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

# City of Spokane Addendum

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

This is the City of Spokane Multifamily Housing Program supplement to the Combined Funders Application (CFA). The CFA is used by a number of Washington public entities that provide funding for affordable housing. It is broken into a Word document, with narrative questions in sections, and an Excel spreadsheet with forms. These are compiled with other information to form the application. For clarification on some questions, the funders use guidance provided by the WA State Commerce Dept’s Housing Trust Fund (HTF) in its HTF Handbook, so you may see references and links to it in the CFA.

If you are applying to other funders, you must complete the addendum for each funder and submit it to the funder with the CFA. Since the City’s application will be released before the applications of the WA State Dept. of Commerce and the Washington State Housing Finance Commission, you should use the most recent version of their applications for them. You can submit theirs to the City, but the City’s **may not** go to them, due to potential variances. 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 addendum includes additional questions, forms, and information you need to add and will identify parts of the CFA that you do not need to complete for the City. If you have questions about what to do, contact Melora Sharts at 509.625.6840 (after 7/20) or Paul Trautman at 509.625.6329.

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 for Submission (which differ from the general CFA instructions):**   * The CFA includes instructions for application assembly. Follow the instructions on the order and use of tabs. The City needs one hard copy and one electronic copy. The CFA asks for the materials to be assembled in a 3-ring binder. DO NOT PUT THE APPLICATION TO THE CITY IN A BINDER and do not spiral bind materials. Instead, punch the top of pages with 2 holes and place in a box or rubber band it. We will reassemble it into working files. * Insert the City of Spokane Table of Contents/Checklist and Affidavits **immediately after** the Combined Funders Application Table of Contents/Self-Certification Checklist. * Insert each requested attachment **behind the Tab specified in the Checklist**, placing it behind a *colored separator sheet.* The CFA asks that the the separator sheet be labeled with the attachment’s name. For the City, you do not need to label the separator sheets. (*For example:*  Place a copy of a signed and dated City/County Applicant Assurances behind Tab 1: Project Summary. Place a colored separator sheet in front of it.) * The CFA requires an electronic copy on a USB flash drive or CD. If you applying to another funder, follow their instructions. If you are only applying to the City, follow these instructions as best you can. Call City staff, if you need assistance. |

# Addendum Table of Contents

## Tab 1: Project Summary

|  |  |  |
| --- | --- | --- |
|  |  | Section 1 Supplemental Questions  City/County Applicant Assurances |
|  |  | City of Spokane Application Survey |

## Tab 2: Project Description

|  |  |  |
| --- | --- | --- |
|  |  | Section 2 Supplemental Questions  NOTE: Question 39 of Section 2 of the CFA asks you to check with funders regarding HOME rehabilitation standards. Contact Paul Trautman at 509.625.6329, if your project involves rehabilitation. |
| **Attachments** |  |  |
|  |  | Predevelopment Conference Notes (if available) |

## Tab 3: Need & Populations Served

|  |  |  |
| --- | --- | --- |
|  |  | Section 3 Need & Population Served |
| **Attachments** |  |  |
|  |  | Affirmative Marketing Plan description and/or form (Required for projects with 5 or more units)  Tenant Selection Procedures (if available). If project is funded, HOME requires the owner to have written tenant selection policies and criteria that meet the requirements of 24 CFR 92.253.  Lease (if available). If project is funded, HOME requires leases meet the requirements of 24 CFR 92.253. |
|  |  |  |

## Tab 4: Relocation

|  |  |  |
| --- | --- | --- |
|  |  | Occupancy Summary Form |

## Tab 8: Project Operations

|  |  |  |
| --- | --- | --- |
|  |  | Utility Detail |

## Tab 9: Development Team

|  |  |  |
| --- | --- | --- |
|  |  | Section 9 Supplemental Questions |
| **Attachments** |  |  |
|  |  | If individual, Personal Financial Statement |
|  |  | If individual, Tax Returns (1040) and Schedules for 2 years |
|  |  | If corporation or partnership, Federal Tax Returns and Schedules for 2 years |
|  |  | City of Spokane Community, Housing and Human Services Pre-Award Applicant Risk Assessment (complete form and include attachments as applicable) |
|  |  | Conflict of Interest Form |
|  |  | HTF CHDO Certification (Required if CHDO indicated as Proposed Ownership Structure). Contact Melora Sharts at 625-6840 for this form after July 20. |

# 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 will also have to register on the federal System for Award Management at [www.sam.gov](http://www.sam.gov). | |
|  |  |

## FHA Insurance

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

## Community Housing Development Organization

|  |  |
| --- | --- |
| 1. If you are a nonprofit housing developer, have you ever qualified as a Community Housing Development Organization (CHDO)? If so, note when the CHDO was last certified and by what HOME participating jurisdiction(s). Contact Melora Sharts at 509.625.6840 (after July 20) for the application to qualify as a CHDO under the HOME regulations. Note that CHDO requirements recently changed and a CHDOs must be recertified each time it is allocated funds. | |
|  |  |

## 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 match the assumptions in the operating budget. | |
|  |  |

# 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 Multi-family 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.

1. Strongly Disagree
2. Disagree
3. Neither Agree nor Disagree
4. Agree
5. Strongly Agree

|  |  |
| --- | --- |
| 1. The application instructions were clear. |  |
|  |  |
| 1. The application questions were easily understood |  |
|  |  |
| 1. I was able to receive the assistance I needed from the City to complete the application. |  |
|  |  |
| 1. I had adequate time to prepare the application prior to the deadline. |  |
|  |  |
| 1. Given program requirements, the application process was reasonable. |  |

# Section 2 - Supplemental Questions

## Environmental

|  |  |
| --- | --- |
| 1. Are there any environmental concerns relating to your site? If yes, explain. An Environmental Site Assessment may be required, if not already prepared for another lender. | |
|  |  |

# 

# Section 3 - Need & Populations Served

## Population Targets

|  |
| --- |
| 1. Please indicate whether your project will specifically target any of the populations listed below. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Population | Targeted? | # Units | Units Set-Aside? | Services provided? |
| Persons with Chronic Mental Illness | Y N |  | Y N | Y N |
| Homeless Families with Children | Y N |  | Y N | Y N |
| Families with Children At Risk of Homelessness (≤ 30% AMI) | Y N |  | Y N | Y N |
| Physically Disabled, Developmentally Disabled, Other Special Needs | Y N |  | Y N | Y N |
| Veterans | Y N |  | Y N | Y N |
| Homeless Youth or Young Adults | Y N |  | Y N | Y N |
| Farmworker – Year-Round | Y N |  | Y N | Y N |
| Farmworker – Seasonal | Y N |  | Y N | Y N |
| Seniors | Y N |  | Y N | Y N |

*For* ***each*** *population that you answered Yes, you* ***must*** *answer the following questions:*

|  |  |
| --- | --- |
| 1. Describe your organization’s experience serving the target population, including number of years and number of existing projects that serve them. | |
|  |  |

|  |  |
| --- | --- |
| 1. If units will not be set aside, describe the outreach and other measures that will be taken to ensure the identified population will be served. | |
|  |  |

# Section 4 – Occupancy Summary

We are pledged to the letter and spirit of U.S. policy for the achievement of Equal Housing Opportunity (EHO) 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.

Owner’s Name:       Project Address:       Date:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unit No. | Type of Unit | Unit Designated | Tenant(s) Name | Monthly Gross Income | Unit Contract Rent | Utility Allowance | Tenant Monthly Rent | Ethnic Origin | Size of House-hold | House-hold Type | Rental Assist. |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |
|  |  |  |  | **$** | **$** | **$** | **$** |  |  |  |  |

\*Projects selected will have to certify tenant eligibility; use accurate figures.

INSTRUCTIONS: Fill in the information for the preceding month.

1. Enter one of the following: Studio, 1-Bdrm, 2-Bdrm, 3-Bdrm, 4-Bdrm.
2. Enter the program designated units: H-HOME Program, L-low-income housing tax credit, O-Other, or No- No Designation.
3. Use one line for each adult tenant, age 18 and over.
4. Enter tenant’s monthly gross income.
5. Enter monthly contract rent, even if the unit is vacant.
6. Enter applicable utility allowance.
7. Enter contract rent less the applicable utility allowance.
8. Enter one: BL-Black; NA-Native American (Indian); HI-Hispanic; A-Asian (Oriental, Pacific Islander); CA-Caucasian.
9. Enter the number of persons living in the unit.
10. Enter- is anyone living in the unit: 1-Single/Non-Elderly; 2-Elderly; 3-Related/Single Parent; 4-Related/Two Parent; 5-Other; 9-Vacant.
11. Enter one of the following: 1-Spokane Housing Authority Section 8; 2-HOME TBRA; 3-Other; 4-No Assistance.

[http://tse1.mm.bing.net/th?&id=JN.9P/kBTBWSgQux2ZV2dcs1Q&w=300&h=300&c=0&pid=1.9&rs=0&p=0](http://www.bing.com/images/search?q=equal+housing+logo&view=detailv2&&id=EAE691BE3A504DA25F0EAEADB8E186010758DBF7&selectedIndex=17&ccid=jitHOFPr&simid=608003538234967905&thid=JN.9P/kBTBWSgQux2ZV2dcs1Q)

# 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 8 – 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: <http://portal.hud.gov/hudportal/documents/huddoc?id=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 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 you 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.**

Management Systems

Does your organization/entity have experience managing grant funds, loans or other types of financial assistance?

Federal  Yes  No   
State  Yes  No   
Local/foundation  Yes  No

Has your organization/entity had changes to key staff or positions in the past 12 months?

Executive Management  Yes  No   
Financial  Yes  No   
Program  Yes  No

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

Financial system  Yes  No   
Policies and Procedures  Yes  No   
Data Collection  Yes  No

Does your organization/entity have policies and procedures for the following? If yes, attach.

Procurement  Yes  No   
Drug Free Work Place  Yes  No   
Conflict of Interest  Yes  No   
Financial Management\*  Yes  No   
Property/Equipment Management and Disposition  Yes  No   
Retention of Records  Yes  No   
Equal/Civil Rights  Yes  No

\*Financial Management Policies and Procedures 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 including secure access.

Audit Reports and Findings

Did your organization/entity expend $750,000 or more in federal grant funds in the past 24 months?   
  Yes  No

Does your organization/entity anticipate expending $750,000 or more in federal grant funds in the next 12 months?   
  Yes  No

Has your organization/entity had an audit in the last 24 months?   
  Yes  No

If yes, what type of audit?

Click here to enter text.

List any audit findings received from an external entity within the last 24 months.  
Click here to enter text.

Did your organization/entity have any monitoring visits by funders other than the city in the last 24 months? If yes, attach copy of report.   
  Yes  No

Financial Stability

Which of the following best describes your organization’s/entity’s accounting system?  
  Manual  Automated  Combo

Does your organization/entity have an accounting system in place to segregate expenditures by funding source?   
  Yes  No

If yes, what type of system?   
Click here to enter text.

Does the accounting system produce a budget vs. expenditures report?   
  Yes  No

Does your organization/entity maintain central files for grants, loans or other types of financial assistance?   
  Yes  No

Performance History

Has your organization/entity been awarded other grants, loans or other types of financial assistance in the past 12 months?   
  Yes  No

If yes, from what entity and how much?

Click here to enter text.

# 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 Houisng 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

**THE FOLLOWING IDENTIFIES ITEMS IN THE COMBINED FUNDER APPLICATION (CFA) THAT MAY NOT HAVE TO BE SUBMITTED AT THE TIME OF APPLICATION TO THE CITY. SOME ARE FORMS YOU SHOULD ONLY COMPLETE IF THEY APPLY TO YOUR PROJECT**.

Information is requested in the CFA in different formats. The Sections are in a Word document (narrative) and Forms are in Excel (tables and spreadsheets). Some portions of the Sections and Forms are not applicable to all projects. For example, questions and forms relating to low income housing tax credits (LIHTC) should only be completed if you are applying for LIHTC, such as Section 11. Part of Section 2 relates to the Evergreen Sustainable Development Standards, which applies to projects funded by the State Commerce Department and the WA State Housing Finance Commission. The City of Spokane does not have this requirement, but would like a copy of information, if it is submitted to other funders. Some questions relating to services and special needs populations do not apply, if the project does not provide services or target a special needs population (parts of Sections 3 and Section 10, and Form 8D).

## Tab 2: Project Description

|  |  |  |
| --- | --- | --- |
| **Attachments** |  | Phase I Environmental Site Assessment (ESA/Limited Survey) – submit, if available; may be required later.  Form 2B – Square Footage Details – submit, if available  Form 2C - Evergreen Development Standards Checklist – submit, if available.  Appraisal – Submit, if available. If an appraisal or market study is not provided, applicant must provide evidence of the current market demand n the neighborhood in which the project will be located. An appraisal or market study may be required later.  Limited surveys – Submit, if available; may be required later.  Site plan of Off-Site Improvements – submit, if available |
|  |  |  |

## Tab 3: Need & Populations Served

|  |  |  |
| --- | --- | --- |
| **Attachments** |  |  |
|  |  | Market Study – Submit, if available. If an appraisal or market study is not provided, applicant must provide evidence of the current market demand n the neighborhood in which the project will be located. An appraisal or market study may be required later.  Consistency with Consolidated Plan letter – Submit, if available.  Consistency with 10-Year Plan to End Homelessness letter - Submit, if available. |

## Tab 4: Relocation

|  |  |  |
| --- | --- | --- |
|  |  | The City and County will work with applicants when there is relocation or displacement of occupants. Contact Paul Trautman at the City at 509.625.6329, if the property is occupied. The applicant should NOT send out (nor include in City application):   * Sample of the General Information Notice issued to all current occupants * Drafts of Move-In Notices * Drafts of Notes re: displacement and benefits * Approval letter from local government agency with jurisdiction over tenant relocation issues. |

## Tab 6: Development Budgets

|  |  |  |
| --- | --- | --- |
|  |  | Form 6C - LIHTC Budget (Basis Calculation) - submit, if available.  Form 6D – LIHTC Calculation - submit, if available. |
| **Attachments** |  |  |
|  |  | 3rd Party Construction Cost Estimate– Requirement could be waived or adjusted for small projects. Ask City staff.  Capital Needs Assessment – Requirement could be waived or adjusted for small projects. Ask City staff. |

## Tab 9: Development Team

|  |  |  |
| --- | --- | --- |
| **Attachments** |  |  |
|  |  | Individuals do not need to submit documentation relating to corporations, such as: |
|  |  | * Signed board resolution authorizing application submittal |
|  |  | * Secretary of State certification of existence |
|  |  | * Tax return 990 forms for the last 2 years |
|  |  | * Audits of financial statements |
|  |  |  |