National Housing  
Trust Fund

Application



https://housing.nv.gov/

|  |  |
| --- | --- |
| 1830 College Parkway, Suite 200  Carson City, NV 89706  775.687.2240 Phone  775.687.4040 Fax  800.227.4960 Toll Free | 3300 West Sahara Avenue, Suite 300  Las Vegas, NV 89102  702.486.7220 Phone  702.486.7227 Fax  888.486.8775 Toll Free |

Table of Contents

[**1.** **GENERAL PROJECT INFORMATION** 3](#_Toc512239735)

[**A.** **Project Name and Location** 3](#_Toc512239736)

[**B.** **Project Activity (A narrative describing the project in detail must also be included)** 3](#_Toc512239737)

[**C.** **Role of Applicant (check all that apply)** 3](#_Toc512239738)

[**D.** **Applicant** 3](#_Toc512239739)

[**2.** **Project Characteristics** 3](#_Toc512239740)

[**A.** **Type of Units** 3](#_Toc512239741)

[**B.** **Site Information** 4](#_Toc512239742)

[**C.** **Construction Type** 4](#_Toc512239743)

[**D.** **Square Footage Detail for Project** 4](#_Toc512239744)

[**E.** **Household Income Targeting of Units** 4](#_Toc512239745)

[**G.** **Project-Based Rent Subsidies** 4](#_Toc512239746)

[**H.** **Anticipated Value** 4](#_Toc512239747)

[**3.** **Development Team** 4](#_Toc512239748)

[**A.** **General Contractor** 4](#_Toc512239749)

[**B.** **Architect** 5](#_Toc512239750)

[**C.** **Consultant** 5](#_Toc512239751)

[**D.** **Property Management Company** 5](#_Toc512239752)

[**E.** **Accountant** 5](#_Toc512239753)

[**F.** **Attorney** 5](#_Toc512239754)

[**G.** **Funding Sources** 5](#_Toc512239755)

[**4.** **Permanent Supportive Housing** 6](#_Toc512239756)

[**A.** **Indicate Population(s) to be Served** 6](#_Toc512239757)

[**B.** **Provide a Detailed Explanation of the Supportive Services Provided** 6](#_Toc512239758)

[**5.** **SUPPORTIVE SERVICE AMENITIES** 7](#_Toc512239759)

[**6.** **Project Timetable** 8](#_Toc512239781)

[**A.** **Provide the following Project Milestone Date Estimates/Actuals for the Project** 8](#_Toc512239782)

[**7.** **Notes and Other information** 8](#_Toc512239783)

[**8.** **Applicant Certifications** 8](#_Toc512239784)

[**A.** **The Undersigned Hereby acknowledges the following:** 8](#_Toc512239785)

[**B.** **Further, the Undersigned Hereby Certifies the Following** 8](#_Toc512239786)

[**NATIONAL HOUSING TRUST FUND Application PREFERENCES AND SELECTION CRITERIA Checklist** 10](#_Toc512239787)

NEVADA HOUSING DIVISION



NATIONAL HOUSING TRUST FUND APPLICATION  
PLANNING AND HOUSING DEVELOPMENT DIVISION  
NHDHTFA 04/18

This is an application for financial assistance through the National Housing Trust Fund (HTF). The application must be **signed** and **dated.**

|  |  |  |  |
| --- | --- | --- | --- |
| Allocation Year | Application Cycle (Deadline) | Application Date | Amount of HTF Assistance Requested |

The applicant must fill out all applicable parts of the application form fully, including Exhibit A; Project Financial and Budget Spreadsheet and all other Exhibits, and include all documents and supplementary materials required. Nevada Housing Division (NHD) staff is available to assist you prior to the submission of the application.

Note: If you have submitted or are submitting a Tax Credit Application for the same project proposed in this Housing Trust Fund application, you may reference the appropriate section of the Tax Credit application within the Housing trust Fund application that contains the same information. However, you must also submit a copy of the tax credit application with the Housing Trust Fund application for reference.

# **GENERAL PROJECT INFORMATION**

## **A. Project Name and Location**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Legal Name | | | |
| Site Address | City | ZIP Code | County |
| Legal Description | | | |

## **B. Project Activity (A narrative describing the project in detail must also be included)**

|  |
| --- |
| New Construction of multifamily rental housing;  Acquisition/Rehab of existing multifamily rental property (See Exhibit 3 – Rehabilitation Standards HTF Allocation Plan);  Adaptive Reuse of existing non-residential building(s) which create new multifamily housing. |
| Operating Cost Assistance is being requested in addition to the Project Activity indicated above. |

## **C. Role of Applicant (check all that apply)**

|  |
| --- |
| Developer  Contractor  Sponsor  Other (specify) |

## **D. Applicant**

NHD awards HTF assistance to the **Applicant** listed on the initial application. Awards are not transferable without prior consent of the Agency.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Limited Partnership  Limited Liability Co  Non-Profit Corporation  General Partnership   Local Government  Housing Authority  Corporation  Tribal Government Other (specify) | | | | | | |
| Applicant will be the final ownership entity  Yes  No | | | | | | |
| Legal Name of Applicant | | Applicant Federal Taxpayer ID | | | | |
| Street Address | | | City | | State | ZIP Code |
| Contact Person | | Applicant Entity DUNS Number | | | | |
| Telephone Number | Email Address | | | Fax Number | | |
| If the Applicant will not retain ownership of the project, briefly describe the plan and timing for disposition | | | | | | |

# **2. Project Characteristics**

For purposes of this program, multi-family is defined as any project with four or more units intended as a rental.

## **A. Type of Units**

|  |
| --- |
| Apartments  Townhomes  Other |

## **B. Site Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Sites | Site Area Size (in acres or square feet) | Current Zoning | Owned  Leased |
| Check all utilities which are presently located up to or on the site  Public Water  Private Well  Public Sewer  Private Septic  Electric  Natural Gas | | | |
| Indicate any environmental factors present or in close proximity impacting this site, or  None  100-year floodplain  Hazardous waste  High tension wires  High noise level  Wetlands  Airport  RR tracks within 300 feet Industrial Site  Creek, river or lake frontage | | | |

## **C. Construction Type**

|  |  |  |  |
| --- | --- | --- | --- |
| Site-Built  Modular\*  Panelized\*  Other\*  \*If not site-built, provide manufacturer and manufacturing location | | | |
| Number of Residential Buildings | Number of Stories | Elevator  Yes  No | Controlled Access/Security Building  Yes  No |
| List all other property Amenities | | | |

## **D. Square Footage Detail for Project**

|  |  |
| --- | --- |
| Total Residential Square Footage |  |
| Total Common Area Square Footage |  |
| Total Parking Square Footage |  |
| Total Number of Parking Spaces |  |
| Total Commercial Area Square Footage |  |
| Total Other Square Footage (specify) |  |
| **Total Project Square Footage** |  |

## **E. Household Income Targeting of Units**

|  |  |
| --- | --- |
| Total number of residential units serving households at or below 30% area median income. |  |
| Total number of residential units serving households above 30% area median income, including market rate. |  |
| **Total number of units in this project.** |  |

**F. Target Population of Units** (indicate all types and number of units)

|  |  |
| --- | --- |
| Family (     ) Unit(s) =      %) | Disabled (     ) Unit(s) =      %) |
| Senior Restricted (     ) Unit(s) =      %) | Homelessness (     ) Unit(s) =      %) |

## **G. Project-Based Rent Subsidies**

|  |  |  |
| --- | --- | --- |
| Check here if the Project will not be receiving any project-based rent subsidies. | | |
|  | Number of Units | Approval Date |
| USDA Rural Development |  |  |
| HUD Project-Based Vouchers |  |  |
| Other |  |  |

## **H. Anticipated Value**

|  |
| --- |
| What is the anticipated value of the property after project completion |
| Source to support anticipated value (please provide a copy of the documentation)  Appraisal  Tax assessed value  Other (please explain) |

# **3. Development Team**

## **A. General Contractor**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

## **B. Architect**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

## **C. Consultant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

## **D. Property Management Company**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

## **E. Accountant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

## **F. Attorney**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

## **G. Funding Sources**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Lender/Source | Contact Name | | Telephone Number | | |
| Mailing Address | | City | | State | ZIP Code |
| Source  Conventional  CDBG  FHLB AHP  Bond  Home Non-Qual/Non Recourse  Owner Equity  Local Government  Federal | | | LIHTC  Private  (Other)  Other | | |
| Type  Amortizing Loan  Balloon  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (specify) | | | Construction or Bridge Financing  Permanent Financing | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Lender/Source | Contact Name | | Telephone Number | | |
| Mailing Address | | City | | State | ZIP Code |
| Source  Conventional  CDBG  FHLB AHP  Bond  Home Non-Qual/Non Recourse  Owner Equity  Local Government  Federal | | | LIHTC  Private  (Other)  Other | | |
| Type  Amortizing Loan  Balloon  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (specify) | | | Construction or Bridge Financing  Permanent Financing | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Lender/Source | Contact Name | | Telephone Number | | |
| Mailing Address | | City | | State | ZIP Code |
| Source  Conventional  CDBG  FHLB AHP  Bond  Home Non-Qual/Non Recourse  Owner Equity  Local Government  Federal | | | LIHTC  Private  (Other)  Other | | |
| Type  Amortizing Loan  Balloon  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (specify) | | | Construction or Bridge Financing  Permanent Financing | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Lender/Source | Contact Name | | Telephone Number | | |
| Mailing Address | | City | | State | ZIP Code |
| Source  Conventional  CDBG  FHLB AHP  Bond  Home Non-Qual/Non Recourse  Owner Equity  Local Government  Federal | | | LIHTC  Private  (Other)  Other | | |
| Type  Amortizing Loan  Balloon  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (specify) | | | Construction or Bridge Financing  Permanent Financing | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Lender/Source | Contact Name | | Telephone Number | | |
| Mailing Address | | City | | State | ZIP Code |
| Source  Conventional  CDBG  FHLB AHP  Bond  Home Non-Qual/Non Recourse  Owner Equity  Local Government  Federal | | | LIHTC  Private  (Other)  Other | | |
| Type  Amortizing Loan  Balloon  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (specify) | | | Construction or Bridge Financing  Permanent Financing | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Lender/Source | Contact Name | | Telephone Number | | |
| Mailing Address | | City | | State | ZIP Code |
| Type  Amortizing Loan  Balloon  Deferred Loan  Forgivable Loan  Grant  Owner Equity  Other (specify | | | Construction or Bridge Financing  Permanent Financing | | |

# **4. Permanent Supportive Housing**

|  |
| --- |
| How many units in the Project will be set aside and rented as permanent supportive housing to individuals with special needs? |

## **A. Indicate Population(s) to be Served**

|  |
| --- |
| Chronic or persistently mentally ill  Chemically dependent  Developmentally disabled   Frail elderly  Physically disabled  Long-term homeless |

## **B. Provide a Detailed Explanation of the Supportive Services Provided**

|  |
| --- |
|  |

**C. Complete the following for Each Supportive Service Provider** (provide additional sheets if necessary)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name | | Contact Person | | | | |
| Mailing Address | | | City | | State | ZIP Code |
| Telephone Number | Fax Number | | | Email Address | | |

|  |  |
| --- | --- |
| Will participation in supportive services be mandatory for your tenants? | Yes  No |
| Do monthly rents include the cost of the supportive services? | Yes  No |
| Will the property be staffed by Services Personnel? This does not include maintenance or security staff. | Yes  No |
| If yes, the project will be staffed       hours per day,       days per week by services personnel | |

# **5. SUPPORTIVE SERVICE AMENITIES**

# A minimum of three (3) items must be selected.

|  |  |  |  |
| --- | --- | --- | --- |
| **Eligible Scoring Criteria** | **Explanation** | | **Maximum Points** |
| **Supportive Services Provided[[1]](#footnote-1)****A minimum of three (3) Services must be selected** | **a.** | **Transportation** Dedicated free transportation for residents in support of medical and social service needs  3 days per week  5 days per week | **3 days/week = 1**  **5 days/week = 2** |
| **b.** | **On-Site Service Coordinator** Responsibilities must include, but are not limited to: (a) providing tenants with information about available services in the community, (b) assisting tenants to access services through referral and advocacy, (c) arranging access for acute and emergency care, (d) arranging access to transportation, and/or organizing community-building and/or other enrichment activities for tenants (such as holiday events, tenant council, etc.)  20 hours per week  40 hours per week | **20 hours/week = 2****40 hours/week = 3** |
| **c.** | **Health and Wellness Services and Programs** Requirements include but are not limited to such services and programs shall that will provide individualized support to tenants (not group classes) and will be provided by licensed individuals or organizations. For Example this may include: substance abuse counseling, outreach and engagement, crisis prevention and intervention, opportunities for social support and peer support, mental counseling/therapy, physical therapy programs, exercise programs. Minimum of 60 hours of services per year in total provided | **3** |
| **d.** | **Adult Education and Skill Building Classes** Requirements include but are not limited to: financial literacy, computer training, home buyer education, GED, resume building, ESL, nutrition, independent living skills training, health information/awareness, art, parenting, on-site food cultivation and preparation. Minimum of 40 hours instruction each year (20 hours for small developments of less than 40 units) | **3** |
| **e.** | **Job Training Support Services** Employment Services and/or Job Skill Support provided to residents | **2** |

# 

The following must be provided with this application

A Description of the care services provided and/or available to low income tenants and the estimated costs of those services. A list of the services provided at the facility, the cost of each service and a description of how the cost for the services will be funded, especially for tenants that may not have the means to pay for the level of care. The subsidization of the services to how income tenants may be accomplished through a mixed income project in which residual income derived from the market rate units is used to subsidize the services received by the low income tenants.;

A formal letter of intent between the owner and a qualified and experienced service agency/agencies to provide on-going services consistent with the needs of the targeted population;

Applicants/Co-Applicants must demonstrate a minimum of three (3) years of experience providing a service or assistance to person with special needs. The information included in the application package must demonstrate the minimum of three (3) years of experience and provide a summary of the supportive services provided to residents.

Applicant/Co-applicants providing the supportive services by using an employee, must show documentation of the type of supportive service background they have, indicate what training will be provided to the employee, etc.

Evidence that the building and unit configurations meet the specific needs of the targeted population; for the physically disabled, this includes accessibility features that may exceed the ADA standards but make a project more functional for people with a disability;

Certification from an architect or the Applicant that the accessible units and common areas meet or exceed Federal Fair Housing Accessibility Guidelines. (Only required for projects serving individuals with physical disabilities.)

# **6. Project Timetable**

## **A. Provide the following Project Milestone Date Estimates/Actuals for the Project**

|  |  |
| --- | --- |
| Activity | Date (MM/DD/YY) |
| Acquisition |  |
| Zoning/Plat Approval |  |
| Tax Abatement Approval |  |
| Environmental Review Start |  |
| Site Plan/Variance Approval |  |
| Building Permit |  |
| Closing and Disbursement of Bridge or Pre-Development Financing |  |
| Closing and Disbursement of Construction Financing |  |
| Construction Start |  |
| Construction Completion |  |
| Start Lease-Up / Rent-up of Rental Units |  |
| Stabilized Occupancy of Rental Units |  |
| Closing and Disbursement of Permanent Financing |  |

# **7. Notes and Other information**

|  |
| --- |
| Please provide in the space any additional or clarifying information |

# **8. Applicant Certifications**

## **A. The Undersigned Hereby acknowledges the following:**

1. That this application and all Exhibits provided by NHD to applicants for funding, including all sections herein relative to project costs, operating costs, and determinations of the amount of assistance necessary to make the project financially feasible, is provided only for the convenience of NHD in reviewing applications; that completion hereof in no way guarantees eligibility for the funding; and that any notations herein describing the requirements are offered only as general guides and not as legal authority;

2. That the undersigned is responsible for ensuring that the proposed project will, in all respects, satisfy all applicable requirements of the HTF program and any other requirements imposed upon it by NHD at the time of commitment, should one be issued;

3. That NHD may request or require changes in the information submitted herewith, and may substitute actual figures for any estimated figures provided therein by the undersigned and may commit assistance, if any, in an amount different from the amount requested;

4. That commitments are not transferable without prior approval by NHD;

5. That the requirements for applying for assistance and the terms of any commitment thereof is subject to change at any time by federal or state law, federal, state or NHD regulation, or other binding authority.

6. That a commitment will be subject to certain conditions to be satisfied prior to closing and disbursement of funds.

7. That the undersigned provides NHD the right to exchange information with other parties as deemed appropriate by NHD.

## **B. Further, the Undersigned Hereby Certifies the Following**

1. The applicant shall not, in the provision of services, or in any other manner, discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, familial status or handicap; and

2. The applicant shall ensure that all construction complies with the accessible and adaptive design and construction requirements of the Fair Housing Act.

3. That, to the best of its knowledge and belief, all information provided herein or in connection herewith is true and correct and all estimates are reasonable and can be obtained from any source named herein.

4. That it will at all times indemnify and hold harmless NHD against all losses, costs, damages, expenses, and liabilities of any nature or indirectly resulting from, arising out of or relating to NHD’s acceptance, consideration, approval, or disapproval of this request and the issuance or non-issuance of HTF assistance in connection herewith; and

5. That HTF funds will be used for eligible activities and costs as described in 24 CFR 93.201 and 93.202, and will not be used for prohibited activities, as described in 24 CFR 93.204.

6. That all eligible HTF-assisted housing units will comply with all HTF requirements.

**That the applicant, developer, sponsor, contractor, or any other member of the development team, including any of their owners, partners, or board members have been convicted of, entered an agreement for immunity from prosecution for, or plead guilty, including a plea of nolo contendere, to a crime of dishonesty, moral turpitude, fraud, bribery, payment of illegal gratuities, perjury, false statement, racketeering, blackmail, extortion, falsification or destruction of records, nor are they currently debarred from contracting opportunities by any agency of the federal or state of Nevada governments.**

IN WITNESS WHEREOF, the undersigned, being a duly authorized agent of the Applicant, has caused this document to be executed in its name on this      day of      , **20**     .

The undersigned, being duly authorized, hereby declares and affirms under the penalties of perjury that the information contained in this application is, to the best of his/her knowledge and belief, in all things complete, true, and correct, and accurately describes the proposed project. Misrepresentations of any kind will be grounds for denial or loss of HTF.

|  |  |  |
| --- | --- | --- |
| Print Legal Name of Applicant | By (Print Name of Authorized Representative) | Title |
| Signature | | Date |

# **NATIONAL HOUSING TRUST FUND Application PREFERENCES AND SELECTION CRITERIA Checklist**

Preferences and Selection Criteria

Funds may be used to support New Construction and Rehabilitation for purposes of increasing the supply of

affordable rental units serving persons with Extremely Low Income (ELI).

Increase the availability of housing with supportive services, including for Veterans

Create additional transitional and permanent supportive housing, including rapid re-housing program.

Funding of rehabilitation projects that add units to the affordable housing inventory will be prioritized over

rehabilitation projects that only preserve existing subsidized, affordable rental housing.

Maximum of twenty (20) NHTF units overall per project.

Rent for HTF units must not exceed the HTF Rent Limits published by HUD for the State of Nevada (See Exhibit

2).

100% of eligible NHTF units must serve persons with Extremely Low Income (ELI).

In accordance with HTF regulations, up to 10% of the State’s HTF allocation may be used for administration.

Rehabilitation Standards – See Exhibit 3 of the HTF Allocation Plan.

**Applicants must meet the requirements of the following Sections of the QAP if awarded Tax Credits:**

Section 1 “Annual Plan General Information”, sub-section 1.2 “Completeness and Consistency of Tax Credit Applications”

Section 2 “Schedule of Key Dates”

Section 4 “Guiding Principles and Priorities”

Section 12 “Mandatory Project Requirements

Section 13 “Pre-Scoring Threshold Requirements”

Section 14 “Project Scoring”

Eligible Applicant / Recipients

Eligible applicants/recipients of the HTF include nonprofit and for-profit developers and public housing

agencies consistent with the QAP, which meets the requirements of 24 CFR §91.320(k)(5)(ii) and §93.2 Recipient:

Demonstrates ability and financial capacity to complete activities;

Makes acceptable assurances they will comply with all HTF requirements during the entire

affordability period;

Application Requirements:

Complete with all supporting documentation

Contain a description of the eligible activities to be conducted with HTF funds as required in §93.200

Tenant Selection Policies will be in compliance with all provisions of 24 CFR 93.350 and CFR 93.303.

1. All services must be of a regular and ongoing nature and provided to tenants free of charge (except for day care services or any charges required by law). Services must be provided on-site except for projects that may use off site services within ½ mile of the development provided they have a written agreement with the service provided enabling the development’s tenants to use the services free of charge (except for day care and any charges required by law) and that demonstrate that provision of on-site services would be duplicative. All organizations provided services for which the project is claiming service amenities points must have a least 24 months experience providing services to one of the target populations. [↑](#footnote-ref-1)