey

The following questions are intended to help us improve our application process. Please indicate your agreement/disagreement with the following statements. Your responses will not impact the evaluation of your application in any way.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Neither Agree  nor  Disagree | Agree | Strongly Agree |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

|  |  |
| --- | --- |
| The application instructions were clear. |  |
|  |  |
| The application questions were easily understood |  |
|  |  |
| I was able to receive the assistance I needed from City staff to complete the application. |  |
|  |  |
| I had adequate time to prepare the application prior to the deadline. |  |
|  |  |
| Given program requirements, the application process was reasonable. |  |

# Section 3 – Affirmative Marketing

Owners of projects containing 5 or more HOME-assisted housing units are **required** to carry out an affirmative program to attract prospective tenants of all minority and non-minority groups in the housing market area to the available housing without regard to race, color, national origin, sex, religion, familial status or disability. Racial groups include White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander. Other groups in the housing market area who may be subject to housing discrimination include, but are not limited to, Hispanic or Latino, persons with disabilities, or families with children.

Describe your plan, including:

* Information on who you are trying to reach.
* The media used to advertise the availability of the housing.
* Your marketing program and materials.
* Where you will place the HUD Fair Housing poster.
* Your contacts with groups in the housing market area to advertise the housing.
* Staff experience and training in fair housing and affirmative marketing.
* Any additional considerations.

You may use HUD form HUD-935.2a “Affirmative Fair Housing Marketing Plan”. Copies are available in the Housing and Community Development Department. You can also request it electronically, or download it from HUD’s website: <https://www.hud.gov/sites/documents/935-2A.PDF>

It is a fill-able PDF file. Submit the form with the CFA application to the City/County, not to other public funders, including HUD, unless requested by them.

# Section 7 - Supplemental Questions

## Alternative Funding Sources

1. List funding sources you considered apply for, but which you ultimately did not, or will not apply. Why did you eliminate this funding source(s)?

|  |  |
| --- | --- |
|  |  |

1. List funding sources you applied for that you did not receive. Describe why the funding application was unsuccessful.

|  |  |
| --- | --- |
|  |  |

1. If you are applying to multiple HOME funders (City, County, State), describe the number and unit size of the HOME units you propose for each lender.

|  |  |
| --- | --- |
|  |  |

# Section 8 - Utility Details

# UTILITY DETAILS

**Please complete each of the following steps when completing the table.**

1. **Identify who pays each of the listed utilities**, such as heat (gas, oil, electric), hot water (gas or electric), cooking (gas or electric), general electricity, water, sewer, and trash collection.
2. **CHECK the energy source** where indicated.
3. Note if the **landlord or tenant** supplies the refrigerator and/or range.

**Landlord Tenant CHECK Energy Source**

**Heat**   **Natural gas**  **Electricity**

**Oil**  **Other**

**Cooking** **Natural gas**   **Electricity**

**Water Heating** **Natural gas**  **Electricity**

**Electricity-General Use**

**Water**

**Sewer**

**Trash Collection**

**Range supplied by:**

**Refrigerator Supplied by:**

# Section 9 – Personal Financial Statement

# PERSONAL FINANCIAL STATEMENT AS OF       (date)

This form should be completed if the Applicant is an individual, sole proprietorship, or partnership with individuals as partners. CORPORATIONS DO NOT COMPLETE THIS FORM. The Co-Borrower section and all other Co-Borrower questions must be completed and the appropriate space(s) checked if another person will be jointly obligated with the Applicant or the Applicant is married and resides in, or the property is located in, a community property state. If another comparable form is used, please attach and sign this form and write on the front “see attached financial statement dated      .” Separate forms should be submitted for each person who is listed as an owner of the property the loan will be financing. Please provide information about your spouse if you are married and living in Washington, Idaho, or another community property state, or if your spouse will jointly own the property. Married couples with marital property held as separate property should designate which is community property and which is separate property.

# APPLICANT OTHER PARTY INFORMATION

|  |  |
| --- | --- |
| Name of individual as:  Borrower, or  Partner of Borrowing Entity | Name of Individual:  as Co-Borrower:  Not as Co-Borrower: |
| Current Address: | Current Address: |
| Previous Address (if current is less than 2 years): | Previous Address (if current is less than 2 years): |
| Phone: Residence:        Business: | Phone: Residence:        Business: |
| Employer: | Employer: |
| Years with Employer: | Years with Employer: |
| Position: | Position: |

# FINANCIAL PROFILE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Assets | Current Value | Liabilities | Balance Owing | **Minimum Monthly Payments** | Term Remaining |
| **Cash** | $ | **Mortgage Loans/Rent\*** | $ | $ | $ |
| **Listed Stocks/Bonds  (attach schedule)** | $ | **Bank Loans** | $ | $ | $ |
| **Unlisted Stocks/Bonds  (attach schedule)** | $ | **Bank Cards** | $ | $ | $ |
| **Loans/Accounts Receivable** | $ | **Other Credit Cards** | $ | $ | $ |
| **Cash Value of Life Insurance** | $ | **Other Loans (list or attach schedule)** | $ | $ | $ |
| **Principal Residence** | $ | $ | $ | $ | $ |
| **Other real estate (complete or attach schedule)** | $ | $ | $ | $ | $ |
| **Vehicle(s)** | $ | $ | $ | $ | $ |
| **Other personal property** | $ | $ | $ | $ | $ |
| **Other Assets (describe)** | $ | Total Liabilities | $ | $ | $ |
|  | $ | **Net Worth** | $ | $ | $ |
| Total Assets | $ | **Total Liabilities & Net Worth** | $ | $ | $ |

\*PROVIDE DETAIL ON NEXT PAGE

**SCHEDULE OF REAL ESTATE OWNED**

**(If additional properties owned, attach separate schedule)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Address of Property** | **Type of Property** | **Present Market Value** | **Amount of Liens/**  **Mortgage** | **Gross Rental Income** | **Mortgage Payments** | **Taxes, Insurance, Maint, etc.** | **Net Rental Income** |
|  | **Personal Residence** |  |  | **N/A** |  |  | **N/A** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

OTHER INFORMATION

|  |
| --- |
| * If married and residing in a community property state, have you entered into a separate or community property agreement with your spouse? Yes  No * Are any of the listed assets held in trust? Yes  No * Do you have any contingent liabilities? Yes  No * Have you ever declared bankruptcy? Yes  No * Are you a defendant in a legal action or suit? Yes  No * Are you a guarantor on any debt? Yes  No * If you answered “yes” to any of the above questions, please explain: |

DETAIL FOR INFORMATION CONTAINED ELSEWHERE IN FORM.

(Attach additional sheets if necessary).

I have answered the questions on this financial statement fully and truthfully. I understand that you may check my credit record regarding any statements I have made. I give all my creditors permission to give credit reporting agencies and other creditors information relating to any credit you may grant me. All information given is as of this date unless otherwise stated.

Signature: Date:

Other Party Signature: Date:

# Section 9 – Risk Assessment

**City of Spokane Community, Housing, and Human Services   
Pre-award Applicant Risk Assessment**

**Note: All applicants must complete this risk assessment. If your organization/entity is applying for the City of Spokane Community, Housing, and Human Services Multi-Family Housing Program, complete this risk assessment in reference to the project sponsor.**

Organization/Entity Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Systems

1. Does your organization/entity have experience managing grant funds, loans, or other types of financial assistance? List the type of funds managed (Federal, State, Local, or Foundation) and how many years managing each type.
2. Has your organization/entity had changes to key staff or positions in the past 12 months?

Executive Management Y/N  
Financial Y/N  
Program Y/N

1. Has your organization/entity had changes to business systems in the past 12 months?

Financial system Y/N  
Policies & Procedures Y/N

Data Collection Y/N

1. Does your organization/entity have policies and procedures for the following? (if yes, attach) \*Financial Management Ps and Ps include those specific to recording financial transactions, an accounting manual with chart of accounts, segregation of duties and authority for approving financial transactions, and maintenance of accounting records.

Procurement Y/N  
Drug Free Work Place Y/N  
Conflict of Interest Y/N  
Financial Management\* Y/N  
Property/Equipment Management and Disposition Y/N  
Retention of Records Y/N  
Equal/Civil Rights Y/N

Audit Reports and Findings

1. Did your organization/entity expend $750,000 or more in federal grant funds in the previous fiscal year?
2. Has your organization/entity had a Single Audit or other financial audit in the last 12 months? If yes, attach full audit report including corrective action plans as applicable.
3. Did your organization/entity have any monitoring visits by funders other than the City in the last 12 months? If yes, attach a copy of the report(s).

Financial Stability

1. Does your organization/entity have an accounting system in place to segregate expenditures by funding source?
2. Does the accounting system produce a budget vs. expenditures report?
3. Does your organization/entity maintain central files for grants, loans, or other types of financial assistance?
4. Does your organization/entity have a system for tracking employee time and effort distributions specifically by cost objective/activity?
5. Does your organization/entity allocate expenses, either directly or indirectly, by means of a cost allocation plan? If yes, attach current plan.

Performance History

* + - 1. Has your organization/entity been awarded other grants, loans or other types of financial assistance in the past 12 months? Y/N

If yes, from what entity and how much? Please list. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Section 9 – Conflict of Interest

# CONFLICT OF INTEREST DISCLOSURE

I recognize that the City and/or County may disqualify a project based upon a conflict of interest, which has not been fully disclosed and/or addressed to the satisfaction of the City and/or County.

      I hereby certify that there are not conflicts of interest in the proposed project.

      I hereby disclose the following conflict(s) of interest. I have listed all conflicts

of interest regarding this project here or on an additional sheet.

1. Name of individual

Relationship to sponsor/owner/project

Relationship to City/County

2. Name of individual

Relationship to sponsor/owner/project

Relationship to City/County

3. Name of individual

Relationship to sponsor/owner/project

Relationship to City/County

Signature Date

**AGREEMENT OF INDIVIDUALS WITH A CONFLICT OF INTERESTS**

Individual(s) with a Conflict of Interest **must** sign below.

I have read and understand the information regarding conflicts of interest contained in the County’s Affordable Housing Program Policy or the City’s Multifamily Housing Program Description and agree to abide by any additional requirements to address any conflict of interest.

1) Individual Date

2) Individual Date

3) Individual Date

4) Individual Date

|  |  |  |
| --- | --- | --- |
|  |  |  |