



Funding Application for Affordable Housing Development Minot National Disaster Resilience Program

If additional space is needed to fully address the questions or requested information below, please attach an additional page to the application with the referenced question number at the top of the attachment.

APPLICANT DESCRIPTION	
Full Legal Name of Applicant Organization:	_____
Applying as:	<input type="checkbox"/> Non-Profit Agency <input type="checkbox"/> For-Profit Organization
Applicant Street Address:	_____
City/State/Zip:	_____
Designated Contact Person:	_____
Title:	_____
Address:	_____
Telephone Numbers:	
	Office _____ Fax _____ Mobile _____
Email:	_____
Number of years in applicant organization has been in operation:	_____
Total number of units owned/managed by applicant organization:	_____
Number of Applicant Organization Employees:	_____
Applicant Organization's Tax Exempt Status and ID number(s):	
Federal Tax Exempt Status and ID number	_____
State Tax Exempt Status and ID number	_____

1. Please provide the following information for the organization that will carry out the project

Organization Name: _____

Incorporation date (month and year): _____

Years of housing development experience (in years): _____

Number of staff employed (full time equivalents): _____

2. Description of housing and project related experience

3. Provide a list of project team members *(architects, engineers, developer, contractor, management agent, etc.)*

4. Provide names and experience of senior management, board members, and project partners of Applicant Organization with roles and titles

5. Provide names and current contact information for three references such as bankers, other state housing agencies, local housing agencies, or other applicable entities that can provide information about applicant and their experience with similar development projects. Clearly mark and attach reference information to application.

REQUIRED INFORMATION

Applicant Company or Organization _____

Signature _____ Date _____
(Authorized Representative)

Printed Name _____ Title _____

I attest that all information provided in this application (and related exhibits and attachments) is true and accurate to the best of my knowledge and that I am duly authorized to sign this application. Further by my signature, I acknowledge that any materially false, fraudulent or misleading statement in this application or the concealment of any material fact related to this application may subject me to appropriate penalties under federal or state law.

Important Note: The information in this application is subject to an open records request. To the extent allowed by law, the confidentiality of this information will be protected.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

6. Are any Board Members or employees of the agency/organization, which will carry out this project, or members of their immediate families, or their business associates:

- a. Employees of or closely related top employees of the City of Minot: Yes No
- b. Members of or closely related to Members of Minot City Council: Yes No
- c. Beneficiaries of the program for which funds are requested, either as clients or as paid providers of goods or services: Yes No

If you answered YES to any question, please attach an explanation to the application. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any funding awarded. The disclosure statement must be signed and dated.

ADDITIONAL DOCUMENTS TO ATTACH TO APPLICATION

10. Please check the boxes below to indicate the attachments submitted with this application.

- Project location map
- Evidence of Site Control
- Zoning of the Site
- Architectural Plans and Site Plans (*Plans may be preliminary at this time; however, final plans must be submitted prior to closing*)
- Appraisal
- Environmental Reports (*Additional environmental reports may be required to meet HUD regulations*)
- Operating Budget, 20-Year Pro Forma, Sources and Uses Statement, Square Footage Detail (*note the required financial information mirrors the NDHFA financial documentation*) . Applicant should prepare current financial information and attach to this application.
- Project Development Timetable showing key project milestones, anticipated construction start date, construction completion, closing and disbursement of permanent financing, placed in service, occupancy of all units.

PROJECT INFORMATION

Name of Proposed Development: _____

Address of Proposed Development: _____

Proposed use of NDR Funds: _____

Current Zoning of the Property: _____ Tax Parcel ID Number(s): _____

Total Acreage: _____ No. of Parcels in Development: _____

Total acreage required for this project: _____

11. Please describe the anticipated use for any site acreage that is not included in the development of this project.

12. Please describe the adjoining land uses to the development site.

13. Is a recent survey of the property available? Yes No

If Yes, please attached a copy of the survey; if No, please indicate when a survey will be provided.

14. Proposed Project beneficiaries:

15. Development Type:

(Rental Rehabilitation, Rental New Construction, Rental Acquisition, Rental Acquisition/Rehab, Etc.)

Total number of Units _____ Number of Units that will Serve LMI households _____
Total Project Cost _____ NDR Funding Request _____

Please check the appropriate box for each question.

16. Do you have site control? (submit evidence with application) Yes No

17. Is there any litigation pending against your organization or project? Yes No
(If yes, describe in an attachment to the application)

18. Does the property require any rezoning to accommodate the proposed use? Yes No

19. Are adequate utilities available at the site to accommodate the proposed development? Yes No

20. Will this housing be kept affordable for tenants with incomes at or below 80% of the area median income for at least 30 years ? Yes No

If no, please provide information regarding the affordability period that is proposed and provide information regarding the required affordability period for other funding/financing sources for this project

21. This housing, after rehab, will comply with all applicable City and HUD minimum housing standards. Please describe the general maintenance program that will ensure the property is maintained to provide quality affordable housing.

OCCUPANCY AND RENT

22. Current occupancy of the project _____

23. Current rents (with and without tenant paid utilities) _____

24. The proposed number of units by number of bedrooms _____

25. Indicate total number of units and percentage of LMI units in the development _____

26. Proposed rents for each unit by number of bedrooms:

Size	Proposed Rent
Studio	
1-Bedroom	
2-Bedroom	
3-Bedroom	
4-Bedroom	

PROPOSED TENANT INCOME LEVELS

27. Please complete the following tables to the best of your ability.

Show actual or estimate number of units (indicate actual or estimate) for the development occupants/beneficiaries, not percentages.

Income Group	Number of Units
30% of less of area median income (AMI)	
31% - 50% of AMI	
51% - 60% of AMI	
61% - 80% of AMI	
>80% of AMI	
TOTAL	

28. Describe your management plan for the project:
